



# The Danish National Birth Cohort

Parent: «**Parent name**»

Child: «**Christian name**» «**Surname**»

## Children's health

– a follow-up survey of "The Danish National Birth Cohort"

# Questionnaire

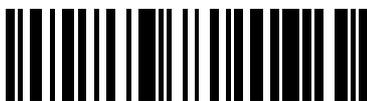
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Version 1.5

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**This code book reflects the 7-year data collection in the DNBC. The code book documents both the paper-based and the net-based (Inquisite) data collection as well as both versions (v. 1.4 and 1.5) of the 7-year data collection. All data sets have been recoded into a single data set. The current codebook revision is from September 2012.**

### **An overview of variable codes:**

**In a "choose-many"-question, e.g.. Z004\_1–Z004\_9** Was/Is your child cared for in any of the following institutions of child care? (Tick appropriate boxes) the values are 0=no, 1= yes, 9=undefined, 10=not applicable

The values **9 or 99** mark that the question was left unanswered (undefined).

The values **10 or 100** mark that the question was not answered due to logic skips in the questionnaire (not applicable).

#### **Variable names starting with "raw":**

For the variables that are either recoded from v. 1.4 to v. 1.5 or have been validated and changed because of scanning errors the original variable value is kept under the original label with the prefix "raw". Please consult the document DNBC\_7year\_supp\_doc for further description.

- The following variables have been **recoded from v. 1.4 to v. 1.5:**  
rawZ009A–rawZ009J, rawZ081tmdu, rawZ081tman
- The following variables have been validated (dates and measurements): rawudfyldto, rawZ019AD1–rawZ019AD7, rawZ068HDTO, rawZ068VDTO, rawZ069TDTO, rawZ068H, rawZ068V, rawZ069T, rawZ081ADU–rawZ081CAND, rawZ082ADU–rawZ082AAND

#### **Variable names starting with "cor":**

If a "cor" variable has the value 1 the variable value has been corrected.

Variables: cor\_udfyldto, cor\_Z019AD1-7, cor\_Z068HDTO, cor\_Z068VDTO, cor\_Z069TDTO, cor\_Z068H, cor\_Z068V, cor\_Z069T, cor\_Z081ADU–cor\_Z081CAND, cor\_Z082ADU, cor\_Z082AAND

#### **Variable names starting with "del\_":**

If a "del" variable has the value 1 the variable value has been deleted.

- Variables: del\_udfyldto, del\_Z019AD1-7, del\_Z068HDTO, del\_Z068VDTO, del\_Z069TDTO, del\_Z068H, del\_Z068V, del\_Z069T, del\_Z081ADU–del\_Z081CAND, del\_Z082ADU, del\_Z082AAND

**Lbgravff:** Child unique identifier in the DNBC.

The key is composed by 9 numbers and is divided into 4 parts: lbnr | gravnr | flerfold | flernr

Lbnr (ciffer 1-6): Mother ID

gravnr (ciffer 7): Pregnancy ID within DNBC (mothers can participate with several pregnancies)

flerfold (ciffer 8): The number of children in the pregnancy (singleton birth=1, twins =2, triplets =3).

flernr (ciffer 9): The last chiffre identifies the child in twin or multiple births.

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<b>ZVERSION:</b>	<b>v1_3 paper</b>	Version 1.3 paper (like version 1.4)
	<b>v1_3 paper_T</b>	Version 1.3 paper, twins (like version 1.4)
	<b>v1_4 paper</b>	Version 1.4 paper
	<b>v1_4 paper_T</b>	Version 1.4 paper, twins
	<b>v1_4 web</b>	Version 1.4 web version
	<b>v1_5 paper</b>	Version 1.5 paper
	<b>v1_5 paper_T</b>	Version 1.5 paper, twins
	<b>v1_5 web</b>	Version 1.5 web version

**Tvil\_nr:** At your son/daughter's birth was he/she born

Depends on: zversion (v1\_3 paper\_T, v1\_4 paper\_T and v1\_5 paper\_T only)

1. the first twin/triplet
2. the second twin/triplet
3. the third triplet

**Fleretvil:** One or more replies by one pregnancy (e.g. twins)

1. Only one reply (singleton, twin or triplet)
2. More than one reply (twin or triplet)



- your daughter's height, weight, waist measurements and dates for when she was measured and weighed
- yours and the other biological parent's height, weight and waist measurement
- yours and the other biological parent's birth weight

Please return the completed questionnaire in the stamped addressed envelope provided.

Thank you very much!

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This questionnaire is about: «Child's Christian name»

**Please insert the date when you filled out this questionnaire. Please use the space provided.**

**UDFYLDTO**

Date of completion:

| | | | | **20** | | |

(dd/mm/yyyy)

**Z001** Are you the child's biological mother?

1. Yes → Z002
2. No
9. Undefined

**If no:**

**Z001A** This questionnaire has not been completed by the child's biological mother, but by:

Depends on: Z001

1. The child's biological father
2. Another person, whom? \_\_\_\_\_ **Z001AA** \_\_\_\_\_
9. Undefined
10. Not applicable

## About your daughter's home and family

*The first part of the questionnaire deals with your daughter's home and family. If she has more than one home, answer the following questions about her home and family in relation to where she has lived most of her life.*

**Z002** Has your daughter lived with her mother and father since birth?

1. Yes → Z003
2. No
9. Undefined

**If no:**

**Z002A** Where has she lived most of her life?

(Tick one box only)

Depends on: Z002

1. With her mother
2. With her father
3. With her mother and mother's new partner
4. With her father and father's new partner
5. Equally with both parents
6. With appointed guardian/foster parents
7. Other, whom?: **Z002AA** \_\_\_\_\_
99. Undefined
100. Not applicable

**Z003** Does your daughter live with you at present?

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- 1. Yes → Z004\_1
- 2. No
- 9. Undefined

If no:

**Z003A** Where does she live now? \_\_\_\_\_

Depends on: Z003

Was/Is your child cared for in any of the following institutions of child care?

(Tick appropriate boxes)

- Z004\_1** 1. Crèche
- Z004\_2** 1. Child minder in child minder's home
- Z004\_3** 1. Child minder at home
- Z004\_4** 1. Mixed institution
- Z004\_5** 1. Kindergarten
- Z004\_6** 1. Leisure centre
- Z004\_7** 1. School leisure centre
- Z004\_8** 1. Other: \_\_\_\_\_ **Z004A** \_\_\_\_\_
- Z004\_9** 1. Has never been cared for by others (skip to motor questions)

How old was your daughter when she was cared for by others?

(Tick one year and one month)

Depends on: Z004\_9

		0	1	2	3	4	5	6	7	8	9	10	11	Don't know	Un-defined	Not applicable
<b>Z005AAR</b>	Year	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>12.</b>	<b>99.</b>	<b>100.</b>
<b>Z005MND</b>	Months	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>12.</b>	<b>99.</b>	<b>100.</b>

## About your son's motor skills

Most of the questions in this questionnaire are about motor skills, i.e. the movements your son can perform with his hands or his body. As your son matures, the coordination of his movements will continue to improve. When answering the questions below, it is important that you compare him with other children of the same age.

Do you find the following statements true of your son, when you compare him with other children of the same age?

**The questions concerning motor skills Z110\_01 through to Z110\_15 have been moved to keep the Z-values in numeric order.**

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## Your daughter's development

The following questions deal with your daughter's development. Any comments or other information you may have may be added at the end of the questionnaire.

**Z006** How has your daughter's speech developed?  
(Tick one box only)

1. Later than other children of the same age
2. More or less like other children of the same age
3. Earlier than other children of the same age
4. Don't know
9. Undefined

**Z007** Has your daughter ever stuttered?  
(Tick one box only)

1. Yes, a lot
2. Yes, a little
3. No
4. Don't know
9. Undefined

**Z008** Has your daughter started school?

1. Yes
2. No → Z111A
9. Undefined → Z111A

**If yes:**

Depends on: Z008

**(Version v1\_3 papir, v1\_3 papir\_T, v1\_4 papir, v1\_4 papir\_T og v1\_4 web)**

	2002	2003	2004	2005	2006	2007	2008	2009	Did not go to preschool
<b>Z008BH</b> She started preschool in	1.	2.	3.	4.	5.	6.	7.	8.	9.
<b>Z0081KL</b> She started primary school in	1.	2.	3.	4.	5.	6.	7.	8.	9.

The table covering Z008BH and Z0081kl was changed into the below table, because a problem occurred in the web version, where respondents were not able to proceed unless they ticked one of the options in Z0081KL.

The option "Not yet started" was added as children born during the spring usually have not started primary school at the time of their 7<sup>th</sup> birthday.

The option Z008BH = 9, "Did not go to preschool" was changed to Z008BH = 11, "Skipped preschool". All answers in Z008BH = 9 in version 1.4 have been recoded to Z008BH = 11 to match the values in version 1.5.

The reason for the Z008BH = 9, "did not go to preschool" in the first place was to give parents the possibility to mark that their child started primary school directly.

Preschool – børnehaveklasse - was optional in Denmark until August 2009, but the majority of children took the preschool year.

**(Version v1\_5 papir, v1\_5papir\_T og v1\_5web)\***

	2004	2005	2006	2007	2008	2009	2010	Skip- ped pre- school	Not yet started	Undefi- ned	Not appli- cable	
<b>Z008BH</b>												
	She started pre- school in	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>11.</b>	<b>12.</b>	<b>99.</b>	<b>100</b> .
<b>Z0081KL</b>	She started primary school in	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>		<b>12.</b>	<b>99.</b>	<b>100</b> .

\* Z008BH and Z0081kl were corrected when version 1.5 was already in use. All web answers in v. 1.5 completed before 8 February 2007 have completed the table from v. 1.4 (approx. 1,500 answers). Together with the approx. 6000 web answers from v. 1.4 these answers may be inaccurate as the participants were forced to tick an option in order to move on, whereas in the paper version the question could simply be left unanswered.

## About your daughter's dietary habits

Which of the following statements best describe your daughter's dietary habits during the past month?

**Dietary questions were changed from version 1.4 to 1.5 and new dietary variables (Z111A – Z111N) were created to replace the original variables (Z009A – Z009J). The values from the original variables have been recoded and the original values are contained in the rawZ009A – rawZ009J variables.**

**The questions concerning dietary habits Z111A – N have been moved to keep the Z-values in numeric order.**

How often does she consume the foods below?

(Tick one box on each line)

Depends on: zversion (v1\_3 paper, v1\_3 paper\_T, v1\_4 paper, v1\_4 paper\_T and v1\_4 web only)

		6 or more times a week	4-5 times a week	2-3 times a week	About once a week	Rarely or never
<b>rawZ009A</b>	She drinks sugary soft drinks (fruit juice, orange juice, lemonade)	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009B</b>	She eats "fast-food" (burgers, pizza, hamburgers, etc.)	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009C</b>	She drinks milk	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009D</b>	She eats sweets/chocolate/ice cream	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009E</b>	She eats breakfast	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009F</b>	She eats snacks between meals	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009G</b>	She eats lunch	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009H</b>	She eats dinner	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009I</b>	She eats fruit	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>rawZ009J</b>	She eats vegetables	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>

**Z010** Has a doctor said that your daughter is allergic to certain types of food?

1. Yes
2. No → Z011
3. Don't know → Z011
9. Undefined → Z011

**If yes:**

Which types of food? (Tick appropriate boxes)

Depends on: Z010

<b>Z010A_11</b>	1.	<b>Z010A_01</b> Milk	1.	<b>Z010A_02</b> Tomat o
	1.	<b>Z010A_03</b> Egg	1.	<b>Z010A_04</b> Shellfish
	1.	<b>Z010A_05</b> Fish	1.	<b>Z010A_06</b> Rye
	1.	<b>Z010A_07</b> Citrus fruits	1.	<b>Z010A_08</b> Wheat
	1.	<b>Z010A_09</b> Nuts	1.	<b>Z010A_10</b> Soya
	1.	Other: ____ <b>Z010AA</b> _____		

**Z011** Has she taken vitamin pills during the past year?  
(Tick one box only)

1. Yes, always/nearly always
2. Yes, but only in winter
3. Yes, occasionally
4. No, not at all or very rarely → Z012
9. Undefined → Z012

**If yes:**

Which pill does she take? (Tick the appropriate box)

Depends on: Z011

- Z011A\_1** 1. Childrens BiOrtomin
- Z011A\_2** 1. Livol MultiTotal for children
- Z011A\_3** 1. Matas vitamins for children
- Z011A\_4** 1. Matas vitamins for children with calcium and magnesium
- Z011A\_5** 1. Multi-tabs
- Z011A\_6** 1. Nycoplus Extra-Multi for children
- Z011A\_7** 1. Nycoplus Multi for children
- Z011A\_8** 1. Omnimini
- Z011A\_9** 1. Other : \_\_\_\_ **Z011AA** \_\_\_\_\_

**Z012** Has she taken any dietary supplements during the past year?

1. Yes
2. No → Z013
3. Don't know → Z013
9. Undefined → Z013

**If yes:**

Which dietary supplement does she take?

(Tick the appropriate boxes)

Depends on: Z012

**Z012A\_01** 1. Multitabs Calcium

**Z012A\_02** 1. Unikalk Kids

**Z012A\_03** 1. Other: \_\_\_\_\_ **Z012AA** \_\_\_\_\_

**Z013** Does the family have dinner together at least 4 times a week?

1. Yes
2. No
3. Don't know
9. Undefined

## Physical activity

The following questions deal with your daughter's activity or inactivity. We ask you now to assess how active your daughter is in kindergarten, school or at the leisure centre on a normal weekday after school or school leisure centre and during a normal day at the weekend. We are aware of differences between summer and winter activities. Your answer should reflect how active your child is at this moment in time. We will adjust for seasonal variation on the basis of your answer.

**ACTIVE** - activity that involves movement, eg. running, hopping, climbing, cycling, doing sports etc.  
**RELAXED** - activity that does not involve movement, eg. reading, watching TV, playing computer games, in class, resting, sleeping during the day etc.

**Z014** How many hours is your daughter physically active in kindergarten, school or at the leisure centre/school leisure centre?

You may find it difficult to answer this question, as you are not there yourself. Please try to estimate: A couple of hours gymnastics, free play in the playground during breaks, football, skipping, roller skating and riding a scooter or bicycle ... (Tick one box only)

1. Never or very rarely
2. Less than 1 hour a week
3. 1-2 hours a week
4. 3-4 hours a week
5. 5-6 hours a week
6. 6 hours or more
9. Undefined

How many hours is your daughter physically active on a normal weekday after kindergarten, school or the leisure centre/school leisure centre compared to a normal day during the weekend? Children spend a lot of time moving around, crawling around on the floor playing with Lego and the like. It can be difficult to judge how active or inactive they are. Please try and estimate the hours, where your child is either active or relaxed.

(Tick one box in each column)

**Z015hver**

**Z015week**

Activity time	Normal weekday	Day at the weekend
Never or very rarely	1.	1.
Less than ½ hour daily	2.	2.
½ - 1 hour a day	3.	3.
1 - 2 hours a day	4.	4.
2 - 3 hours a day	5.	5.
3 - 4 hours a day	6.	6.
4 hours or more	7.	7.
Undefined	99.	99.

How many hours does your daughter relax after school or school leisure centre/leisure centre?

(Tick one box in each column)

**Z016hver**

**Z016week**

Activity time	Normal weekday	Day at the weekend
Never or very rarely	1.	1.
Less than ½ hour daily	2.	2.
½ - 1 hour a day	3.	3.
1 - 2 hours a day	4.	4.
2 - 3 hours a day	5.	5.

3 - 4 hours a day	<b>6.</b>	<b>6.</b>
4 hours or more	<b>7.</b>	<b>7.</b>
Undefined	<b>99.</b>	<b>99.</b>

## About your daughter's health

The following questions deal with your daughter's health. Any comments or other information you may have may be added at the end of the questionnaire.

**Z017** How is your daughter's health compared with other girls her age?  
(Tick one box only)

1. Better → Z018
2. Same as other girls her age → Z018
3. Worse
9. Undefined → Z018

**If worse:**

What is the reason for her bad health?

Depends on: Z017

**Z017A** 1. Frequent colds and fever

**Z017A1** 1. Recurring bouts of pneumonia

**Z017A2** 1. Stomach and headaches

**Z017A3** 1. Other: \_\_\_\_\_ **Z017AA** \_\_\_\_\_

**Z018** Is she getting her regular jabs under the children's vaccination programme?

1. Yes
2. No
3. Don't know
9. Undefined

**Z019** Has she had other vaccinations apart from the usual ones (e.g. in order to travel or due to outbreak of disease)?

1. Yes
2. No
3. Don't know
9. Undefined

**If yes:**

Which vaccinations?

**Z019A\_1** 1. Infectious hepatitis, Hepatitis A - Havrix date: | | | | | | | | **Z019AD1**

**Z019A\_2** 1. Infectious hepatitis, Hepatitis A - Gammaglobulin date: | | | | | | | | **Z019AD2**

**Z019A\_3** 1. Infectious hepatitis, Hepatitis B - Engerix date: | | | | | | | | **Z019AD3**

**Z019A\_4** 1. Infectious hepatitis, Hepatitis A+B - Twinrix date: | | | | | | | | **Z019AD4**

**Z019A\_5** 1. Meningitis date: | | | | | | | | **Z019AD5**

**Z019A\_6** 1. Yellow fever date: | | | | | | | | **Z019AD6**

**Z019A\_7** 1. Other, \_\_\_\_\_ **Z019AA** \_\_\_\_\_ date: | | | | | | | | **Z019AD7**  
(type of vaccination)

Has your daughter had the following childrens' diseases?

(Tick each childrens' disease)

	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Undefined</b>
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<b>Z020_1</b>	Whooping cough	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z020_2</b>	German measles	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z020_3</b>	Mumps	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z020_4</b>	Chicken pox	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z020_5</b>	Measles	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z020_6</b>	Three day fever	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>

**Z021** Has your daughter had inflammation of the inner ear since birth?  
(Tick one box only)

- 1. Yes, 1-3 times
- 2. Yes, more than 3 times
- 3. No
- 4. Don't know
- 9. Undefined

**Z022** Has your daughter ever had her ears drained?

- 1. Yes
- 2. No
- 3. Don't know
- 9. Undefined

**Z023** Has your daughter ever had febrile seizures in infancy?

- 1. Yes (go to the next question)
- 2. No (skip to question Z027)
- 3. Don't know (skip to question Z027)
- 9. Undefined

**Z024** How many times has she had febrile seizures altogether?  
(Tick one box only)

Depends on: Z023

- 1. 1
- 2. 2-5
- 3. 6 or more
- 4. Don't know
- 9. Undefined
- 10. Not applicable

How old was your daughter when she had her first fit of febrile seizure??  
(Tick one year and one month)

Depends on: Z023

		0	1	2	3	4	5	6	7	8	9	10	11	Don't know	Unde- fined	Not appli- cable
<b>Z025AAR</b>	Year	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>12.</b>	<b>99.</b>	<b>100.</b>

<b>Z025MND</b>	Months	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>12.</b>	<b>99.</b>	<b>100.</b>
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**Z026** How long did the longest febrile seizure last (minutes)?

(Tick one box only)

Depends on: Z023

1. Less than 5 min.
2. Between 5-15 min.
3. More than 15 min.
4. Don't know
9. Undefined
10. Not applicable

**Z027** Has a doctor ever said that your daughter suffered from epilepsy?

1. Yes (go to next question)
2. No (skip to question Z031)
3. Don't know
9. Undefined

How old was your daughter when she had her first epileptic fit (not febrile seizures)?

(Tick one year and one month)

Depends on: Z027

		0	1	2	3	4	5	6	7	8	9	10	11	Don't know	Undefined	Not applicable
<b>Z028AAR</b>	Year	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>12.</b>	<b>99.</b>	<b>100.</b>
<b>Z028MND</b>	Months	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>12.</b>	<b>99.</b>	<b>100.</b>

How old was your daughter when she had her latest epileptic fit?

(Tick one year and one month)

Depends on: Z027

		0	1	2	3	4	5	6	7	8	9	10	11	Don't know	Undefined	Not applicable
<b>Z029AAR</b>	Year	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>12.</b>	<b>99.</b>	<b>100.</b>
<b>Z029MND</b>	Months	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>12.</b>	<b>99.</b>	<b>100.</b>

**Z030** Does your daughter take (or has she ever taken) medicine for epilepsy?

Depends on: Z027

1. Yes
2. No → Z031
3. Don't know → Z031
9. Undefined → Z031
10. Not applicable → Z031

**If yes:**

Which medicine?

(Tick appropriate boxes)

Depends on: Z027, Z030

	<b>Medicine's registered trade name</b>	<b>Chemical</b>
<b>Z030A_01</b>	1. Carbamazepine "Dak", Tegretol® , Trimonil® Retard	Carbamazepine
<b>Z030A_02</b>	1. Frisium®	Clobazam
<b>Z030A_03</b>	1. Rivotril®	Clonazepam
<b>Z030A_04</b>	1. Zarondan®	Ethosuximide
<b>Z030A_05</b>	1. Gabapentine	Gabapentine
<b>Z030A_06</b>	1. Labileno "Orifarm", Lamictal®	Lamotrigine
<b>Z030A_07</b>	1. Keppra®	Levetiracetam
<b>Z030A_08</b>	1. Apodorm®, Mogadon®, Nitrazepam, Pacisyn®	Nitrazepam
<b>Z030A_09</b>	1. Apydan®, Trileptal®	Oxcarbazepine
<b>Z030A_10</b>	1. Fenemal "Dak"	Phenobarbital
<b>Z030A_11</b>	1. Phenytoin "Dak"	Phenytoin
<b>Z030A_12</b>	1. Primidone "Era"	Primidone
<b>Z030A_13</b>	1. Gabitril®	Tiagabin
<b>Z030A_14</b>	1. Epitomax, Topamac, Topimax®, Topiramate	Topiramate
<b>Z030A_15</b>	1. Delepsine® , Deprakine®, Orfiril®	Valproate
<b>Z030A_16</b>	1. Sabrilex®	Vigabatrin
<b>Z030A_17</b>	1. Other medicine: _____	

**Z031** Has your daughter taken any other medicine (apart from epilepsy medicine) for 3 or more months at a time?

1. Yes
2. No → Z032
3. Don't know → Z032
9. Undefined → Z032

**If yes:**

Which type of medicine and for which disease?

Depends on: Z031

**Z031Med1** \_\_\_\_\_  
**Z031Syg1** \_\_\_\_\_  
 (medicine) (disease)

**Z031Med2** \_\_\_\_\_  
**Z031Syg2** \_\_\_\_\_  
 (medicine) (disease)

**Z031Med3** \_\_\_\_\_  
**Z031Syg3** \_\_\_\_\_  
 (medicine) (disease)

**Z031Med4** \_\_\_\_\_  
**Z031Syg4** \_\_\_\_\_  
 (medicine) (disease)

**Z032** Has your daughter ever been concussed?  
 (Tick one box only)

1. Never
2. Once
3. 2 or more times
4. Don't know
9. Undefined

**Z033** Has your daughter ever fractured a bone (e.g. broken arm, leg or finger)?  
 (Tick one box only)

1. Never
2. Once
3. 2 or more times
4. Don't know
9. Undefined

**Z034** Has a doctor ever said that your daughter had eczema, also known as allergic rash?

1. Yes
  2. No
  9. Undefined
-

**Z035** Has your child ever had an itchy rash which was coming and going for at least 6 months?

1. Yes (go to next question)
2. No (skip to question Z041))
9. Undefined

**Z036** Has your daughter had this itchy rash at any time in the last 12 months?

Depends on: Z035

1. Yes (go to next question)
2. No (skip to question Z041))
9. Undefined
10. Not applicable

**Z037** Has this itchy rash at any time affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes?

Depends on: Z035, Z036

1. Yes
2. No
9. Undefined
10. Not applicable

**Z038** At what age did this itchy rash first occur?

Depends on: Z035, Z036

1. Under 2 years
2. Age 2-4
3. Age 5 or more
9. Undefined
10. Not applicable

**Z039** Has this rash cleared completely at any time during the last 12 months?

Depends on: Z035, Z036

1. Yes
2. No
9. Undefined
10. Not applicable

**Z040** In the last 12 months, how often, on average, has your child been kept awake at night by this itchy rash?

Depends on: Z035, Z036

1. Never in the last 12 months
  2. Less than 1 night per week
  3. 1 or more nights per week
  9. Undefined
  10. Not applicable
-

**Z041** Has your daughter ever had eczema, also known as allergic rash?

1. Yes
2. No
9. Undefined

**Z042** Does your daughter have dry skin?

1. Yes
2. No
9. Undefined

**Z043** Has your child ever had wheezing or whistling in the chest at any time in the past?

1. Yes (go to next question)
2. No (skip to question Z048)
9. Undefined

**Z044** Has your child had wheezing or whistling in the chest in the last 12 months?

Depends on: Z043

1. Yes (go to next question)
2. No (skip to question 48)
9. Undefined
10. Not applicable

**Z045** How many attacks of wheezing has your child had in the last 12 months?

Depends on: Z043, Z044

1. None
2. 1 to 3 times
3. 4 to 12 times
4. 13 or more times
9. Undefined
10. Not applicable

**Z046** In the last 12 months how often, on average, has your child's sleep been disturbed due to wheezing?

Depends on: Z043, Z044

1. Never woken with wheezing
2. Less than 1 night per week
3. 1 or more nights per week
9. Undefined
10. Not applicable

**Z047** In the last 12 months has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?

Depends on: Z043, Z044

1. Yes
-

2. No
9. Undefined
10. Not applicable

**Z048** Has your child ever had asthma?

1. Yes
2. No
9. Undefined

**Z049** Has your child had wheezing or whistling in the chest during or after physical efforts **in the past 12 months?**

1. Yes
2. No
9. Undefined

**Z050** Apart from coughing because of a cold or other chest infection, has your daughter had a dry cough during the night **during the past 12 months?**

1. Yes
2. No
9. Undefined

**Z051** Has a doctor ever said that your daughter had asthma?

1. Yes (go to next question)
2. No (**skip to question 53**)
9. Undefined

**Z052** Has your daughter taken asthma medicine during the past 12 months?

Depends on: Z051

1. Yes
2. No
3. Don't know
9. Undefined
10. Not applicable

**If yes:**

**Which type of medicine?**

(Tick appropriate boxes)

Depends on: Z051, Z052

**Z052A\_1** 1. Bricanyl

**Z052A\_2** 1. Salbuvent

**Z052A\_3** 1. Spirocort

**Z052A\_4** 1. Ventoline

**Z052A\_5** 1. Pulmicort

**Z052A\_6** 1. Flixotide

---

**Z052A\_7** 1. Terbasmin

**Z052A\_8** 1. Other asthma medicine: \_\_\_ **Z052AA** \_\_\_\_\_

**Z053** Has a doctor ever said that your daughter suffers from hay fever?

1. Yes
2. No
9. Undefined

**Z054** Does your daughter have normal vision in both eyes?

1. Yes (skip to question Z058)
2. No
3. Don't know
9. Undefined

**If no:**

Which eye has impaired vision?

(Tick one box only)

Depends on: Z054

- Z054A**
1. Left
  2. Right
  3. Both
  9. Undefined
  10. Not applicable

**Z055** Do you know why her vision is impaired?

Depends on: Z054

1. Yes
2. No
9. Undefined
10. Not applicable

**If yes:**

What is the reason for her impaired vision?

(Tick one box only)

Depends on: Z054, Z055

**Z055A\_1** 1. Premature birth

**Z055A\_2** 1. Birth trauma (lack of oxygen, brain haemorrhage)

**Z055A\_3** 1. Hereditary cataract

**Z055A\_4** 1. Shortsightedness

**Z055A\_5** 1. Longsightedness

**Z055A\_6** 1. Other, please describe: \_\_\_ **Z055AA** \_\_\_\_\_

**Z056** Does she wear glasses/contact lenses?

Depends on: Z054

1. Yes
  2. No (skip to question 58)
-

- 9. Undefined
- 10. Not applicable

If yes:

**Z056A** Does she have normal vision when she wears glasses/contact lenses?

Depends on: Z054, Z056

- 1. Yes
- 2. No
- 3. Don't know (v1\_5 web only)
- 9. Undefined
- 10. Not applicable

How old was your daughter when she started wearing glasses/contact lenses?

(Tick one year and one month)

Depends on: Z054, Z056

		0	1	2	3	4	5	6	7	8	9	10	11	Don't know	Unde- fined	Not appli- cable
<b>Z057AAR</b>	Year	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.			12.	99.	100.
<b>Z057MND</b>	Months	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	99.	100.

**Z058** Has your daughter ever had a squint?

- 1. Yes (go to next question)
- 2. No (skip to question Z061)
- 3. Don't know (skip to question Z061)
- 9. Undefined

**Z059** Has she been treated for the squint?

Depends on: Z058

- 1. Yes
- 2. No
- 3. Don't know
- 9. Undefined
- 10. Not applicable

What age was she when the squint was discovered?

(Tick one year and one month)

Depends on: Z058

		0	1	2	3	4	5	6	7	8	9	10	11	Don't know	Unde- fined	Not appli- cable
<b>Z060AAR</b>	Year	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.			12.	99.	100.
<b>Z060MND</b>	Months	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	99.	100.

**Z061** Is your daughter's hearing permanently impaired?

1. Yes (go to next question)
2. No (skip to question Z063)
3. Don't know (skip to question Z063)
9. Undefined

Has her hearing impairment been treated?

Depends on: Z061

- Z062\_1** 1. Yes, with a hearing aid
- Z062\_2** 2. Yes, with : \_\_\_\_\_ **Z062A** \_\_\_\_\_
- Z062\_3** 3. No

**Z063** Is your daughter right or left handed? (Tick one box only)

1. Right handed
2. Left handed
3. Uses both
4. Don't know
9. Undefined

**Z064** Has your daughter been constipated and treated with a laxative?

1. Yes
2. No
3. Don't know
9. Undefined

**Z065** Do you think that your daughter has had more infections than other girls her age?

1. Yes
2. No
3. Don't know
9. Undefined

**Z066** Does your daughter get migraines?

1. Yes
2. No
3. Don't know
9. Undefined

**Z067** Does your daughter have a handicap or chronic illness?

1. Yes
  2. No → Z068H
  3. Don't know → Z068H
  4. Don't wish to answer → Z068H
  9. Undefined → Z068H
-

**If yes:**

(Tick appropriate boxes)

Depends on: Z067

**Z067A\_1** 1. Cleft lip and palate**Z067A\_2** 1. Hypospadias**Z067A\_3** 1. Heart disease**Z067A\_4** 1. Asthma**Z067A\_5** 1. Allergy**Z067A\_6** 1 Other:     **Z067AA**    

(Version v1\_3 paper, v1\_3 paper\_T, v1\_4 paper, v1\_4 paper\_T and v1\_4 web)

Insert your daughter's present height.

**Z068H** Height:   |  |  |  |   cm Date for measurement:   |  |  |  |  |  |  |  |   **Z068HDTO**  
(dd/mm/yyyy)

(Version v1\_5 paper, v1\_5paper\_T and v1\_5web)

Insert your daughter's present height. (if needed use ex. 127,5 cm)

**Z068H** Height:   |  |  |  |  ,  |   cm Date for measurement:   |  |  |  |  |  |  |  |   **Z068HDTO**  
(dd/mm/yyyy)**Z068HP** Who measured your son's height?

(Tick one box)

Depends on: Z068H, zversion (v1\_5 paper, v1\_5paper\_T and v1\_5web only)

1. Health visitor / school doctor / own GP
2. Other person
9. Undefined

(Version v1\_3 paper, v1\_3 paper\_T, v1\_4 paper, v1\_4 paper\_T and v1\_4 web)

Insert your daughter's present weight.

**Z068V** Weight:   |  |  |  |   kg Date for measurement:   |  |  |  |  |  |  |  |   **Z068VDTO**  
(dd/mm/yyyy)

(Version v1\_5 paper, v1\_5paper\_T and v1\_5web)

Insert your daughter's present weight. (if needed use ex. 26,5 kg)

**Z068V** Weight:   |  |  |  |  ,  |   kg Date for measurement:   |  |  |  |  |  |  |  |   **Z068VDTO**  
(dd/mm/yyyy)**Z068VP** Who measured your son's weight?

(Tick one box)

Depends on: Z068V, zversion (v1\_5 paper, v1\_5paper\_T and v1\_5web only)

1. Health visitor / school doctor / own GP
2. Other person
9. Undefined

Insert your daughter's waist measurement (where she is most slender)?

**Z069T** Waist:   |  |  |  |   cm Date for measurement:   |  |  |  |  |  |  |  |   **Z069TDTO**  
(dd/mm/yyyy)

## Questions about your daughter's strengths and weaknesses

Please consider whether the below statements are Not true, Partly true or Very true of your daughter. Please answer all the questions, even if you are in doubt or feel that they are not meaningful in relation to your daughter's age. Your answers should relate to your daughter's behaviour within the past 6 months. NB! Questions on the following pages have been recoded to match the SDQ classification (© Goodman, 1999) (Tick one box on each line)

		Not true	Partly true	Very true	Un-defined
<b>Z070_01</b>	Considerate of other people's feelings	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_02</b>	Restless, overactive, cannot stay still for long	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_03</b>	Often complains of headaches, stomach-aches or sickness	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_04</b>	Shares readily with other children (treats, toys, pencils etc.)	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_05</b>	Often has temper tantrums or hot tempers	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_06</b>	Rather solitary, tends to play alone	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_07</b>	Generally obedient, usually does what adults request	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_08</b>	Many worries, often seems worried	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_09</b>	Helpful if someone is hurt, upset or feeling ill	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_10</b>	Constantly fidgeting or squirming	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_11</b>	Has at least one good friend	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_12</b>	Often fights with other children or bullies them	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_13</b>	Often unhappy, down-hearted or tearful	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_14</b>	Generally liked by other children	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_15</b>	Easily distracted, concentration wanders	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_16</b>	Nervous or clingy in new situations, easily loses confidence	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_17</b>	Kind to younger children	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_18</b>	Often lies and cheats	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>

...continued

		Not true	Partly true	Very true	Un-defined
<b>Z070_19</b>	Picked on and bullied by other children	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_20</b>	Often volunteers to help others (parents, teachers, other children)	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_21</b>	Thinks things out before acting	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_22</b>	Steals from home, day-care centre, school or elsewhere	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_23</b>	Gets on better with adults than with other children	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_24</b>	Many fears, easily scared	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z070_25</b>	See tasks through to the end, good attention span	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>

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## Questions about your daughter's strengths and weaknesses, recoded

The questions Z070\_01 - Z070\_25 have been recoded to match the SDQ classification (© Goodman, 1999). The below variable values may be used if you wish to use Goodman's scoring algorithms.

		Not true	Partly true	Very true
Z070_01_sd q	Considerate of other people's feelings	0.	1.	2.
Z070_02_sd q	Restless, overactive, cannot stay still for long	0.	1.	2.
Z070_03_sd q	Often complains of headaches, stomach-aches or sickness	0.	1.	2.
Z070_04_sd q	Shares readily with other children (treats, toys, pencils etc.)	0.	1.	2.
Z070_05_sd q	Often has temper tantrums or hot tempers	0.	1.	2.
Z070_06_sd q	Rather solitary, tends to play alone	0.	1.	2.
Z070_07_sd q	Generally obedient, usually does what adults request	2.	1.	0.
Z070_08_sd q	Many worries, often seems worried	0.	1.	2.
Z070_09_sd q	Helpful if someone is hurt, upset or feeling ill	0.	1.	2.
Z070_10_sd q	Constantly fidgeting or squirming	0.	1.	2.
Z070_11_sd q	Has at least one good friend	2.	1.	0.
Z070_12_sd q	Often fights with other children or bullies them	0.	1.	2.
Z070_13_sd q	Often unhappy, down-hearted or tearful	0.	1.	2.
Z070_14_sd q	Generally liked by other children	2.	1.	0.
Z070_15_sd q	Easily distracted, concentration wanders	0.	1.	2.
Z070_16_sd q	Nervous or clingy in new situations, easily loses confidence	0.	1.	2.
Z070_17_sd q	Kind to younger children	0.	1.	2.
Z070_18_sd q	Often lies and cheats	0.	1.	2.

...continued

		Not true	Partly true	Very true
<b>Z070_19_sd</b> q	Picked on and bullied by other children	<b>0.</b>	<b>1.</b>	<b>2.</b>
<b>Z070_20_sd</b> q	Often volunteers to help others (parents, teachers, other children)	<b>0.</b>	<b>1.</b>	<b>2.</b>
<b>Z070_21_sd</b> q	Thinks things out before acting	<b>2.</b>	<b>1.</b>	<b>0.</b>
<b>Z070_22_sd</b> q	Steals from home, day-care centre, school or elsewhere	<b>0.</b>	<b>1.</b>	<b>2.</b>
<b>Z070_23_sd</b> q	Gets on better with adults than with other children	<b>0.</b>	<b>1.</b>	<b>2.</b>
<b>Z070_24_sd</b> q	Many fears, easily scared	<b>0.</b>	<b>1.</b>	<b>2.</b>
<b>Z070_25_sd</b> q	See tasks through to the end, good attention span	<b>2.</b>	<b>1.</b>	<b>0.</b>

**Z071** Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people??  
(Tick one box only)

- 1.** No (skip to question Z076)
- 2.** Yes, minor difficulties (go to next question)
- 3.** Yes, definite difficulties (go to next question)
- 4.** Yes, severe difficulties (go to next question)
- 9.** Undefined

**Z072** How low has these difficulties been present?  
(Tick one box only)

Depends on: Z071

- 1.** Less than a month
- 2.** 1-5 months
- 3.** 6-12 months
- 4.** Over a year
- 9.** Undefined
- 10.** Not applicable

**Z073** Do the difficulties upset or distress your child?  
(Tick one box only)

Depends on: Z071

- 1.** Not at all
- 2.** Only a little
- 3.** Quite a lot
- 4.** A great deal
- 9.** Undefined
- 10.** Not applicable

Do the difficulties interfere with your child's everyday life in the following areas??

(Tick one box on each line)

Depends on: Z071

		Not at all	Only a little	Quite a lot	A great deal	Undefined	Not applicable
<b>Z074_1</b>	Home life?	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>9.</b>	<b>10.</b>
<b>Z074_2</b>	Friendships	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>9.</b>	<b>10.</b>
<b>Z074_3</b>	Classroom learning	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>9.</b>	<b>10.</b>
<b>Z074_4</b>	Leisure activities	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>9.</b>	<b>10.</b>

**Z075** Do the difficulties put a burden on you or the family as a whole??

(Tick one box)

Depends on: Z071

- 1.** Not at all
- 2.** Only a little
- 3.** Quite a lot
- 4.** A great deal
- 9.** Undefined
- 10.** Not applicable

## About your own childhood

Which of the following statements best suits your own childhood?  
(Tick one box on each line)

		Not true	Partly true	Very true	Undefined
<b>Z076_1</b>	Was restless, "hyperactive", had problems keeping quiet long	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z076_2</b>	Frequent headaches, tummy aches or nausea	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z076_3</b>	Lost temper easily	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z076_4</b>	Was a loner, played alone	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z076_5</b>	Was often worried	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>
<b>Z076_6</b>	Had good friends	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>9.</b>

## About your own and the other biological parent's habits

Do you or other biological parent smoke?  
(Tick one box on each line)

	<b>Z077DU</b> You	<b>Z077AND</b> The other biological parent
1-9 cigarettes/day	<b>1.</b>	<b>1.</b>
10-19 cigarettes/day	<b>2.</b>	<b>2.</b>
20 or more cigarettes/day	<b>3.</b>	<b>3.</b>
Don't know	<b>4.</b>	<b>4.</b>
Non-smoker	<b>5.</b>	<b>5.</b>
Undefined	<b>9.</b>	<b>9.</b>

Have you or the other biological parent smoked since the birth of your daughter?  
(Tick one box on each line)

	<b>Z078DU</b> You	<b>Z078AND</b> The other biological parent
Yes	<b>1.</b>	<b>1.</b>
No	<b>2.</b>	<b>2.</b>
Don't know	<b>3.</b>	<b>3.</b>
Undefined	<b>9.</b>	<b>9.</b>

**Z079** Is your daughter exposed to tobacco smoke in the home?  
(Tick one box only)

- 1.** Never
- 2.** Rarely
- 3.** Often
- 4.** Daily

- 5. Don't know
- 9. Undefined

How many units do you/the other biological parent drink during a normal week?  
(Tick one box on each line)

	Z080DU	Z080AND
	You	The other biological parent
None	1.	1.
1-14 units/week	2.	2.
15-21 units/week	3.	3.
22-29 units/week	4.	4.
30 or more units/week	5.	5.
Don't know	6.	6.
Undefined	9.	9.

Insert your/the other biological parent's height and weight and waist measurement?

	You	You Don't know	The other biological parent	The other biological parent Don't know
Height	Z081ADU	Z081ADU1 1.	Z081AAND	Z081AAN1 1.
Weight	Z081BDU	Z081BDU1 1.	Z081BAND	Z081BAN1 1.
Waist measurement*	Z081CDU	Z081CDU1 1.	Z081CAND	Z081CAN1 1.

**Z081GRAV** \*Is the biological mother visibly pregnant again?

Depends on: zversion (v1\_4web, v1\_5 papir, v1\_5papir\_T and v1\_5web only)

- 1. Yes
- 2. No
- 9. Undefined
- 10. Not applicable

**rawZ081tmdu** Due date, if any, you,

date: 1 1 1 1 1 1 1 1

Depends on: Z081BDU, Z081BAND, zversion (v1\_4web only)

**rawZ081tman** Due date, if any, other biological parent

date: 1 1 1 1 1 1 1 1

Depends on: Z081BDU, Z081BAND, zversion (v1\_4web only)

**Z081tm** Validated due date

Depends on: Z081BDU, Z081BAND, rawZ081tmdu, rawZ081tman, zversion (v1\_4 web only)

**Z112 (life-style health conditions) and Z113 (year of diagnosis) have been moved to keep the Z-values in numeric order.**

Insert your/the other biological parent's birth weight

	You	The other biological parent
Birth weight	<b>Z082ADU</b>	<b>Z082AAND</b>
Don't know	<b>Z082BDU 1.</b>	<b>Z082BAND 1.</b>

If you are/the other biological parent is aware of your birth weight, where did you get this information from?  
(Tick one box on each line)

	<b>Z083DU</b>	<b>Z083AND</b>
	You	The other biological parent
From birth certificate	<b>1.</b>	<b>1.</b>
From mother	<b>2.</b>	<b>2.</b>
From other source	<b>3.</b>	<b>3.</b>
Don't know	<b>4.</b>	<b>4.</b>
Undefined	<b>9.</b>	<b>9.</b>

Were you/the other biological parent born prematurely?  
(Tick one box on each line)

	<b>Z085DU</b>	<b>Z085AND</b>
	You	The other biological parent
Yes	<b>1.</b>	<b>1.</b>
No	<b>2.</b>	<b>2.</b>
Don't know	<b>3.</b>	<b>3.</b>
Undefined	<b>9.</b>	<b>9.</b>

## About the parents' situation

Are you/the other biological parent employed?  
(Tick one box in each column)

	Z085DU	Z085AND
	You	The other biological parent
37 hours/week or more	1.	1.
30-36 hours/week	2.	2.
15-29 hours/week	3.	3.
Less than 15 hours/week	4.	4.
Full time student	5.	5.
Unemployed	6.	6.
Don't know	7.	7.
Undefined	99.	99.

**Z086** Do you know the Christian names of your closest neighbours?  
(Tick one box only)

1. Yes, 1-4 of them
2. Yes, 5-9 of them
3. Yes, 10 or more of them
4. No
9. Undefined

**Z087** Do you take part in local social activities?  
(Tick one box only)

1. Yes, often
2. Yes, sometimes
3. Rarely or never
9. Undefined

**Z088** Do you take part in organisational work?  
(Tick one box only)

1. Yes, a lot
2. Yes, a little
3. Rarely or never
9. Undefined

**Z089** Have you had a psychiatric illness or bad nerves since birth?

1. Yes (go to next question)
2. No (go to question Z093)
3. Don't know (go to question Z093)
4. Prefer not to answer (go to question Z093)
9. Undefined

**Z090** Have you been in contact with a doctor or psychologist because of this?

Depends on: Z089

1. Yes
2. No
3. Don't know
4. Prefer not to answer
9. Undefined
10. Not applicable

**Z091** Have you ever been hospitalised because of this illness?

Depends on: Z089

1. Yes
2. No
3. Don't know
4. Prefer not to answer
9. Undefined
10. Not applicable

Which type of illness were you suffering from?

(Tick appropriate boxes)

Depends on: Z089

- |                |    |                                      |
|----------------|----|--------------------------------------|
| <b>Z092_01</b> | 1. | Alcohol misuse                       |
| <b>Z092_02</b> | 1. | Anxiety                              |
| <b>Z092_03</b> | 1. | Depression                           |
| <b>Z092_04</b> | 1. | Family problems                      |
| <b>Z092_05</b> | 1. | Postnatal depression                 |
| <b>Z092_06</b> | 1. | Crisis after death/stillbirth        |
| <b>Z092_07</b> | 1. | Life crisis                          |
| <b>Z092_08</b> | 1. | Manic depression                     |
| <b>Z092_09</b> | 1. | Neurosis                             |
| <b>Z092_10</b> | 1. | Childhood/Child Psychiatric Disorder |
| <b>Z092_11</b> | 1. | Psychosis (schizophrenia, delusions) |
| <b>Z092_12</b> | 1. | Suicide attempt                      |
| <b>Z092_13</b> | 1. | Eating disorder (anorexia, bulimia)  |
| <b>Z092_14</b> | 1. | Substance misuse                     |
| <b>Z092_15</b> | 1. | Other: _____ <b>Z092A</b> _____      |
| <b>Z092_16</b> | 1. | Don't know                           |
| <b>Z092_17</b> | 1. | Prefer not to answer                 |
-

## About mobile phones

(to be answered only by child's biological mother - otherwise skip to Z100)

**Z093** When did you start using a mobile phone?  
(Tick one box only)

1. I have never been using a mobile phone (go to question 100)
2. Less than 5 years ago (go to question 100)
3. 5-9 years ago (go to next question)
4. More than 10 years ago (go to next question)
9. Undefined

**Z094** Did you use a mobile phone when you were pregnant with your daughter?  
(Tick one box only)

Depends on: Z093

1. Yes (go to next question)
2. No (go to question 100)
3. Don't know (go to question 100)
9. Undefined
10. Not applicable

**Z095** When did you use the mobile phone?  
(Tick appropriate boxes)

Depends on: Z093, Z094

- Z095\_1** 1. Don't know
- Z095\_2** 1. 1<sup>st</sup> – 3<sup>rd</sup> month
- Z095\_3** 1. 4<sup>th</sup> – 6<sup>th</sup> month
- Z095\_4** 1. 7<sup>th</sup> month - delivery

**Z096** How many times a day on average did you speak on the phone while pregnant?  
(Messages do not count)  
(Tick one box only)

Depends on: Z093, Z094

1. 0-1 times
2. 2-3 times
3. 4-6 times
4. 7 or more times a day
5. Don't know
9. Undefined
10. Not applicable

**Z097** Where did you carry your mobile while pregnant?  
(Tick one box only)

Depends on: Z093, Z094

1. In trouser pocket
  2. In pocket of dress
  3. In my bag
-

- 4. Other: \_\_\_\_\_ **Z097A** \_\_\_\_\_
- 9. Undefined
- 10. Not applicable

**Z098** Was the mobile on while you had it on you?  
(Tick one box only)

Depends on: Z093, Z094

- 1. Yes, all the time
- 2. Yes, 50 - 99% of the time
- 3. Yes, but less than 50% of the time
- 4. No, never or almost never
- 9. Undefined
- 10. Not applicable

**Z099** Did you have an earpiece for your mobile?  
(Tick one box only)

Depends on: Z093, Z094

- 1. Yes, but I rarely used it
- 2. Yes, I used it often
- 3. No
- 9. Undefined
- 10. Not applicable

**Z100** Does your daughter use a mobile phone? (Messages do not count)  
(Tick one box only)

- 1. No, never
- 2. Yes, but less than 1 hour/week
- 3. Yes, more than 1 hour/week
- 9. Undefined

Is your home telephone...  
(Tick appropriate boxes)

- Z101\_1** 1. mobile telephone (skip to next page)
- Z101\_2** 1. an ordinary telephone with a cable (skip to next page)
- Z101\_3** 1. a wireless telephone (go to next question)

**Z102** Does your daughter use the wireless telephone more than 1 hour/day?  
(Tick one box only)

Depends on: Z101\_3

- 1. Yes
  - 2. No
  - 3. Don't know
  - 9. Undefined
-

The below motor questions were added in v. 1.5 of the questionnaire and were inserted between Z005 (age at first day-care) og Z006 (language development)

## About your son's motor skills

Most of the questions in this questionnaire are about motor skills, i.e. the movements your son can perform with his hands or his body. As your son matures, the coordination of his movements will continue to improve. When answering the questions below, it is important that you compare him with other children of the same age.

Do you find the following statements true of your son, when you compare him with other children of the same age?

Depends on: Zversion (v1\_5 paper, v1\_5paper\_T and v1\_5web only)

		Not true	A little true	Fairly true	True	Very true
<b>Z110_01</b>	Your child <i>throws a ball</i> in the same controlled and accurate fashion as other children the same age.	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_02</b>	Your child <i>catches</i> a small <i>ball</i> (e.g., tennis ball size) just as well as other children when it is thrown from a distance of 6 to 8 feet.	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_03</b>	Your child <i>hits</i> an approaching <i>ball</i> or <i>birdie</i> with a bat or racquet as accurately as other children the same age.	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_04</b>	Your child <i>jumps</i> as easily <i>over</i> obstacles found in garden or play environment as other children the same age.	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_05</b>	Your child <i>runs</i> as fast and in a <i>similar</i> way to other children of the same sex and age	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_06</b>	Your child can control his movements just as well as other children of the same age, and accomplish what he sets out to do. For example, when he wants to build a hideout (with cardboard boxes or cushions etc.), a tower of blocks or other toys or when he moves around playground equipment.	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_07</b>	Your child can draw and write just as quickly as the other children in the class.	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_08</b>	Your child's printing or <i>writing</i> letters, numbers and words is <i>legible</i> , precise and accurate or, if your child is not yet printing, <i>colors and draws</i> in a coordinated way, and draws things that you can recognize.	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_09</b>	Your child uses appropriate <i>effort</i> or tension when drawing, printing or writing (no excessive <i>pressure</i> or tightness of grasp, writing not too heavy or dark, or too light).	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Z110_10</b>	Your child <i>cuts</i> out pictures and <i>shapes</i> as accurately and easily as other children the same age.	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>

...continued

Do you find the following statements true of your son, when you compare him with other children of the same age?

		Not true	A little true	Fairly true	True	Very true
<b>Z110_11</b>	Your child learns <i>new motor tasks</i> (e.g., swimming, rollerblading) easily and does not require more practice or time than others to achieve the same level of skill	1.	2.	3.	4.	5.
<b>Z110_12</b>	Your child can easily move around without bumping in to and upsetting/breaking things. He is not clumsier than other children his age.	1.	2.	3.	4.	5.
<b>Z110_13</b>	Your child is as <i>quick and good at</i> tidying up, putting on shoes, tying shoes, dressing, etc. as other children the same age.	1.	2.	3.	4.	5.
<b>Z110_14</b>	Your child is interested in and <i>likes</i> participating in <i>sports or active</i> games requiring good motor skills.	1.	2.	3.	4.	5.
<b>Z110_15</b>	Your child can sit for as long periods of time as other children the same age, without getting tired, <i>slouching</i> or "falling" off the chair.	1.	2.	3.	4.	5.

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In version 1.5 the dietary table from v. 1.4 was replaced by the below table.

In the questionnaire this table is found between the Z008 (starting school) and the Z010 (allergies diagnosed by doctor). The original variable values have been recoded to match the new table.

## About your daughter's dietary habits

Which of the following statements best describe your daughter's dietary habits during the past year?

How often has she eaten the following meals and foods during the past year?

(Tick one box on each line)

		4 or several times a day (v. 1.5 only)	2-3 times a day (v. 1.5 only)	6-7 times a week (v. 1.5 only)	4-5 time s a week	2-3 time s a week	Onc e a week	2-3 times a month	Less than once a month	Ne- ver	6 or more times a week (v.1.4 only)	Less than once a week or never (v.1.4 only)	Unde- fined	Not ap- pli- cabl e
<b>Z111A</b>	Breakfast			<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>		<b>11.</b>	<b>99.</b>	
<b>Z111B</b>	Lunch			<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>		<b>11.</b>	<b>99.</b>	
<b>Z111C</b>	Dinner			<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>		<b>11.</b>	<b>99.</b>	
<b>Z111D</b>	Snacks	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>99.</b>	
<b>Z111E</b>	Cold meats for lunch (v. 1.5 only)			<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>99.</b>	<b>100.</b>
<b>Z111F</b>	Meat at dinner time (v. 1.5 only)			<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>99.</b>	<b>100.</b>
<b>Z111G</b>	Fish for lunch (v. 1.5 only)			<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>99.</b>	<b>100.</b>
<b>Z111H</b>	Fish for dinner (v. 1.5 only)			<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>99.</b>	<b>100.</b>
<b>Z111I</b>	Milk	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>99.</b>	
<b>Z111J</b>	Lemonade or sugary soft drink	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>99.</b>	
<b>Z111K</b>	Light lemon- ade or non sugary soft drink (v. 1.5 only)	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>			<b>99.</b>	<b>100.</b>
<b>Z111L</b>	Fruit	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>99.</b>	
<b>Z111M</b>	Vegetables (raw, baked, boiled, fried, in casseroles)	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>99.</b>	
<b>Z111N</b>	Ice cream, sweets, choc- olate or cake	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>99.</b>	
<b>Z111O</b>	He eats "fast food" (v.1.4 only)				<b>4.</b>	<b>5.</b>	<b>6.</b>				<b>10.</b>	<b>11.</b>	<b>99.</b>	<b>100.</b>

These questions were added in v. 1.5 and were inserted between Z081 (parents' height, weight and waist circumference) and Z082 (parents' birthweight)

Has your doctor diagnosed you or the other biological parent with the following:

Depends on: zversion (v1\_5 papir, v1\_5papir\_T and v1\_5web only)

	You	The other biological parent
High blood pressure	<b>Z112ADU 1.</b>	<b>Z112AAND 1.</b>
High cholesterol	<b>Z112BDU 1.</b>	<b>Z112BAND 1.</b>
Type 2 diabetes	<b>Z112CDU 1.</b>	<b>Z112CAND 1.</b>
None of them	<b>Z112DDU 1.</b>	<b>Z112DAND 1.</b>
Don't know	<b>Z112EDU 1.</b>	<b>Z112EAND 1.</b>

If yes, please state the year you were first diagnosed?

Depends on: Z112, zversion (v1\_5 papir, v1\_5papir\_T and v1\_5web only)

	You	You, don't know	The other biological pa- rent	The other bio- logical parent, don't know
High blood pressure	<b>Z113ADU</b>	<b>Z113ADU1 1.</b>	<b>Z113AAND</b>	<b>Z113AAN1 1.</b>
High cholesterol	<b>Z113BDU</b>	<b>Z113BDU1 1.</b>	<b>Z113BAND</b>	<b>Z113BAN1 1.</b>
Type 2 diabetes	<b>Z113CDU</b>	<b>Z113CDU1 1.</b>	<b>Z113CAND</b>	<b>Z113CAN1 1.</b>

You have now finished this questionnaire.

We hope that we may contact you again when your daughter is older. This contact may be by email. If you consent to this, please state your email address below (your mail address is of course strictly confidential).

I can be contacted at the following address (write clearly):

**EMAIL** \_\_\_\_\_ @ \_\_\_\_\_

Comments and supplementary information

**KOMMTAR**

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Thank you very much!

Remember to return the questionnaire in the stamped addressed envelope provided.

Yours sincerely



Joern Olsen, Project manager

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