



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"

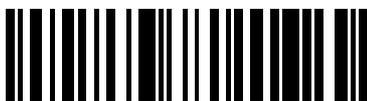
Questionnaire

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Version 1.5

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.

ZVERSION:	v1_3 paper	Version 1.3 paper (like version 1.4)
	v1_3 paper_T	Version 1.3 paper, twins (like version 1.4)
	v1_4 paper	Version 1.4 paper
	v1_4 paper_T	Version 1.4 paper, twins
	v1_4 web	Version 1.4 web version
	v1_5 paper	Version 1.5 paper
	v1_5 paper_T	Version 1.5 paper, twins
	v1_5 web	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!

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?

- 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
Z005AAR	Year	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.			12.	99.	100.
Z005MND	Months	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	99.	100.

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.

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
Z008BH She started preschool in	1.	2.	3.	4.	5.	6.	7.	8.	9.
Z0081KL 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 7th 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	
Z008BH												
	She started pre- school in	3.	4.	5.	6.	7.	8.	9.	11.	12.	99.	100 .
Z0081KL	She started primary school in	3.	4.	5.	6.	7.	8.	9.		12.	99.	100 .

* 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
rawZ009A	She drinks sugary soft drinks (fruit juice, orange juice, lemonade)	1.	2.	3.	4.	5.
rawZ009B	She eats "fast-food" (burgers, pizza, hamburgers, etc.)	1.	2.	3.	4.	5.
rawZ009C	She drinks milk	1.	2.	3.	4.	5.
rawZ009D	She eats sweets/chocolate/ice cream	1.	2.	3.	4.	5.
rawZ009E	She eats breakfast	1.	2.	3.	4.	5.
rawZ009F	She eats snacks between meals	1.	2.	3.	4.	5.
rawZ009G	She eats lunch	1.	2.	3.	4.	5.
rawZ009H	She eats dinner	1.	2.	3.	4.	5.
rawZ009I	She eats fruit	1.	2.	3.	4.	5.
rawZ009J	She eats vegetables	1.	2.	3.	4.	5.

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

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

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	6.	6.
4 hours or more	7.	7.
Undefined	99.	99.

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)

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

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
Z025AAR	Year	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.			12.	99.	100.

Z025MND	Months	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	99.	100.
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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
Z028AAR	Year	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.			12.	99.	100.
Z028MND	Months	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	99.	100.

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
Z029AAR	Year	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.			12.	99.	100.
Z029MND	Months	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	99.	100.

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

	Medicine's registered trade name	Chemical
Z030A_01	1. Carbamazepine "Dak", Tegretol® , Trimonil® Retard	Carbamazepine
Z030A_02	1. Frisium®	Clobazam
Z030A_03	1. Rivotril®	Clonazepam
Z030A_04	1. Zarondan®	Ethosuximide
Z030A_05	1. Gabapentine	Gabapentine
Z030A_06	1. Labileno "Orifarm", Lamictal®	Lamotrigine
Z030A_07	1. Keppra®	Levetiracetam
Z030A_08	1. Apodorm®, Mogadon®, Nitrazepam, Pacisyn®	Nitrazepam
Z030A_09	1. Apydan®, Trileptal®	Oxcarbazepine
Z030A_10	1. Fenemal "Dak"	Phenobarbital
Z030A_11	1. Phenytoin "Dak"	Phenytoin
Z030A_12	1. Primidone "Era"	Primidone
Z030A_13	1. Gabitril®	Tiagabin
Z030A_14	1. Epitomax, Topamac, Topimax®, Topiramate	Topiramate
Z030A_15	1. Delepsine® , Deprakine®, Orfiril®	Valproate
Z030A_16	1. Sabrilex®	Vigabatrin
Z030A_17	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
Z057AAR	Year	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.			12.	99.	100.
Z057MND	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
Z060AAR	Year	0.	1.	2.	3.	4.	5.	6.	7.	8.	9.			12.	99.	100.
Z060MND	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
Z070_01	Considerate of other people's feelings	1.	2.	3.	9.
Z070_02	Restless, overactive, cannot stay still for long	1.	2.	3.	9.
Z070_03	Often complains of headaches, stomach-aches or sickness	1.	2.	3.	9.
Z070_04	Shares readily with other children (treats, toys, pencils etc.)	1.	2.	3.	9.
Z070_05	Often has temper tantrums or hot tempers	1.	2.	3.	9.
Z070_06	Rather solitary, tends to play alone	1.	2.	3.	9.
Z070_07	Generally obedient, usually does what adults request	1.	2.	3.	9.
Z070_08	Many worries, often seems worried	1.	2.	3.	9.
Z070_09	Helpful if someone is hurt, upset or feeling ill	1.	2.	3.	9.
Z070_10	Constantly fidgeting or squirming	1.	2.	3.	9.
Z070_11	Has at least one good friend	1.	2.	3.	9.
Z070_12	Often fights with other children or bullies them	1.	2.	3.	9.
Z070_13	Often unhappy, down-hearted or tearful	1.	2.	3.	9.
Z070_14	Generally liked by other children	1.	2.	3.	9.
Z070_15	Easily distracted, concentration wanders	1.	2.	3.	9.
Z070_16	Nervous or clingy in new situations, easily loses confidence	1.	2.	3.	9.
Z070_17	Kind to younger children	1.	2.	3.	9.
Z070_18	Often lies and cheats	1.	2.	3.	9.

...continued

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

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
Z070_19_sd q	Picked on and bullied by other children	0.	1.	2.
Z070_20_sd q	Often volunteers to help others (parents, teachers, other children)	0.	1.	2.
Z070_21_sd q	Thinks things out before acting	2.	1.	0.
Z070_22_sd q	Steals from home, day-care centre, school or elsewhere	0.	1.	2.
Z070_23_sd q	Gets on better with adults than with other children	0.	1.	2.
Z070_24_sd q	Many fears, easily scared	0.	1.	2.
Z070_25_sd q	See tasks through to the end, good attention span	2.	1.	0.

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
Z074_1	Home life?	1.	2.	3.	4.	9.	10.
Z074_2	Friendships	1.	2.	3.	4.	9.	10.
Z074_3	Classroom learning	1.	2.	3.	4.	9.	10.
Z074_4	Leisure activities	1.	2.	3.	4.	9.	10.

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
Z076_1	Was restless, "hyperactive", had problems keeping quiet long	1.	2.	3.	9.
Z076_2	Frequent headaches, tummy aches or nausea	1.	2.	3.	9.
Z076_3	Lost temper easily	1.	2.	3.	9.
Z076_4	Was a loner, played alone	1.	2.	3.	9.
Z076_5	Was often worried	1.	2.	3.	9.
Z076_6	Had good friends	1.	2.	3.	9.

About your own and the other biological parent's habits

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

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

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

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

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_5papier_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	Z082ADU	Z082AAND
Don't know	Z082BDU 1.	Z082BAND 1.

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)

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

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

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

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

- | | | |
|----------------|----|--------------------------------------|
| Z092_01 | 1. | Alcohol misuse |
| Z092_02 | 1. | Anxiety |
| Z092_03 | 1. | Depression |
| Z092_04 | 1. | Family problems |
| Z092_05 | 1. | Postnatal depression |
| Z092_06 | 1. | Crisis after death/stillbirth |
| Z092_07 | 1. | Life crisis |
| Z092_08 | 1. | Manic depression |
| Z092_09 | 1. | Neurosis |
| Z092_10 | 1. | Childhood/Child Psychiatric Disorder |
| Z092_11 | 1. | Psychosis (schizophrenia, delusions) |
| Z092_12 | 1. | Suicide attempt |
| Z092_13 | 1. | Eating disorder (anorexia, bulimia) |
| Z092_14 | 1. | Substance misuse |
| Z092_15 | 1. | Other: _____ Z092A _____ |
| Z092_16 | 1. | Don't know |
| Z092_17 | 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. 1st – 3rd month
- Z095_3** 1. 4th – 6th month
- Z095_4** 1. 7th 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
Z110_01	Your child <i>throws a ball</i> in the same controlled and accurate fashion as other children the same age.	1.	2.	3.	4.	5.
Z110_02	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.	1.	2.	3.	4.	5.
Z110_03	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.	1.	2.	3.	4.	5.
Z110_04	Your child <i>jumps</i> as easily <i>over</i> obstacles found in garden or play environment as other children the same age.	1.	2.	3.	4.	5.
Z110_05	Your child <i>runs</i> as fast and in a <i>similar</i> way to other children of the same sex and age	1.	2.	3.	4.	5.
Z110_06	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.	1.	2.	3.	4.	5.
Z110_07	Your child can draw and write just as quickly as the other children in the class.	1.	2.	3.	4.	5.
Z110_08	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.	1.	2.	3.	4.	5.
Z110_09	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).	1.	2.	3.	4.	5.
Z110_10	Your child <i>cuts</i> out pictures and <i>shapes</i> as accurately and easily as other children the same age.	1.	2.	3.	4.	5.

...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
Z110_11	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.
Z110_12	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.
Z110_13	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.
Z110_14	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.
Z110_15	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 times a week	2-3 times a week	Once a week	2-3 times a month	Less than once a month	Never	6 or more times a week (v.1.4 only)	Less than once a week or never (v.1.4 only)	Undefined	Not applicable	
Z111A	Breakfast		3.	4.	5.	6.	7.	8.	9.		11.	99.		
Z111B	Lunch		3.	4.	5.	6.	7.	8.	9.		11.	99.		
Z111C	Dinner		3.	4.	5.	6.	7.	8.	9.		11.	99.		
Z111D	Snacks	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	99.	
Z111E	Cold meats for lunch (v. 1.5 only)		3.	4.	5.	6.	7.	8.	9.			99.	100.	
Z111F	Meat at dinner time (v. 1.5 only)		3.	4.	5.	6.	7.	8.	9.			99.	100.	
Z111G	Fish for lunch (v. 1.5 only)		3.	4.	5.	6.	7.	8.	9.			99.	100.	
Z111H	Fish for dinner (v. 1.5 only)		3.	4.	5.	6.	7.	8.	9.			99.	100.	
Z111I	Milk	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	99.	
Z111J	Lemonade or sugary soft drink	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	99.	
Z111K	Light lemonade or non sugary soft drink (v. 1.5 only)	1.	2.	3.	4.	5.	6.	7.	8.	9.		99.	100.	
Z111L	Fruit	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	99.	
Z111M	Vegetables (raw, baked, boiled, fried, in casseroles)	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	99.	
Z111N	Ice cream, sweets, chocolate or cake	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	99.	
Z111O	He eats "fast food" (v.1.4 only)				4.	5.	6.				10.	11.	99.	100.

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	Z112ADU 1.	Z112AAND 1.
High cholesterol	Z112BDU 1.	Z112BAND 1.
Type 2 diabetes	Z112CDU 1.	Z112CAND 1.
None of them	Z112DDU 1.	Z112DAND 1.
Don't know	Z112EDU 1.	Z112EAND 1.

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	Z113ADU	Z113ADU1 1.	Z113AAND	Z113AAN1 1.
High cholesterol	Z113BDU	Z113BDU1 1.	Z113BAND	Z113BAN1 1.
Type 2 diabetes	Z113CDU	Z113CDU1 1.	Z113CAND	Z113CAN1 1.

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

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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