

# Code book for 3rd interview (the child is 6 months old)

(updated June 2008)

## Contents:

**Pre-natal questions** (about the last part of the pregnancy)

ETF-questions (extremely preterm born – before 30th week of gestation)

P-questions (birth in 30th week of gestation or later)

**Post-natal questions** (about the time from the birth and 6 months onward)

C-questions:

Diet and breast feeding – the child

Medicine – the mother

Employment situation and time spent with child

Exposures – the child

Child care

Medicine and disease – the child

Mother-child relation

Mother – child living arrangements

Special strains – mother's experience

Mental state of mind – the mother

Special difficulties – parents' childhood

Motor and cognitive development – the child

Asthma and allergy

Pregnancy list (applied with questions on pre-natal matters)

1. the entire pregnancy
2. 30th week
3. 31st week
4. 32nd week
5. 33th week
6. 34th week
7. 35<sup>th</sup> week
8. 36<sup>th</sup> week
9. 37<sup>th</sup> week
10. 38<sup>th</sup> week
11. 39<sup>th</sup> week
12. 40<sup>th</sup> week
13. 4<sup>1st</sup> week
14. 42nd week
15. 43rd week
16. 44th week
17. do not know
18. do not wish to answer

Only choice from this list is 1, 17 or 18, or any combination from 2 to 16

**Master list 1:** Month scheme from 0 to 6 ½ (applied for post natal questions)

*Number of total number of possible answers: 14 combinations of 1. - 14.)*

- |          |           |                           |
|----------|-----------|---------------------------|
| 1. 0     | 7. 3      | 13. 6                     |
| 2. 1/2   | 8. 3 1/2  | 14. 6 1/2                 |
| 3. 1     | 9. 4      | 15. the entire period     |
| 4. 1 1/2 | 10. 4 1/2 | 16. Do not know           |
| 5. 2     | 11. 5     | 17. Do not wish to answer |
| 6. 2 1/2 | 12. 5 1/2 |                           |

**Master list 2:** Month scheme from 0 to 6 ½ (applied for post natal questions)

*Number of total number of possible answers: 14 (combinations from 1 to 14.)*

- |          |           |                           |
|----------|-----------|---------------------------|
| 1. 0     | 7. 3      | 13. 6                     |
| 2. 1/2   | 8. 3 1/2  | 14. 6 1/2                 |
| 3. 1     | 9. 4      | 15. The entire period     |
| 4. 1 1/2 | 10. 4 1/2 | 16. Never every day       |
| 5. 2     | 11. 5     | 17. Do not know           |
| 6. 2 1/2 | 12. 5 1/2 | 18. Do not wish to answer |

CINTROA: Interviewer ID (not checked)

CINTDATO: Date of Interview (not checked)

CVERSION: (not checked)

GRAVNR: Woman's pregnancy ID number

LBNR: Woman's project ID number

## INTRODUCTION

Hello, you are speaking to \_\_\_\_\_ from the survey: "Bedre sundhed for mor og barn." (Better health for mother and child)

(Could I please speak to: \_\_\_\_\_)

do you have time for an interview right now? It will last approx. 15 minutes?

If the answer is NO, please make an appointment for a new interview

**SEX.1-4 Before we start I would like to know if you had a boy or a girl?**

I assume that your child normally lives with you.

*Total number of possible answers: 2 (a combination of 1. or 2. with 3.)*

SEX\_1. Boy

SEX\_2. Girl

SEX\_3. Child does not live with mother on a regular basis -> C248

SEX\_4. Do not wish to answer

**P000 Which gestational week were you in when you gave birth to your child?**

1. 23 week -> ETF101
2. 24 week -> ETF101
3. 2 week -> ETF101
4. 26 week -> ETF101
5. 27 week -> ETF101
6. 28 week -> ETF101
7. 29 week -> ETF101
8. 30 week -> P001
9. 31 week -> P001
10. 32 week -> P001
11. 33 week -> P001
12. 34 week -> P001
13. 35 week -> P001
14. 36 week -> P001
15. 37 week -> P001
16. 38 week -> P001
17. 39 week -> P001
18. 40 week -> P001
19. 41 week -> P001
20. 42 week -> P001
21. 43 week -> P001
22. 44 week -> P001
23. 45 week -> P001
24. Do not know -> ???
25. Do not wish to answer -> ???

If born before gestation week 30 use the EFT questions first and then the C questions.  
If born in gestation week 30 or later use the P questions and then the C questions.

First a few questions about your pregnancy and the birth:

ETF101 Did you have epileptic seizures at any time during your pregnancy?

Depends on: P000

1. yes
2. no -> ETF103
3. do not know -> ETF103
4. do not wish to answer -> ETF103
9. undefined
10. not applicable

ETF102.1-47 In which week of gestation did you have epileptic seizures?

Depends on: P000 ETF101

- ETF102\_1 1 week
- ETF102\_2 2 week
- ETF102\_3 3 week
- ETF102\_4 4.week
- ETF102\_5 5 week
- ETF102\_6 6 week
- ETF102\_7 7 week
- ETF102\_8 8 week
- ETF102\_9 9 week
- ETF10210 10 week
- .
- .
- .
- ETF10244 44 week
- ETF10245 during all of my pregnancy
- ETF10246 do not know
- ETF10247 do not wish to answer

ETF103 Did more than 24 hours pass from your water broke until your child was born?

Depends on: P000

1. yes
2. no -> ETF105
3. do not know -> ETF105
4. do not wish to answer -> ETF105
9. undefined
10. not applicable

ETF104 Time between amniotic fluid (first time) and birth?

Depends on: P000 ETF103

1. answer total number of hours: \_\_\_\_\_
2. answer total number of days: \_\_\_\_\_
3. answer in number of weeks: \_\_\_\_\_
4. do not know -> P076
5. do not wish to answer -> P076
9. undefined

10. not applicable

ETF104A Answer in total number of hours (0-99)

Depends on: ETF104

ETF104B Answer in total number of days (0-99)

Depends on: ETF104

ETF104C Answer in total number of weeks (0-99)

Depends on: ETF104

ETF105 During your pregnancy or shortly after the birth, did you suffer from pelvic pain that was so strong that it affect your ability to walk?

Depends on: P000

1. yes
2. no
3. do not know
4. do not wish to answer
9. undefined
10. not applicable

ETF106 Do you currently suffer any physical inconveniences that stems from your pregnancy or from childbirth?

Depends on: P000

1. yes
2. no -> ETF108
3. do not know-> ETF108
4. do not wish to answer-> ETF108
9. undefined
10. not applicable

ETF107.1-18 What kind of inconveniences?

Depends on: P000 ETF106

- ETF107\_1. cuts in perineum
- ETF107\_2. breaking/bursting of perineum
- ETF107\_3. urinary incontinence
- ETF107\_4. problems controlling bowels and air
- ETF107\_5. haemorrhoids
- ETF107\_6. pelvic pain
- ETF107\_7. pains in back and loin (that are not due to pelvic pain)
- ETF107\_8. varicose veins
- ETF107\_9. scar/seam from caesarean section
- ETF10710. gain of weight
- ETF10711. loss of weight
- ETF10712. trouble with hips
- ETF10713. swollen joints
- ETF10714. accumulation of fluids in body
- ETF10715. emotional stress

ETF10716. other: \_\_\_\_\_  
ETF10717. do not know  
ETF10718. do not wish to answer

ETF107A Other physical inconveniences from pregnancy/birth, text  
Depends on: ETF107

ETF108 Total gain of kilos during your pregnancy?  
Depends on: P000

1. \_\_\_\_\_ kilos -> P116A
2. Lost \_\_\_\_\_ kilos -> P116B
3. No loss and no gain-> P117
4. do not know -> P117
5. do not wish to answer -> P117
9. undefined
10. not applicable

\*\*\*\*\*BRUGES IKKE\*\*\*\*\*

ETF108A Answer in kilos (0-99)

ETF108B Answer in kilos (0-40)

ETF109 Your weight right now?  
1. Weight: \_\_\_ kilos -> ETF109A  
2. Do not know -> C001  
3. Do not wish to answer -> C001

ETF109A Answer in kilos (30-180)

\*\*\*\*\*

**The first questions dealt with your health in the period from gest. week 30<sup>th</sup> until childbirth, i.e. the period from the last telephone interview until the birth. When I say "that period", I mean that part of your pregnancy.**

P001. In your own opinion, how did you feel during the last part of your pregnancy?  
You can choose between: Very well, well, fair, bad and very bad.  
Depends on: P000

1. Very well
2. Well
3. Fair
4. Bad
5. Very bad
6. do not know
7. do not wish to answer
9. undefined
10. not applicable

P002. Did you have inflammation of the bladder (cystitis) after 30th week of gestation?  
Depends on: P000

1. yes
2. no -> P004
3. do not know -> P004

4. do not wish to answer -> P004
9. undefined
10. not applicable

P003.1-18 During which gestation weeks did you have inflammation of the bladder?

Depends on: P000 P002

- P003\_1. During the entire period
- P003\_2. 30 week
- P003\_3. 31 week
- P003\_4. 32 week
- P003\_5. 33 week
- P003\_6. 34 week
- P003\_7. 35 week
- P003\_8. 36 week
- P003\_9. 37 week
- P003\_10. 38 week
- P003\_11. 39 week
- P003\_12. 40 week
- P003\_13. 41 week
- P003\_14. 42 week
- P003\_15. 43 week
- P003\_16. 44 week
- P003\_17. do not know
- P003\_18. do not wish to answer

P004. Did you have inflammation of the pelvis of the kidney (pyelitis)?

Depends on: P000

1. yes
2. no -> P006
3. do not know -> P006
4. do not wish to answer -> P006
9. undefined
10. not applicable

P005.1-18 During which gestation weeks did you have inflammation of the pelvis of the kidney ? Depends on: P000 P004

- P005\_1. During the entire period
- P005\_2. 30 week
- P005\_3. 31 week
- P005\_4. 32 week
- P005\_5. 33 week
- P005\_6. 34 week
- P005\_7. 35 week
- P005\_8. 36 week
- P005\_9. 37 week
- P005\_10. 38 week
- P005\_11. 39 week
- P005\_12. 40 week
- P005\_13. 41 week
- P005\_14. 42 week
- P005\_15. 43 week
- P005\_16. 44 week
- P005\_17. do not know
- P005\_18. do not wish to answer

**P006.** Did you have kidney stone?  
Depends on: P000

1. yes
2. no -> P008
3. do not know -> P008
4. do not wish to answer -> P008
9. undefined
10. not applicable

**P007.1-18** During which gestation weeks did you have kidney stone?  
Depends on: P000 P008

- P007\_1. during the entire period
- P007\_2. 30 week
- P007\_3. 31 week
- P007\_4. 32 week
- P007\_5. 33 week
- P007\_6. 34 week
- P007\_7. 35 week
- P007\_8. 36 week
- P007\_9. 37 week
- P007\_10. 38 week
- P007\_11. 39 week
- P007\_12. 40 week
- P007\_13. 41 week
- P007\_14. 42 week
- P007\_15. 43 week
- P007\_16. 44 week
- P007\_17. do not know
- P007\_18. do not wish to answer

From P008 to P009 runs in a loop of max 5. That is when you reach to P009, you start all over asking with P008 until the answer is no longer yes, or until the loop has made 5 turns. The variables are named with the loop serial number (e.g.. P008\_3 means the third time P008 was asked)

**P008.1-5** Did you suffer from other inflammations or infections during that period?  
Depends on: P000

1. yes
2. no -> P010
3. do not know -> P010
4. do not wish to answer -> P010
9. undefined
10. not applicable

**P008A.1-5** What kind of inflammation/infection?  
Depends on: P000 P008

1. Name: \_\_\_\_\_
2. do not know -> P009
3. do not wish to answer -> P009
9. undefined
10. not applicable

**P008B.1-5** text

**P009.1-5** During which gestation weeks did you suffer from (answer in P008B or "the disease", if P008A = 2 or 3)?



(P009~~xx~~xy, where xx refers to no. x inflammation/infection from P008 and yy refers to the category of answer in P009. Variable value 0=no, 1=yes)  
(E.g.. P0090402 refers to 4th disease of inflammation /infection n gestation week 30)

P0090101-P0090118 .  
P0090201-P0090218.  
P0090301-P0090318.  
P0090401-P0090418.  
P0090501-P0090518.

P010. Did you take any medication against inflammation/infection. For instance penicillin, sulfa drug, other antibiotic or drugs against fungus?

Depends on: P000

1. yes
2. no -> P013
3. do not know -> P013
4. do not wish to answer -> P013
9. undefined
10. not applicable

P011.1-69 Please name the anti-inflammatory drugs you have taken.

Depends on: P000 P010

P011\_01. abboticin  
P011\_02. abboticin novum  
P011\_03. achromycin  
P011\_04. ampicillin  
P011\_05. aureomycin  
P011\_06. bactrim  
P011\_07. calcipen  
P011\_08. cefalexin  
P011\_09. ciproxin  
P011\_10. dalacin  
P011\_11. diclosil  
P011\_12. doktacillin  
P011\_13. doxycylin  
P011\_14. draximox  
P011\_15. dumocyklin  
P011\_16. dumoxin  
P011\_17. ekvacillin  
P011\_18. elyzol  
P011\_19. ery-maxin  
P011\_20. erycin  
P011\_21. erystrat  
P011\_22. erythromycin  
P011\_23. escumycin  
P011\_24. fasigyn  
P011\_25. fenoxicillin  
P011\_26. flagyl  
P011\_27. flemoxin  
P011\_28. forilin  
P011\_29. fucudin  
P011\_30. heracillin  
P011\_31. hexabotin  
P011\_32. imacillin

P011\_33. imadrax  
P011\_34. keflex  
P011\_35. kefolor  
P011\_36. lucopenin  
P011\_37. lucosil  
P011\_38. metronidazol  
P011\_39. miraxid  
P011\_40. oxycyklin  
P011\_41. oxytetracyklin  
P011\_42. oxytetral  
P011\_43. penglobe  
P011\_44. penicillin  
P011\_45. pondocillin  
P011\_46. primcillin  
P011\_47. rocolin  
P011\_48. rovamycin  
P011\_49. selexid  
P011\_50. spectramox  
P011\_51. sulfa  
P011\_52. sulfametizol (Er lig P011\_53)  
P011\_53. sulfametizol (Er lig P011\_52)  
P011\_54. sulfotrim  
P011\_55. surlid  
P011\_56. syntrizin  
P011\_57. tarivid  
P011\_58. temac  
P011\_59. tetracyklin  
P011\_60. tetralysal  
P011\_61. vancocin  
P011\_62. velosef  
P011\_63. vepicombin  
P011\_64. vibramycin  
P011\_65. zinnat  
P011\_66. zoroxin  
P011\_67. other\_\_\_\_  
P011\_68. do not know  
P011\_69. do not wish to answer

P011A other antibiotic, text

P012.1-67 In which gestation weeks did you take (answer in P011\_1-66, P011\_67 "Other" has NOT been included)?

(P012~~xx~~yy, where xx refers to the x'te antibiotic from P011 and yy refers to the category of answer in P012. Variable value 0=no, 1=yes)

(E.g.. P0120402 refers to ampicillin in gestation week 30)

(In version 2 other from P011\_67 has not been included in the loop which means that P0126701-P0126718 are empty)

P0120101-P0120118.

P0120201-P0120218.

P0120301-P0120318.

...

...

....

P0126701-P0126718

**P013.** Did you get any vaccines during the last part of your pregnancy?  
Depends on: P000

1. yes
2. no -> P017
3. do not know -> P017
4. do not wish to answer-> P017
9. undefined
10. not applicable

**P014.1-25** Against what was the vaccination?  
Depends on: P000 P013

- P014\_1. difteritis
- P014\_2. mumps, parotitis
- P014\_3. yellow fever
- P014\_4. hepatitis B
- P014\_5. hepatitis (unspec)
- P014\_6. hepatitis A
- P014\_7. HiB, haemophilus B
- P014\_8. influenza
- P014\_9. Japanese encephalitis
- P014\_10. whooping cough
- P014\_11. colera
- P014\_12. meningitis
- P014\_13. MMR
- P014\_14. measles, morbilli
- P014\_15. pneumococcus, pneumonia
- P014\_16. polio injection (SALK)
- P014\_17. polio drops on sugar (Sabin)
- P014\_18. rubella
- P014\_19. tetanus
- P014\_20. typhoid
- P014\_21. chicken pox, varicellae
- P014\_22. gamma globulin
- P014\_23. other
- P014\_24. do not know
- P014\_25. do not wish to answer

**P014A.** other vaccination, text

**P015.1-23** When did you get the vaccination against (answer in P014\_1-23)?  
Depends on: P000 P014\_1-23

1. month/year
2. do not know -> P015(1-23) -> P017
3. do not wish to answer -> P015(1-23) -> P017
9. undefined
10. not applicable

**P015A. 1-23** Which month?

1. January
2. February
3. March

4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
13. do not know
14. do not wish to answer

**P015B.1-23 Which year?**

1. 1996
2. 1997
3. 1998
4. 1999
5. 2000
6. 2001
7. 2002
8. do not know
9. do not wish to answer

In version 1, the loop ends at P015B. That is why variable p016 IS ONLY FROM VERSION 1.

only VERSION1

**P016. Was the vaccination due to a trip abroad?**

Depends on: P000 version

1. yes
2. no
3. do not know
4. do not wish to answer
9. undefined
10. not applicable
11. not asked

**P016.1-23 Was the vaccination due to a trip abroad?**

Depends on: P000 version

1. yes
2. no
3. do not know
4. do not wish to answer
9. undefined
10. not applicable
11. not asked

**P017. Did you have hypertension/elevated blood pressure (during the period from 30th gestation week to birth)?**

Depends on: P000

1. yes
2. no
3. do not know
4. do not wish to answer
9. undefined
10. not applicable

P018. Did you take any medicine against hypertension?

Depends on: P000

1. yes
2. no -> P021
3. do not know -> P021
4. do not wish to answer -> P021
9. undefined
10. not applicable

P019.1-21 What was the name of the medicine against hypertension?

Depends on: P000 P018

- P019\_1. aldomet
- P019\_2. dopamet
- P019\_3. geangin
- P019\_4. hexaoptin
- P019\_5. hexapindol
- P019\_6. isoptin
- P019\_7. lomir
- P019\_8. mepolol
- P019\_9. mepronet
- P019\_10. metyldopa
- P019\_11. nepresol
- P019\_12. pindolol
- P019\_13. selo-zok
- P019\_14. seloken
- P019\_15. trandate
- P019\_16. veraloc
- P019\_17. verapimil
- P019\_18. visken
- P019\_19. other \_\_\_\_
- P019\_20. do not know
- P019\_21. do not wish to answer

P019A. text, other medicine against hypertension

Depends on: P019

P020.1-19 During which gestation weeks did you take the hypertension medicine?  
(Answer in P019\_01-19)?

(P020 $xxyy$ , where xx refers to det x' blood pressure medicine from P019 and yy refers to the answer category in P020. Variable value: 0=no, 1=yes)  
(E.g.. P0200402 refers to hexaoptin in gestation week 30)

- P0200101-P0200118.
- P0200201-P0200218.
- P0200301-P0200318.
- P0200401-P0200418.
- P0200501-P0200518.
- P0200601-P0200618.
- P0200701-P0200718.
- P0200801-P0200818.
- P0200901-P0200918.
- P0201001-P0201018.
- P0201101-P0201118.
- P0201201-P0201218.

P0201301-P0201318.  
P0201401-P0201418.  
P0201501-P0201518.  
P0201601-P0201618.  
P0201701-P0201718.  
P0201801-P0201818.  
P0201901-P0201918

**P021.** During pregnancy, have you had signs of preeclampsia with increased blood pressure and protein in the urine?

Depends on: P000

1. yes
2. no -> P023
3. do not know -> P023
4. do not wish to answer -> P023
9. undefined
10. not applicable

**P022.** In which week of gestation was this condition diagnosed?

Depends on: P000 P021

1. \_\_\_\_ gestation week
2. during birth -> P023
3. \_\_\_\_ days after the birth -> P022B
4. do not know -> P023
5. do not wish to answer -> P023
9. undefined
10. not applicable

P022A Gestation week (0-0-99,99=undefined,100=not applicable)

P022B Days after birth (0-990-99,99=undefined,100=not applicable)

**P023.** Was diabetes detected during that period?

Depends on: P000

- abnormal
1. yes
  2. yes, the sugar stain test showed results on the limit to abnormal
  3. no -> P026
  4. do not know -> P026
  5. do not wish to answer -> P026
  9. undefined
  10. not applicable

**P024.** Have you taken any medicine to treat diabetes during pregnancy?

Depends on: P000 P023

1. yes
2. no -> P026
3. do not know -> P026
4. do not wish to answer -> P026
9. undefined
10. not applicable

P024A.1-27 What was the name of the medicine?

Depends on: P000 P023 P024

- P024A\_01. Amaryl
- P024A\_02. Arcosal
- P024A\_03. Daonil
- P024A\_04. Diamicon
- P024A\_05. Euglucon
- P024A\_06. Glibenese
- P024A\_07. Glucobay
- P024A\_08. Glucophage
- P024A\_09. Hexaglucon
- P024A\_10. Insulin unspecified
- P024A\_11. Actrapid
- P024A\_12. Humalog
- P024A\_13. Humulin
- P024A\_14. Velosulin
- P024A\_15. Insulatard
- P024A\_16. Monotard
- P024A\_17. Mixtard 10/90
- P024A\_18. Mixtard 20/80
- P024A\_19. Mixtard 30/70
- P024A\_20. Mixtard 40/60
- P024A\_21. Mixtard 50/50
- P024A\_22. Mindiab
- P024A\_23. Orabet
- P024A\_24. Tolbutamid
- P024A\_25. other:
- P024A\_26. do not know
- P024A\_27. do not wish to answer

P024B. text (other against diabetes)

Depends on: P024A\_25

P025.1-25 When did you take (answer in P024A/B)?

(P025~~xx~~yy, where xx refers to no. x medicine against diabetes from P024(B) and yy refers to the answer category in P025. Variable value 0=no, 1=yes)

Depends on: P000 P023 P024

(E.g. P0250402 refers to diamicon in gestation week 30)

P0250101-P0252501. the entire period **Her er der uoverensstemmelse med den danske version**

- P0250102-P0252502. 30 week
- P0250103-P0252503. 31 week
- P0250104-P0252504. 32 week
- P0250105-P0252505. 33 week
- P0250106-P0252506. 34 week
- P0250107-P0252507. 35 week
- P0250108-P0252508. 36 week
- P0250109-P0252509. 37 week
- P0250110-P0252510. 38 week
- P0250111-P0252511. 39 week
- P0250112-P0252512. 40 week

P0250113-P0252513. 41 week  
P0250114-P0252514. 42 week  
P0250115-P0252515. 43 week  
P0250116-P0252516. 44 week  
P0250117-P0252517. do not know  
P0250118-P0252518. do not wish to answer

**P025A** How well has your diabetes been regulated during pregnancy?

Depends on: P000

1. very well
2. all right
3. badly
4. do not know
5. do not wish to answer
9. undefined
10. not applicable

**P026.** Have you suffered from asthma during the last part of your pregnancy?

Depends on: P000

1. yes
2. no
3. do not know -> P041
4. do not wish to answer -> P041
9. undefined
10. not applicable

**P027.** Did you take any medication against asthma?

Depends on: P000 P026 P028

1. yes
2. no -> P041
3. do not know -> P041
4. do not wish to answer -> P041
9. undefined
10. not applicable

**P028.** Was it a inhalation product (turbuhaler, spray, rotahaler, inhaler Nebulator or the like)?

Depends on: P000 P026 P027

1. yes
2. no -> P032
3. do not know -> P032
4. do not wish to answer -> P032
9. undefined
10. not applicable

**P029.1-29** What was the name of it?

Depends on: P000 P026 P027 P028

- P029\_1. Adrenalin
- P029\_2. Aldecin
- P029\_3. Andion
- P029\_4. Atrovent
- P029\_5. Bambec
- P029\_6. Becloforte
- P029\_7. Becocent



P029\_8. Becotide  
P029\_9. Berodual  
P029\_10. Berotec  
P029\_11. Bricanyl  
P029\_12. Bumol  
P029\_13. Escutamol  
P029\_14. Lomudal  
P029\_15. Lomuforte  
P029\_16. Oxivent  
P029\_17. Pulmadil  
P029\_18. Respirol  
P029\_19. Salbulin  
P029\_20. Salbutamol  
P029\_21. Salbuvent  
P029\_22. Serevent  
P029\_23. Spirocort  
P029\_24. Tilade  
P029\_25. Ventoline  
P029\_26. Volmax  
P029\_27. other  
P029\_28. do not know  
P029\_29. do not wish to answer

P029A other medicine against asthma, text  
Depends on: P028

P030.1-27 During which gestations weeks did you use (the answer in P029(A))?  
(P030~~xxyy~~, where xx refers to the x'te inhalation drug against asthma from P029(A) and yy refers to the answer category in P030. Variable value: 0=no, 1=yes)  
Depends on: P000  
(E.g.. P0300402 refers to atrovent in gestation week 30)

P0300101-P0300118.  
P0300201-P0300218.  
P0300301-P0300318.  
P0300401-P0300418.  
P0300501-P0300518.  
P0300601-P0300618.  
P0300701-P0300718.  
P0300801-P0300818.  
P0300901-P0300918.  
P0301001-P0301018.  
P0301101-P0301118.  
P0301201-P0301218.  
P0301301-P0301318.  
P0301401-P0301418.  
P0301501-P0301518.  
P0301601-P0301618.  
P0301701-P0301718.  
P0301801-P0301818.  
P0301901-P0301918  
P0302001-P0302018  
P0302101-P0302118  
P0302201-P0302218

P0302301-P0302318  
P0302401-P0302418  
P0302501-P0302518  
P0302601-P0302618  
P0302701-P0302718

P031.1-27 How often did you use (answer in i P029(A))?

Depends on: P000 P026 P027 P029

1. every day
2. at least once a week
3. less than once a week
4. do not know
5. do not wish to answer
9. undefined
10. not applicable

P032. Did you take tablets against asthma?

Depends on: P000 P026 P027

1. yes
2. no -> P036
3. do not know -> P036
4. do not wish to answer -> P036
9. undefined
10. not applicable

P033. What was the name of the tablets?

Depends on: P000 P026 P032

- P033\_1. Bambec
- P033\_2. Berotec
- P033\_3. Bricanyl
- P033\_4. celeston
- P033\_5. chophyllin
- P033\_6. decadron
- P033\_7. delcortin
- P033\_8. euphyllin
- P033\_9. hydrocortison
- P033\_10. ledercort
- P033\_11. medrol
- P033\_12. neophyllin
- P033\_13. nuelin
- P033\_14. prednisolon
- P033\_15. prednison
- P033\_16. pulmo-timelets
- P033\_17. Respirol
- P033\_18. Salbuvent
- P033\_19. somephyllin
- P033\_20. teofyllin
- P033\_21. theo-dur
- P033\_22. theophyllamin
- P033\_23. unixan
- P033\_24. uno-lin
- P033\_25. Ventoline
- P033\_26. Volmax
- P033\_27. other\_\_\_\_\_
- P033\_28. do not know

P033\_29. do not wish to answer

P033A Other pills against asthma, text  
Depends on: P033

P034.1-27 During which gestation weeks did you take (answer in P033)?  
(P034~~xx~~~~yy~~, where xx refers to no. x pill preparation from P033(A) and yy refers to the answer category in P034. Variable value: 0=no, 1=yes)  
Depends on: P000  
(E.g.. P0340402 refers to celeston in gestation week 30)

P0340101-P0340118.  
P0340201-P0340218.  
P0340301-P0340318.  
P0340401-P0340418.  
P0340501-P0340518.  
P0340601-P0340618.  
P0340701-P0340718.  
P0340801-P0340818.  
P0340901-P0340918.  
P0341001-P0341018  
P0341101-P0341118.  
P0341201-P0341218.  
P0341301-P0341318.  
P0341401-P0341418.  
P0341501-P0341518  
P0341601-P0341618.  
P0341701-P0341718.  
P0341801-P0341818  
P0341901-P0341918  
P0342001-P0342018  
P0342101-P0342118  
P0342201-P0342218  
P0342301-P0342318  
P0342401-P0342418  
P0342501-P0342518  
P0342601-P0342619  
P0342701-P0232718.

P035.1-27 How often did you use (answer in P033(A))?  
Depends on: P000 P026 P027 P032

1. every day
2. at least once a week
3. less than once a week
4. do not know
5. do not wish to answer
9. undefined
10. not applicable

From P036 to P040 runs in a loop of max. 5. That is, when you reach P40, you start all over asking from P036 again until the answer is no longer yes, or until the loop has been run 5 times. The variables are named with the loop number at the (Ex. P036\_3 means that the third time P036 was asked)

P036.1-5 Did you take other medicine against asthma that is not tablets or inhalation=

Depends on: P000 P026 P027

1. yes
2. no-> P041
3. do not know -> P041
4. do not wish to answer -> P041
9. undefined
10. not applicable

P037.1-5 What was the name of the medicine?

Depends on: P000 P026 P027 P036

1. Name: \_\_\_\_\_
2. do not know
3. do not wish to answer
9. undefined
10. not applicable

P037A.1-5 text (name of medicine)

Depends on: P037

P038.1-5 In which form did you take the medicine (or answer in P037A, hvis P037=1)?

Depends on: P000 P026 P027 P036

1. mixture -> P039
2. suppository -> P039
3. injections -> P039
4. other: \_\_\_\_\_
5. do not know -> P039
6. do not wish to answer -> P039
9. undefined
10. not applicable

P038A.1-5 text (other way of taking the medicine)

Depends on: P038

P039.1-5 During which gestation weeks did you use the medicine (or answer in P037A, if P037=1)?

Depends on: P000 P026 P027 P036

P0390101-P0390118  
P0390201-P0390218  
P0390301-P0390318  
P0390401-P0390418  
P0390501-P0390518

P040.1-5 How often did you take the medicine/answer in P037A?

Depends on: P000 P026 P027 P036

1. every day
2. at least once a week
3. less than once a week
4. do not know
5. do not wish to answer
9. undefined
10. not applicable

P041. Did you have any kind of allergy (during that period)?

Depends on: P000

1. yes
2. no
3. do not know
4. do not wish to answer
9. undefined
10. not applicable

P042 to P044 run in a loop of max. 5. That means that when you reach P044, you start all over again asking from P042 until the answer is no longer yes, or until the loop has run 5 times. The variables are named with the loop number at the end (Ex P042\_3 means that it is the third time P042 is being asked)

P042.1-5 Did you take (more) medicine against allergy?

Depends on: P000

1. yes
2. no ->P045, if P041=1, ->P046 if P041=2,3 eller 4
3. do not know -> P045, if P041=1, -> P046 if P041=2,3 or 4
4. do not wish to answer -> P045, if P041=1, -> P046 if P041=2, 3 of 4
9. undefined
10. not applicable

P043.1-5 What was the name of the medicine against allergy?

Depends on: P000 P041 P042

1. Name: \_\_\_\_\_
2. do not know
3. do not wish to answer
9. undefined
10. not applicable

P043A.1-5 text (name of medicine)

Depends on: P043

P044.1-5 During which gestation weeks did you take the medicine (or answer in P043A.1-5)?

Depends on: P000

(P044~~xx~~yy, where xx refers to the x'te medicine against allergy from P043(A) and yy refers to the answer category in P044. Variable value: 0=no, 1=yes)  
(EX.. P0440402 refers to the 4th. Medicine in gestation week 30)

P0440101-P0440118.  
P0440201-P0440218.  
P0440301-P0440318  
P0440401-P0440418  
P0440501-P0440518

P045.1-9 How does your allergy show?

Depends on: P000 P041 P042

P045\_1. hay fever  
P045\_2. urticaria

- P045\_3. allergic cold
- P045\_4. eczema, skin rash
- P045\_5. diarrhoea, stomach pain (gastro intestinal symptoms)
- P045\_6. trouble to breath
- P045\_7. other
- P045\_8. do not know
- P045\_9. do not wish to answer

P045A           text (other allergy)  
 Depends on: P045

P046.           Do you suffer from epilepsy?  
 Depends on: P000

- 1. yes
- 2. no -> P052
- 3. do not know -> P052
- 4. do not wish to answer -> P052
- 9. undefined
- 10. not applicable

P047.           Did you have epileptic seizures at any time during your pregnancy?  
 Depends on: P000 P046

- 1. yes
- 2. no -> P049
- 3. do not know -> P049
- 4. do not wish to answer -> P049
- 9. undefined
- 10. not applicable

P048.1-47      During which gestation weeks did you have epileptic seizures?  
 Depends on: P000 P046 P047

- P048\_1. 1 week
- P048\_2. 2 week
- P048\_3. 3 week
- .
- .
- .
- P048\_40. 40 week
- P048\_41. 41 week
- P048\_42. 42 week
- P048\_43. 43 week
- P048\_44. 44 week
- P048\_45. during the entire pregnancy
- P048\_46. do not know
- P048\_47. do not wish to answer

From P049 to P051 run in a loop of max. 5. That means that when you reach to P051, you start all over again asking with P049 until the answer is no longer yes, or until the loop has run 5 times. The variables are named with the loop number at the end (ex. P049\_3 means that it is the 3rd time P049 is being asked)

P049.1-5       Did you take any (more) medicine against epilepsy?  
 Depends on: P000 P046

- 1. yes
- 2. no -> P052
- 3. do not know -> P052

4. do not wish to answer -> P052
9. undefined
10. not applicable

P050.1-5 What was the name of the medicine?

Depends on: P000 P046 P049

1. Name: \_\_\_\_\_
2. do not know -> P051
3. do not wish to answer -> P051
9. undefined
10. not applicable

P050A.1-5 text (epilepsy, name of medicine)

Depends on: P050

P051.1-5 During which gestation weeks did you take the medicine/the answer in P050A?

(P051~~xxyy~~, where xx refers to the x'te medicine against epilepsy from P050(A) and yy refers to the answer category in P051. Variable value: 0=no, 1=yes)

(Ex. P0510402 refers to the 4<sup>th</sup> medicine in gestation week 30)

P0510101-P0510118.

P0510201-P0510218.

P0510301-P0510318.

P0510401-P0510418

P0510501-P0510518

P052. Did your general practitioner or your midwife detect anaemia (during the last part of your pregnancy)?

Depends on: P000

1. yes
2. no -> P057
3. do not know -> P057
4. do not wish to answer -> P057
9. undefined
10. not applicable

P053.1-6 Anaemia due to what?

Depends on: P000 P052

- P053\_1 iron deficiency  
P053\_2 B-12/ folic acid deficiency  
P053\_3 bleedings  
P053\_4 other  
P053\_5 do not know  
P053\_6 do not wish to answer

P053A. Other reason for anaemia, txt

Depends on: P053

P054. Did you take medicine against anaemia?

Depends on: P052

1. yes
2. no -> P057

- 3. do not know -> P057
- 4. do not wish to answer -> P057
- 9. undefined
- 10. not applicable

**P055.1-6**      What kind of medicine did you take?  
 Depends on: P000 P052 P054  
                   P055\_1. iron pills  
                   P055\_2. blood transfusion  
                   P055\_3. herbal medicine:  
                   P055\_4. other  
                   P055\_5. do not know->P057  
                   P055\_6. do not wish to answer->P057

**P055A.**        Name of herbal medicine, txt  
 Depends on: P055

**P055B.**        Name of other medicine, txt  
 Depends on: P055

**P056.1-4**      During which gestation weeks did you take (the answer in P055(A/B)/the medicine)?  
 (P056~~xxyy~~, where xx refers to the x'te medicine against anaemia from P055(A/B) and yy refers to the answer category in P056. Variable value: 0=no, 1=yes)  
 (Ex.. P0560402 refers to other in gestation week 30)

- P0560101-P0560118.
- P0560201-P0560218
- P0560301-P0560318.
- P0560401-P0560418.

**P057.**        Were you in contact with GP or hospital because of other serious illness, e.g. heart disease, gastric ulcer, or other disease (during the last part of your pregnancy)?  
 Depends on: P000

- 1. yes
- 2. no -> P059
- 3. do not know -> P059
- 4. do not wish to answer -> P059
- 9. undefined
- 10. not applicable

**P058.**        What was the name of the disease?  
 Depends on: P000 P057  
                   1. Disease: \_\_\_\_\_  
                   2. do not know -> P059  
                   3. do not wish to answer ->P059  
                   9. undefined  
                   10. not applicable

**P058A.**        text (other serious disease)



P059.1-6 Did you have a blood transfusion during the last part of your pregnancy or during the birth?

Depends on: P000

P059\_1. yes, during pregnancy

P059\_2. yes, during birth

P059\_3. yes, more than 24 hours after the birth

P059\_4. no

P059\_5. do not know

P059\_6. do not wish to answer

P060. Did you take any kind of painkillers e.g. against headache, or stronger pills (during the last part of your pregnancy)?

Depends on: P000

1. yes

2. no ->P064

3. do not know ->P064

4. do not wish to answer ->P064

9. undefined

10. not applicable

P061.1-47 What kind of pain killers did you take?

Depends on: P000 P060

P061\_1. Abalgin

P061\_2. Acetyl-salicylsyre

P061\_3. Albyl

P061\_4. Aspirin

P061\_5. Bonyl

P061\_6. Brufen

P061\_7. Codyl

P061\_8. Contalgin

P061\_9. Diclon

P061\_10. Doloxene

P061\_11. Doltard

P061\_12. Felden

P061\_13. Gelonida

P061\_14. Globentyl

P061\_15. Ibumetin

P061\_16. Ibuprofen

P061\_17. Idotyl

P061\_18. Ketogan

P061\_19. Kodamid

P061\_20. Kodimagnyl

P061\_21. Koffein-fenazon

P061\_22. Koffeotyl

P061\_23. koffipyryn

P061\_24. koffisal

P061\_25. Magnyl

P061\_26. Metadon

P061\_27. Naprosyn

P061\_28. Naproxen

P061\_29. Orudis

P061\_30. Palfium

P061\_31. Pamol

P061\_32. Panodil

P061\_33. Paracetamol  
P061\_34. Petidin  
P061\_35. Pinex  
P061\_36. Pirkam  
P061\_37. Prolixan  
P061\_38. Setamol  
P061\_39. Surgamyl  
P061\_40. Tedolan  
P061\_41. Temgesic  
P061\_42. Treo  
P061\_43. Voltaren  
P061\_44. Zoflam  
P061\_45. other:  
P061\_46. do not know  
P061\_47. do not wish to answer

P061A text (other pain killers)  
Depends on: P061

P062.1-45 During which gestation weeks did you take the answer in P061(A)  
(P062~~xx~~**xyy**, where xx refers to the x'te pain killer medicine from P061(A)  
and yy refers to the answer category in P062. Variable value 0=no, 1=yes)  
(Ex. P0620402 refers to aspirin during gestation week 30)

P0620101-P0620118.  
P0620201-P0620218.  
P0620301-P0620318.  
P0620401-P0620418.  
P0620501-P0620518.  
P0620601-P0620618.  
P0620701-P0620718.  
P0620801-P0620818.  
P0620901-P0620918.  
P0621001-P0621018.  
P0621101-P0621118  
P0621201-P0621218  
P0621301-P0621318  
P0621401-P0621418.  
P0621501-P0621518  
P0621601-P0621618  
P0621701-P0621718  
P0621801-P0621818  
P0621901-P0621918  
P0622001-P0622018  
P0622101-P0622118  
P0622201-P0622218  
P0622301-P0622318  
P0622401-P0622418  
P0622501-P0622518  
P0622601-P0622618  
P0622701-P0622718  
P0622801-P0622818  
P0622901-P0622918  
P0623001-P0623018  
P0623101-P0623118

P0623201-P0623218  
P0623301-P0623318  
P0623401-P0623418  
P0623501-P0623518  
P0623601-P0623618  
P0623701-P0623718  
P0623801-P0623818  
P0623901-P0623918  
P0624001-P0624018  
P0624101-P0624118  
P0624201-P0624218  
P0624301-P0624318  
P0624401-P0624418  
P0624501-P0624518

**P063.1-45** How many pills /the answer in *P061(A)* did you take a week?

Depends on: P000 P060

1. \_\_\_\_ total pills -> P063A
2. \_\_\_\_ total pills a week -> P063B
3. do not know -> P062 ->P064
4. do not wish to answer -> P062 -> P064
9. undefined
10. not applicable

P063A.1-45 Total number of pills (1-99)

P063B.1-45 Total number of pills a week (1-99)

**P064.** Have you taken any sleeping medicine, sedatives or medicine against depression, or other medicine that affects the mood or mental state of mind? (during that period)?

Depends on: P000

1. yes
2. no -> P068
3. do not know-> P068
4. do not wish to answer -> P068
9. undefined
10. not applicable

**P065.1-93** What was the name of the medicine?

Depends on: P000 P064

P065\_ 1. alopam  
P065\_ 2. amitriptylin  
P065\_ 3. anafranil  
P065\_ 4. apodorm  
P065\_ 5. apozepam  
P065\_ 6. aururix  
P065\_ 7. bromam  
P065\_ 8. cipramil  
P065\_ 9. ciprex  
P065\_ 10. concordin  
P065\_ 11. dalmadorm  
P065\_ 12. demolox  
P065\_ 13. diazepam  
P065\_ 14. dumolid

P065\_ 15. dumozolam  
P065\_ 16. esucos  
P065\_ 17. euhypnos  
P065\_ 18. Fenemal  
P065\_ 19. fevarin  
P065\_ 20. flunipam  
P065\_ 21. flunitrazepam  
P065\_ 22. fluoxetin  
P065\_ 23. flutin  
P065\_ 24. foncil  
P065\_ 25. fondozal  
P065\_ 26. fondur  
P065\_ 27. fontex  
P065\_ 28. fonzac  
P065\_ 29. frisium  
P065\_ 30. halcion  
P065\_ 31. hexalid  
P065\_ 32. imipramin  
P065\_ 33. imiprex  
P065\_ 34. imovane  
P065\_ 35. insidon  
P065\_ 36. klomipramin  
P065\_ 37. klopoxid  
P065\_ 38. lendorm  
P065\_ 39. lexotan  
P065\_ 40. librium  
P065\_ 41. Litarex  
P065\_ 42. lithionit  
P065\_ 43. lithiumkarbonat  
P065\_ 44. lorabenz  
P065\_ 45. ludiomil  
P065\_ 46. marplan  
P065\_ 47. mianserin  
P065\_ 48. mogadon  
P065\_ 49. navane  
P065\_ 50. nitrazepam  
P065\_ 51. noritren  
P065\_ 52. normison  
P065\_ 53. nozinan  
P065\_ 54. oxabenz  
P065\_ 55. oxazepam  
P065\_ 56. pacisyn  
P065\_ 57. pertofran  
P065\_ 58. plegicil  
P065\_ 59. pronoctan  
P065\_ 60. prothiaden  
P065\_ 61. prozil  
P065\_ 62. quitaxon  
P065\_ 63. rilamir  
P065\_ 64. risolid  
P065\_ 65. rohypnol  
P065\_ 66. ronol  
P065\_ 67. roscal  
P065\_ 68. roxiam  
P065\_ 69. saroten

P065\_ 70. sensival  
 P065\_ 71. serepax  
 P065\_ 72. seroxat  
 P065\_ 73. sinquan  
 P065\_ 74. stesolid  
 P065\_ 75. stilnoct  
 P065\_ 76. surmontil  
 P065\_ 77. tafil  
 P065\_ 78. temazepam  
 P065\_ 79. temesta  
 P065\_ 80. terfluzin  
 P065\_ 81. tofranil  
 P065\_ 82. tolvon  
 P065\_ 83. tranxen  
 P065\_ 84. triazolam  
 P065\_ 85. triazoral  
 P065\_ 86. tryptizol  
 P065\_ 87. tymelyt  
 P065\_ 88. valaxona  
 P065\_ 89. valium  
 P065\_ 90. zoloft  
 P065\_ 91. Other \_\_\_\_\_  
 P065\_ 92. do not know  
 P065\_ 93. do not wish to answer

P065A text (other sedative, sleeping medicine or antidepressant)  
 Depends on: P065

P066.1-91 During which gestation weeks did you take (the answer in P065(A))?  
 (P066~~xx~~~~yy~~, where xx refers to the x'te sleeping medicine from P065(A)  
 and yy refers to the answer category in P066. Variable value 0=no, 1=yes)  
 (Ex. P0660402 refers to apodorm during gestation week 30)

P0660101-P0660118.  
 P0660201-P0660218.  
 P0660301-P0660318.  
 P0660401-P0660418.  
 P0660501-P0660518.  
 P0660601-P0660618  
 P0660701-P0660718.  
 P0660801-P0660818.  
 P0660901-P0660918.  
 P0661001-P0661018.  
 P0661101-P0661118.  
 P0661201-P0661218.  
 P0661301-P0661318.  
 P0661401-P0661418.  
 P0661501-P0661518.  
 P0661601-P0661618 .  
 P0661701-P0661718  
 P0661801-P0661818  
 .....  
 P0669101-P0669118

P067.1-91 How much of the answer in P065(A) did you take a week?

Depends on: P000 P064

1. \_\_\_\_\_ pills a week -> P067A
2. \_\_\_\_\_ pills in total -> P067B
3. do not know -> P066 -> P068
4. do not wish to answer -> P066 -> P068
9. undefined
10. not applicable

P067A.1-91 Number of pills a week (0-99)

Depends on: P067

P067B.1-91 Total number of pills (0-99)

Depends on: P067

P068 to P070 run in a loop of max. 10. That means that when you reach P070, you start all over again asking with P068 until the answer is no longer yes, or until the loop has run 10 times. The Variables are named with loop number at then end (ex. P068\_3 means that the 3rd time P068 is being asked)

P068.1-10 Did you use other (rostr>1) medicine than the medicine we have talked about so far( during the last part of your pregnancy)?

Depends on: P000

1. yes
2. no -> P071
3. do not know -> P071
4. do not wish to answer -> P071
9. undefined
10. not applicable

P069.1-10 What was the name of the medicine?

Depends on: P000 P068

1. Name: \_\_\_\_\_
2. do not know -> P070
3. do not wish to answer ->P070
9. undefined
10. not applicable

P069A.1-10 Text (name, other medicine)

Depends on: P069

P070.1-10 During which gestation week did you take the answer in P069A.1-10/the medicine (if P069=2 ell. 3)?

(P070~~xxyy~~, where xx refers the x'te medicine from P069(A) and yy refers to the answer category in P070. Variable value 0=no, 1=yes)  
(Ex.. P0700402 refers to the 4th type of medicine during gestation week 30)

P0700101-P0700118  
P0700201-P0700218  
P0700301-P0700318  
P0700401-P0700418  
P0700501-P0700518  
P0700601-P0700618  
P0700701-P0700718  
P0700801-P0700818.

P0700901-P0700918 .  
P0701001-P0701018.

**P071.** Did you bleed from vagina during the last part of the pregnancy? (not the normal blood show just before birth)

Depends on: P000

1. yes
2. no -> P074
3. do not know -> P074
4. do not wish to answer -> P074
9. undefined
10. not applicable

**P072.** How much did you bleed when the bleeding was at its most? Was it spotting or more than that? Depends on: P000 P071

1. a spotting
2. more than a spotting
3. do not know
4. do not wish to answer
9. undefined
10. not applicable

**P073.1-11** Do you know why you started bleeding?

Depends on: P000 P071

P073\_01. no, do not know the reason why

P073\_02. after vaginal examination

P073\_03. placenta previa

P073\_04. premature loosening of placenta/ abruptio/ablatio placentae

P073\_05. threatening premature birth

P073\_06. threatening abortion

P073\_07. sore in neck of uterus, mucosal bleeding

P073\_08. sexual intercourse

P073\_09. other reason \_\_\_\_\_

P073\_10. do not know

P073\_11. do not wish to answer

**P073A** text (other reason for bleeding)

Depends on: P073

**P074.** Did more than 24 hours pass between amniotic fluid and the actual birth?

Depends on: P000

1. yes
2. no -> P076
3. do not know -> P076
4. do not wish to answer -> P076
9. undefined
10. not applicable

**P075.** How long time passed between amniotic fluid (first time) and birth?

Depends on: P000 P074

1. answer as total number of hours: \_\_\_\_\_ -> P075A
2. answer as total number of days: \_\_\_\_\_ -> P075B
3. answer as number of weeks: \_\_\_\_\_ -> P075C
4. do not know -> P076
5. do not wish to answer -> P076

- 9. undefined
- 10. not applicable

P075A answer number of hours (0-99)  
Depends on: P000 P075

P075B answer number of days (0-99)  
Depends on: P000 P075

P075C answer number of weeks (0-99)  
Depends on: P000 P075

P076. Did your GP or midwife suspect that the child did not grow as it should (during the last period from last interview until birth)?  
Depends on: P000

- 1. yes
- 2. no
- 3. do not know
- 4. do not wish to answer
- 9. undefined
- 10. not applicable

P077. Did you have more than one ultrasound examination to see how the child was growing (during that period)?  
Depends on: P000

- 1. yes
- 2. no
- 3. do not know
- 4. do not wish to answer
- 9. undefined
- 10. not applicable

### Now I will go on with some questions concerning your working life during the pregnancy

P078. Did you work after gestation week 30?  
Depends on: P000

- 1. yes -> P080
- 2. no -> P079
- 3. do not know -> P081
- 4. do not wish to answer -> P081
- 9. undefined
- 10. not applicable

P079. Why not?  
Depends on: P000 P078

- 1. absent owing to illness ->P082
- 2. on leave -> INTRO4
- 3. I was studying -> INTRO4
- 4. did not have a job, unemployed, on social welfare, pensioner-> INTRO4
- 5. house wife -> INTRO4
- 6. do not know -> INTRO4
- 7. do not wish to answer -> INTRO4



- 9. undefined
- 10. not applicable

**P080.** In which gestation week did you go on maternity leave?

Depends on: P000 P078 P079

- 1. gestation week: \_\_\_\_\_
- 2. did not take maternity leave -> P081
- 3. do not know -> P081
- 4. do not wish to answer -> P081
- 9. undefined
- 10. not applicable

**P080A** xx (week number) (0-99)

Depends on: P080

**P081.** Were you absent owing to illness for more than three days at any point after gestation week 30?

Depends on: P000 P079

- 1. yes
- 2. yes, part time absent owing to illness
- 3. no -> INTRO4
- 4. do not know -> INTRO4
- 5. do not wish to answer -> INTRO4
- 9. undefined
- 10. not applicable

**P082.** How often were you absent for more than three days?

Depends on: P000

- 1. \_\_\_ times
- 2. do not know -> P083
- 3. do not wish to answer -> P083
- 9. undefined
- 10. not applicable

**P082A** number of times (1-10)

Depends on: P082

P083 to P083E run in a loop of max. 10. That means that when you reach P083E, you start all over against asking P083 until the answer is no longer yes, or until the loop has run 10 times. The variables are named with the loop number at the end (ex. P083\_3 means the third time P083 is being asked)

**P083.1-10** The reasons for absence or absence owing to illness (x'th). time?

Depends on: P000

- P0830101-P0831001. complications in relation to pregnancy -> P083B
- P0830102-P0831002. the environment at the work place -> P083D
- P0830103-P0831003. illness not related to pregnancy -> P083/P084
- P0830104-P0831004. other -> P083/P084
- P0830105-P0831005. do not know -> P083/P084
- P0830106-P0831006. do not wish to answer -> P083/P084

**P083A.1-10** text (other reason)

Depends on: P083

**P083B.1-10** What kind of complications in relation to pregnancy?

Depends on: P000

1. Complication: \_\_\_\_\_ -> P083C  
2. do not know -> P083D (if P083\_02 has been chosen, otherwise  
P083/P084)  
3. do not wish to answer -> P083D (if P083\_02 has been chosen, otherwise  
P083/P084)  
9. undefined  
10. not applicable

P083C.1-10 text (complication in relation to pregnancy) (-> P083D, if P083\_02 has been chosen, otherwise

P083/P084)

Depends on: P083B

P083D.1-10 Which elements of environment in the workplace?

Depends on: P000

1. Elements: \_\_\_\_\_  
2. do not know -> P083/P084  
3. do not wish to answer -> P083/P084  
9. undefined  
10. not applicable

P083E.1-10 text (elements in the workplace environment)

P084.1-18 In which gestation weeks were you absent owing to illness?

Depends on: P000

- P084\_1. the entire period  
P084\_2. 30 week  
P084\_3. 31 week  
P084\_4. 32 week  
P084\_5. 33 week  
P084\_6. 34 week  
P084\_7. 35 week  
P084\_8. 36 week  
P084\_9. 37 week  
P084\_10. 38 week  
P084\_11. 39 week  
P084\_12. 40 week  
P084\_13. 41 week  
P084\_14. 42 week  
P084\_15. 43 week  
P084\_16. 44 week  
P084\_17. do not know  
P084\_18. do not wish to answer

**Thank you. Now follow for a few questions about diet and different life style habits.  
We are still talking about the part of the pregnancy from last interview until birth.**

P085. Did you take vitamin pills during that period?

Depends on: P000

1. yes  
2. no -> P088  
3. do not know -> P088  
4. do not wish to answer -> P088  
9. undefined

10. not applicable

P086.1-32 What was the name of the vitamin pills?

Depends on: P000 P085

- P086\_1. ABCDE Multi Vitamin
- P086\_2. ABCDE+Mineral
- P086\_3. ABCDE+Selen+Chrom
- P086\_4. Apovit Multivitamin mineral
- P086\_5. Baby-me-now
- P086\_6. Bio Vinci
- P086\_7. Bio Vinci m.jern
- P086\_8. Bio Vinci m. jern u. betacaroten
- P086\_9. Bio Vinci u. betacaroten
- P086\_10. Bioforce
- P086\_11. DUROFERON
- P086\_12. Gerimax
- P086\_13. Gerivital
- P086\_14. Gravitamin
- P086\_15. Livol ABCDE Vitaminer
- P086\_16. Livol Multi
- P086\_17. Longo Vital
- P086\_18. Matas Vitamin
- P086\_19. Matas vitamin meneral super
- P086\_20. Multi-tabs
- P086\_21. Multivitamin
- P086\_22. OMNIMIN
- P086\_23. PREGNA\_CARE
- P086\_24. Stærk B
- P086\_25. Stærk C
- P086\_26. Vimax ABCD
- P086\_27. Vimax super
- P086\_28. Vitamax
- P086\_29. Vitaminpille
- P086\_30. Other
- P086\_31. do not know
- P086\_32. do not wish to answer

P086A Other vitamin, text

Depends on: P086

P087. How often did you remember to take the vitamin pills?

Depends on: P000 P085

- 1. less than once a week -> P088
- 2. \_\_\_\_ times a week
- 3. every day -> P088
- 4. do not know -> P088
- 5. do not wish to answer -> P088
- 9. undefined
- 10. not applicable

P087A number of times per week (1-99)

P088. Did you take iron pills (during that period)?

Depends on: P000

- 1. yes

2. no
3. do not know
4. do not wish to answer
9. undefined
10. not applicable

**P089.** Did you take fish oil pills or fluid fish oil?

Depends on: P000

1. yes
2. no -> P092
3. do not know -> P092
10. do not wish to answer -> P092
9. undefined
10. not applicable

**P090.** How much fish oil did you take a day?

Depends on: P000 P089

1. \_\_\_\_\_ pills
2. \_\_\_\_\_ table spoons -> P090B
3. \_\_\_\_\_ ml -> P090C
4. do not know -> P091
5. do not wish to answer -> P091
9. undefined
10. not applicable

**P090A.** number of pills (1-15) -> P091

Depends on: P090

**P090B** number of table spoons (1-10) -> P091

Depends on: P090

**P090C** total amount in ml. (1-60)

Depends on: P090

**P091.** Do you remember the name of the product?

Depends on: P000 P089

1. yes: \_\_\_\_\_
2. same as stated earlier -> P092
3. no -> P092
4. do not know -> P092
5. do not wish to answer -> P092
9. undefined
10. not applicable

**P091A** text (product name, fish oil)

Depends on: P091

**P092.** Did you change habits as to the amount of fish eaten during that period?

Depends on: P000

1. yes
2. no ->P094
3. Did not/never eat fish -> P094
4. Do not know -> P094
5. do not wish to answer -> P094

**P093.** Did you eat more or less fish?  
Depends on: P000 P092

1. ate more
2. ate less
3. do not know
4. do not wish to answer
9. undefined
10. not applicable

**P094.** Did you smoke during the last part of pregnancy or after the birth?  
Depends on: P000

1. yes
2. yes, during the last part of pregnancy
3. yes, after pregnancy -> P099
4. no -> P099
5. do not know -> P099
6. do not wish to answer -> P099
9. undefined
10. not applicable

**P095.** Did you have periods of at least one week during which you did not smoke at all?  
Depends on: P000 P094

1. yes
2. no -> P097
3. do not know -> P097
4. do not wish to answer -> P097
9. undefined
10. not applicable

**P096.1-18** During which gestation weeks did you not smoke?  
Depends on: P000 P094 P095

- P096\_01. the entire period
- P096\_02. 30 week
- P096\_03. 31 week
- P096\_04. 32 week
- P096\_05. 33 week
- P096\_06. 34 week
- P096\_07. 35 week
- P096\_08. 36 week
- P096\_09. 37 week
- P096\_10. 38 week
- P096\_11. 39 week
- P096\_12. 40 week
- P096\_13. 41 week
- P096\_14. 42 week
- P096\_15. 43 week
- P096\_16. 44 week
- P096\_17. do not know
- P096\_18. do not wish to answer

**P097.** What was the tobacco brand that you smoke the most?  
Depends on: P000 P094 P095

1. Cecil Rød, Tar 10 mg, Nicotine 0,9 mg Carbon monoxide 9 mg
2. Cecil grøn, Tar 10 mg, Nicotine 0,8 mg Carbon monoxide 7 mg
3. Kings hvid Tar 10 mg, Nicotine 0,7 mg Carbon monoxide 7 mg,

4. Kings gul, Tar 10 mg, Nicotine 0,9 mg Carbon monoxide 10 mg
5. Look grøn, Tar 10 mg, Nicotine 0,9 mg Carbon monoxide 10 mg
6. Look light, Tar 8 mg, Nicotine 0,7 mg Carbon monoxide 8 mg,
7. Look rød Tar 10 mg, Nicotine 0,9 mg Carbon monoxide 10 mg,
8. Look Ultra Light Tar 6 mg, Nicotine 0,6 mg Carbon monoxide 6 mg,
9. Lucky strike, Tar 12 mg, Nicotine 0,9 mg
10. Prince Light, Tar 8 mg, Nicotine 0,7 mg Carbon monoxide 8 mg
11. Prince Light 100 Tar 8 mg, Nicotine 0,7 mg Carbon monoxide 7 mg,
12. Prince Tar 10 mg, Nicotine 0,9 mg Carbon monoxide 10 mg,
13. Prince 100, Tar 10 mg, Nicotine 0,9 mg Carbon monoxide 10 mg
14. Prince grøn, Tar 8 mg, Nicotine 0,7 mg Carbon monoxide 8 mg,
15. Prince ultralight, Tar 6 mg, Nicotine 0,5 mg Carbon monoxide 7 mg
16. Queens, Tar 10 mg, Nicotine 0,7 mg Carbon monoxide 7 mg
17. Rocky Mountain, Tar 10 mg, Nicotine 0,8 mg Carbon monoxide 10 mg
18. Shag tobacco/hand-rolled
19. Savoy, Tar 5 mg, Nicotine 0,5 mg Carbon monoxide 6 mg
20. Savoy Light Tar 3mg, Nicotine 0,3 mg Carbon monoxide 6 mg
21. Savoy Ultra Light Tar 1 mg, Nicotine 0,1 mg Carbon monoxide 2 mg
22. other\_\_\_\_\_
23. do not know
24. do not want to answer

P097A text (other tobacco brand)  
Depends on: P097

P098. How much did you smoke on average?  
Depends on: P000 P094

- P098\_1. \_\_\_\_\_ cigarettes PER DAY -> P098A
- P098\_2. \_\_\_\_\_ cigarettes PER WEEK -> P098B
- P098\_3. \_\_\_\_\_ pipes per day -> P098C
- P098\_4. \_\_\_\_\_ cigars per day -> P098D
- P098\_5. \_\_\_\_\_ cheroots per day -> P098E
- P098\_6. do not know
- P098\_7. do not wish to answer

P098A number of cigarettes per day (1-60)  
Depends on: P098

P098B number of cigarettes per week (1-200)  
Depends on: P098

P098C number of pipes per day (1-20)  
Depends on: P098

P098D number of cigars per day(1-20)  
Depends on: P098

P098E number of cheroots per day (1-20)  
Depends on: P098

P099. Did you use nicotine gum, plaster or inhaler during the last part of your pregnancy?  
Depends on: P000

1. yes
2. no -> P102

- 3. do not know -> P102
- 4. do not wish to answer -> P102
- 9. undefined
- 10. not applicable

**P100.1-5** What product did you use?  
 Depends on: P000 P099

- P100\_1. nicotine plaster
- P100\_2. nicotine gum
- P100\_3. nicotine inhalator
- P100\_4. do not know -> P102
- P100\_5. do not wish to answer -> P102

**P101.1-3** During which gestation week did you use (the answer in P100)?  
 Depends on: P000 P099

- P1010101-P1010301. during the entire period
- P1010102-P1010302. 30 week
- P1010103-P1010303. 31 week
- P1010104-P1010304. 32 week
- P1010105-P1010305. 33 week
- P1010106-P1010306. 34 week
- P1010107-P1010307. 35 week
- P1010108-P1010308. 36 week
- P1010109-P1010309. 37 week
- P1010110-P1010310. 38 week
- P1010111-P1010311. 39 week
- P1010112-P1010312. 40 week
- P1010113-P1010313. 41 week
- P1010114-P1010314. 42 week
- P1010115-P1010315. 43 week
- P1010116-P1010316. 44 week
- P1010117-P1010317. do not know
- P1010118-P1010318. do not wish to answer

**P102.** How many cups of coffee did you drink per day?  
 Depends on: P000

*(1 mug = 2 cups, 1 pot = 8 cups = 1 l)*

- 1. cups
- 2. < 1 per day -> P103
- 3. did not drink coffee -> P103
- 4. do not know -> P103
- 5. do not wish to answer -> P103
- 9. undefined
- 10. not applicable

**P102A** Number of cups of coffee per day (1-30)  
 Depends on: P102

**P103.** How many ordinary beers did you drink per week?  
 Depends on: P000

- 1. number of beers\_\_\_\_\_ *1 strong beer = 2 ordinary*
- beers*
- 2. < 1 per week -> P104 *2 weak beers = 1*
- ordinary beer*

3. no beers -> P104
4. do not know -> P104
5. do not wish to answer -> P104
9. undefined
10. not applicable

P103A Number of beers per week (1-150)

P104. How many glasses of wine did you drink per week?

Depends on: P000

1. \_\_\_ glasses of wine
2. < 1 per week -> P105
3. I never drank wine ->P106
4. do not know ->P106
5. do not wish to answer ->P106
9. undefined
10. not applicable

P104A Number of glasses of wine (1-99)

Depends on: P104

P105. What did you drink the most, red or white wine?

Depends on: P000 P104

1. red wine
2. white wine
3. 50-50
4. do not know
5. do not wish to answer
9. undefined
10. not applicable

P106. How many glasses of alcohol did you drink per week?

Depends on: P000

1. \_\_\_ glasses of alcohol
2. < 1 per week -> P107
3. I never drank alcohol -> P107
4. do not know -> P107
5. do not wish to answer -> P107
9. undefined
10. not applicable

P106A Number of glasses of alcohol (1-99)

Depends on: P106

P107. How many times – during the period from 30th gestation week until you gave birth – did you have 5 drinks or more in one single evening or one single event?

Depends on: P000

1. Never ->P109
2. \_\_\_ times
3. do not know ->P109
4. do not wish to answer ->P109
9. undefined
10. not applicable

P107A number of episodes with more than 5 drinks (1-30)



Depends on: P107

P108 runs in a loop of the answer from P107A, maximum is 30 (e.g. P108\_3 means the gestation week during which the woman had more than 5 drinks for the 3<sup>rd</sup> time)

P108.1-30 The gestation week you were in for the XX time?

Depends on: P000

1. 28 week
2. 29 week
3. 30 week
4. 31 week
5. 32 week
6. 33 week
7. 34 week
8. 35 week
9. 36 week
10. 37 week
11. 38 week
12. 39 week
13. 40 week
14. 41 week
15. 42 week
16. 43 week
17. 44 week
18. do not know
19. do not wish to answer

P109. Did you engage in any kind of physical exercise (during the last part of your pregnancy)?

Depends on: P000

1. yes
2. no -> P113
3. do not know -> P113
4. do not wish to answer -> P113
9. undefined
10. not applicable

P110.1-15 What kind of physical exercise?

Depends on: P000 P109

- P110\_1. gymnastics/aerobics especially for pregnant
- P110\_2. aerobics/gymnastik
- P110\_3. dancing
- P110\_4. biking
- P110\_5. fast walking
- P110\_6. jogging, orienteering
- P110\_7. ball games
- P110\_8. swimming
- P110\_9. workout, fitness centre
- P110\_10. badminton
- P110\_11. tennis
- P110\_12. horse back riding
- P110\_13. other
- P110\_14. do not know
- P110\_15. do not wish to answer

P110A text (other kind of physical exercise)

Depends on: P110

P111.1-13 How many times per week did you do the answer in *P110(A)*?

Depends on: P000 P109

1. \_\_\_\_ times per week
2. do not know -> P112
3. do not wish to answer -> P112
9. undefined
10. not applicable

P111A.1-13 Number of times per week (1-99)

Depends on: P110

P112.1-13 During how many minutes at a time did you do the answer in *110*?

Depends on: P000 P109

1. \_\_\_\_\_ minutes
2. do not know -> P111/P113
3. do not wish to answer -> P111/P113
9. undefined
10. not applicable

P112A.1-10 Number of minutes per time (1-999)

P113. During the pregnancy or shortly after the birth did you then have pains in the pelvis that were so strong that they affected your ability to walk?

Depends on: P000

1. yes -> PB questions and then return to P114
2. no (-> PB02?)
3. do not know -> P114
4. do not wish to answer -> P114
9. undefined
10. not applicable

P114. Do you have any physical inconveniences today that come from the pregnancy or the birth?

Depends on: P000

1. yes
2. no -> P116
3. do not know-> P116
4. do not wish to answer-> P116
9. undefined
10. not applicable

P115.1-18 What kind of inconvenience?

Depends on: P000 P114

- P115\_01. cuts in perineum
- P115\_02. breaking/bursting of perineum
- P115\_03. urinary incontinence
- P115\_04. troubles to control bowels and air
- P115\_05. haemorrhoids
- P115\_06. pelvic pain
- P115\_07. pains in back and loin that are not from pelvic pain
- P115\_08. varicose veins
- P115\_09. scar/seam from caesarean section
- P115\_10. loss of weight

P115\_11. gain of weight  
P115\_12. trouble with hips  
P115\_13. swollen joints  
P115\_14. accumulation of fluids in body  
P115\_15. emotional stress  
P115\_16. other  
P115\_17. do not know  
P115\_18. do not wish to answer

P115A Other inconveniences, text  
Depends on: P115

P116. How many kilos did you gain during pregnancy?  
Depends on: P000

1. \_\_\_\_ kilos -> P116A
2. lost \_\_\_\_ kg -> P116B
3. did not gain nor loose -> P117
4. do not know -> P117
5. do not wish to answer -> P117
9. undefined
10. not applicable

P116A number of kilos gained (1-99)  
Depends on: EFT 108 P118

P116B number of kilos lost (0-40)  
Depends on: EFT108 P116

P117. Your actual weight?

1. Weight: \_\_\_\_ kilos
2. do not know -> C001
3. do not wish to answer -> C001

P117A Actual weight (0-999) -> C001  
Depends on: P117

## POSTNATAL QUESTIONS START HERE

### Diet, breast feeding – the child (including questions to the sub project caries and comforter questions)

The following questions are about the period of breastfeeding and your child's diet

C001. Do you breastfeed your boy/girl now?

1. Yes
2. No -> C003
3. No, but the child gets mother's milk, from own mother -> C003
4. No, but child gets mother's milk from another woman -> C003
5. The child was never breast-fed -> C009
6. Do not know -> C009
7. Do not wish to answer -> C009
9. undefined
10. not applicable

C002. How many times a day do you breast-feed?

Depends on: C001

(If the mother cannot give an exact number, please suggest "Is it from 1 to 3 times a day, from 4 to 8 times a day, or more than 8 times a day)

1. Number of times per day: \_\_\_\_\_
2. Do not breast-feed every day -> C003
3. 1-3 times -> C003
4. 4-8 times -> C003
5. More than 8 times -> C003
6. Do not know -> C003
7. Do not wish to answer -> C003
9. undefined
10. not applicable

C002A. Number of breast feedings per day (0-99)

Depends on: C002

C003. For how long have you been breast feeding him/her without giving him/her anything else except for water and vitamins?

Depends on: C001

1. Only breast feeding for months.: \_\_\_\_\_ og weeks: \_\_\_\_\_
2. Only breast feeding for weeks: \_\_\_\_\_ -> C003B
3. Only breast feeding for days: \_\_\_\_\_ -> C003C
4. Never only breast feeding -> C004
5. Never breast feeding -> C009
6. Do not know -> C004
7. Do not wish to answer -> C004
9. undefined
10. not applicable

C003A1. Months. Only breast feeding (0-99)

Depends on: C003

C003A2. Weeks. Only breast feeding (0-99) -> C004

Depends on: C003

C003B. Weeks. Only breast feeding (0-99) -> C004

Depends on: C003

C003C. Days. Only breast feeding (0-99)

Depends on: C003

If C002 = 1. or 3.-5. -> r005

C004. How old was your child when you stopped breastfeeding her/him every day?

Depends on: C001 C003

1. End of daily breastfeeding in months.: \_\_\_\_\_ and weeks: \_\_\_\_\_
2. End of daily breastfeeding in weeks: \_\_\_\_\_ -> C004B
3. End of daily breastfeeding in days: \_\_\_\_\_ -> C004C
4. Never breastfeeding -> C005
5. Do not know -> r005
6. Do not wish to answer -> r005
9. undefined
10. not applicable

C004A1 Months. End of daily breast feeding (0-99)

Depends on: C004

C004A2 Weeks. End of daily breast feeding (0-99) -> C009, if C004A1 ≤ 4 otherwise -> r005

Depends on: C004

C004B. Weeks. End of daily breast feeding (0-99) -> C009

Depends on: C004

C004C. Days. End of daily breast feeding (0-99) -> C009

Depends on: C004

r005. Has your child - within the last month – been breastfed outside normal breast-feeding hours for comfort or to fall asleep?

Depends on: C001 C003

1. No -> r007
2. Yes
3. Do not know -> r007
4. Do not wish to answer -> r007
9. undefined
10. not applicable

If TANDI = 0 -> C009

r006. Approx. How many times all together?

Depends on: C001 C003 r105

(If the mother cannot come up with any number, please suggest)  
[Was it between 1to5, 6 to15, 16 to 30 times or more than 30 times?]

1. Number of times: \_\_\_\_\_
2. 1 to 5 times -> r007
3. 6 to15 times -> r007
4. 16 to 30 times -> r007
5. More than 30 times -> r007
6. Do not know -> r007
7. Do not wish to answer -> r007
9. undefined
10. not applicable

r006A. Number of times the child has been breast fed for comfort or to fall asleep (1-99)  
Depends on: C006

r007. Within the last month, did you leave him/her with your nipple in the mouth after the acutal breastfeeding was over, e.g. at night?  
Depends on: C001 C003

1. No -> C009
2. Yes
3. Do not know -> C009
4. Do not wish to answer -> C009
9. undefined
10. not applicable

r008. Approx. How many times?  
Depends on: C001 C003 r007

(If the mother cannot come up with any number, please suggest)  
[Was it between 1to5, 6 to15, 16 to 30 times or more than 30 times?]

1. Number of times: \_\_\_\_\_
2. 1 to 5 times -> C009
3. 6 to 15 times -> C009
4. 16 to 30 times -> C009
5. More than 30 times -> C009
6. Do not know -> C009
7. Do not wish to answer -> C009
9. undefined
10. not applicable

r008A. Number of times with breast without breastfeeding (1-99)  
Depends on: r008

*Hvis C004 er besvaret og version = version1 -> C011*

C009. Did he/she ever have formula, maybe in the form of powder gruel or dietary supplement mixtures?

(formula in porridge or gruel to be coded YES)

1. Yes
2. Yes, but only in the postnatal ward -> C014
3. Yes, but only a few times -> C014
4. No, only for the prevention of allergies
5. No -> C014
6. Do not know -> C014
7. Do not wish to answer -> C014
9. undefined
10. not applicable

*If answer in C009 = 4. please use the wording b, otherwise a*

**C010.** a. How old was the child when he/she had formula for the first time?  
Depends on: C009

b. How old was he/she when he/she had hypoallergenic formula?

1. Months.: \_\_\_\_\_ og weeks: \_\_\_\_\_
- 2 weeks: \_\_\_\_\_ -> C010B
3. Days: \_\_\_\_\_ -> C010C
4. Do not know -> C011
5. Do not wish to answer -> C011
9. undefined
10. not applicable

C010A1 Months.; Age: ordinary formula, powder gruel, dietary supplement, hypoallergenic formula  
Depends on: C010

C010A2 Weeks; Age: ordinary formula, powder gruel, dietary supplement, hypoallergenic formula (0-99) -> C011  
Depends on: C010

C010B. Weeks Age: ordinary formula, powder gruel, dietary supplement, hypoallergenic formula; (0-99) -> C011  
Depends on: C010

C010C. Days; Age: ordinary formula, powder gruel, dietary supplement, hypoallergenic formula (0-999)  
Depends on: C010

**C011.** Does he/she have it every day now?  
*If C009 = 4. -> C015*  
Depends on: C009

1. Yes
2. No -> C013
3. Do not know
4. Do not wish to answer
9. undefined
10. not applicable

**C012.** Approx. how many ml does he/she have per day?  
Depends on: C009 C011

(If the mother cannot come up with the amount please suggest:)

[Is it less than 200, between 201 and 500, between 501 and 1000 or more than 1000 ml?]

1. MI per day \_\_\_\_\_
2. MI: \_\_\_\_\_ per time and number of times per day: \_\_\_\_\_ -> C012B1
3. Less than 200 ml -> C013
4. 201-500 ml -> C013
5. 501-1000 ml -> C013
6. More than 1000 ml -> C013
7. Do not know -> C013
8. Do not wish to answer -> C013
9. undefined
10. not applicable

C012A. MI per day(0-9999) -> C013  
Depends on: C012

C012B1 MI per time (0-9999)  
Depends on: C012

C012B2 Number of times per day (0-99)  
Depends on: C012

C013.1-18 In which age period did he/she have it every day?  
Depends on: C009 C011

1. Master list 3 (MONTHS3): Scheme of months

C013_1.	0 months
C013_2.	½ month
C013_3.	1 month
C013_4.	1 ½ months
C013_5.	2 months
C013_6.	2 ½ months
C013_7.	3 months
C013_8.	3 ½ months
C013_9.	4 months
C013_10.	4 ½ months
C013_11.	5 months
C013_12.	5 ½ months
C013_13.	6 months
C013_14.	6 ½ months
C013_15.	During the entire period
C013_16.	He/she never had it every day
C013_17.	Do not know
C013_18.	Do not wish to answer

C014. Did you ever feed him/her hypoallergenic formula?

1. No -> C028
2. Yes
3. Yes, but only in the postnatal ward -> C028
4. Maybe -> C018



- 5. Do not know -> C018
- 6. Do not wish to answer -> C028
- 9. undefined
- 10. not applicable

C015. Do you remember the names of the products he/she has had?  
Depends on: C014

- 1. Yes, I remember all of them
- 2. I remember some of them -> C018
- 3. No, I do not remember any names -> C018
- 4. Do not know -> C018
- 5. Do not wish to answer -> C028
- 9. undefined
- 10. not applicable

C016.1-14 What products did he/she have?  
Depends on: C014 C015

*>Number of possible simultaneous answers: 6  
The following categories cannot be used at the same time: 1.and 7., 2.and 8., 3.and 9., 4. and 10., 5.and 11., 6.and 12..The categories 13 and 14 cannot be used along with the other categories.*

- C016\_1. Profylac
- C016\_2. Nutramigen
- C016\_3. Nan HA
- C016\_4. Pregestimil
- C016\_5. Other product 1 (Text variable) -> C016A
- C016\_6. Other product 2 (Text variable) -> C016B
- C016\_7. Profylac, yes but in the postnatal ward
- C016\_8. Nutramigen, yes but only in the postnatal ward
- C016\_9. Nan HA, yes but only in the postnatal ward
- C016\_10. Pregestimil, yes but only in the postnatal ward
- C016\_11. Other product 1 (Text variable), but only in the postnatal ward -> C016C
- C016\_12. Other product 2 (Text variable), yes, but only in the postnatal ward n ->

C016D

- C016\_13. Do not know
- C016\_14. Do not wish to answer

*Hvis der kun er markeret i 7., 8., 9., 10., 11. el. 12 -> C028*

C016A. Name 1 of hypoallergenic formula - not on list  
Depends on: C016

C016B. Name 2 of hypoallergenic formula – not on list  
Depends on: C016

C016C. Name 1 of hypoallergenic formula – only on postnatal ward  
Depends on: C016

C016D. Name 2 of hypoallergenic formula – only on postnatal ward  
Depends on: C016

C017.1-6 How old was he/she in the periods when he/she had [the answers from C016: 1.-6.]?

Depends on: C014 C015 C016

Master list 1 (MONTHS1): Scheme of months

C0170101-C0170601.	0 months
C0170102-C0170602.	½ month
C0170103-C0170603.	1 month
C0170104-C0170604.	1 ½ months
C0170105-C0170605.	2 months
C0170106-C0170606.	2 ½ months
C0170107-C0170607.	3 months
C0170108-C0170608.	3 ½ months
C0170109-C0170609.	4 months
C0170110-C0170610.	4 ½ months
C0170111-C0170611.	5 months
C0170112-C0170612.	5 ½ months
C0170113-C0170613.	6 months
C0170114-C0170614.	6 ½ months
C0170115-C0170615.	the entire period
C0170116-C0170616.	Do not know
C0170117-C0170617.	Do not wish to answer

-> C028

C018. Did he/she have Profylac?

Depends on: C014 C015 C016

1. No -> C020
2. Yes
3. Yes, but only in postnatal ward -> C020
4. Do not know -> C020
5. Do not wish to answer -> C020
9. undefined
10. not applicable

C019. How old was he/she in the periods when he/she had Profylac?

Depends on: C014 C015 C016 C018

Master list 1: Scheme of months

C019_1.	0 months
C019_2.	½ months
C019_3.	1 month
C019_4.	1 ½ months
C019_5.	2 months
C019_6.	2 ½ months
C019_7.	3 months
C019_8.	3 ½ months
C019_9.	4 months
C019_10.	4 ½ months
C019_11.	5 months
C019_12.	5 ½ months
C019_13.	6 months
C019_14.	6 ½ months
C019_15.	the entire period
C019_16.	Do not know

C019\_17.

Do not wish to answer

*If answer in C018 = 1. use wording a.*

*If answer in C018 = 2.-5. use wording b.*

C020. a. Nutramigen?

Depends on: C014 C015 C016

b. Did he/she have Nutramigen?

1. No -> C022
2. Yes
3. Yes, but only in postnatal ward -> C022
4. Do not know -> C022
5. Do not wish to answer -> C022
9. undefined
10. not applicable

C021. How old was he/she when he/she had Nutramigen?

Depends on: C015 C016 C020

Master list 1: Scheme of months

C021_1.	0 months
C021_2.	½ month
C021_3.	1 month
C021_4.	1 ½ months
C021_5.	2 months
C021_6.	2 ½ months
C021_7.	3 months
C021_8.	3 ½ months
C021_9.	4 months
C021_10.	4 ½ months
C021_11.	5 months
C021_12.	5 ½ months
C021_13.	6 months
C021_14.	6 ½ months
C021_15.	the entire period
C021_16.	Do not know
C021_17.	Do not wish to answer

*If answer in C020 = 1. use wording a.*

*If answer in C020 = 2.-5. use wording b.*

C022. a. Nan HA?

Depends on: C014 C015 C016

b. Did he/she have Nan Ha?

1. No -> C024
2. Yes
3. Yes, but only in postnatal ward -> C024
4. Do not know -> C024
5. Do not wish to answer -> C024
9. undefined

10. not applicable

C023. How old was he/she when he/she had Nan HA?  
Depends on: C014 C015 C016 C022

Master list 1: Scheme of months

C023_1.	0 months
C023_2.	½ month
C023_3.	1 month
C023_4.	1 ½ months
C023_5.	2 months
C023_6.	2 ½ months
C023_7.	3 months
C023_8.	3 ½ months
C023_9.	4 months
C023_10.	4 ½ months
C023_11.	5 months
C023_12.	5 ½ months
C023_13.	6 months
C023_14.	6 ½ months
C023_15.	the entire period
C023_16.	Do not know
C023_17.	Do not wish to answer

*If answer in C022 = 1. use wording a.*

*If answer in C022 = 2.-5. use wording b*

C024. a. Pregestimil?

b. Did he/she have Pregestimil?

1. No -> C026
2. Yes
3. Yes, but only in postnatal ward -> C026
4. Do not know -> C026
5. Do not wish to answer -> C026
9. undefined
10. not applicable

C025. How old was he/she when he/she had Pregestimil?  
Depends on: C014 C015 C016 C024

Master list 1: Scheme of months

C025_1.	0 months
C025_2.	½ month
C025_3.	1 month
C025_4.	1 ½ months
C025_5.	2 months
C025_6.	2 ½ months
C025_7.	3 months
C025_8.	3 ½ months
C025_9.	4 months
C025_10.	4 ½ months

C025_11.	5 months
C025_12.	5 ½ months
C025_13.	6 months
C025_14.	6 ½ months
C025_15.	the entire period
C025_16.	Do not know
C025_17.	Do not wish to answer

If answer in C024 = 1. use wording a, otherwise b

C026.1-4 a. Other kinds hypoallergenic formulas?

b. Did he/she have other kinds of hypoallergenic formulas?

c. Did he/she have other kinds?

Depends on: C014 C015

(If the mother answers only YES, please ask:)

[What was the name of it?]

(Please write only 1 name at a time)

1. No -> C028
2. Yes: Name (Text variable) *Library list* -> C026A
3. Yes, do not remember the name -> C0287
4. Yes, only in postnatal ward: Name (Text variable) *Library list* -> C026B
5. Yes, only in postnatal ward, do not remember name -> C026
6. Do not know -> C028
7. Do not wish to answer -> C028
9. undefined
10. not applicable

C026A.1-4 Other hypoallergenic formula -> C027

C026B.1-4 Other hypoallergenic formula in postnatal ward -> C026, wording C/ -> C028

C027.1-4 How old was he/she in the periods when he/she had [answer from C026A or "it" if answer in C026 = 3.]?

Depends on: C014 C015

Master list 1: Scheme of months

C0270101-C0270401.	0 months
C0270102-C0270402.	½ month
C0270103-C0270403.	1 month
C0270104-C0270404.	1 ½ months
C0270105-C0270405.	2 months
C0270106-C0270406.	2 ½ month
C0270107-C0270407.	3 months
C0270108-C0270408.	3 ½ months
C0270109-C0270409.	4 months
C0270110-C0270410.	4 ½ months
C0270111-C0270411.	5 months
C0270112-C0270412.	5 ½ months
C0270113-C0270413.	6 months



C026-  
C027:  
Der spør-  
ges ind-  
til der  
svares  
andet end  
2, 3, 4, 5 i  
C026, dog

C0270114-C0270414.	6 ½ months
C0270115-C0270415.	the entire period
C0270116-C0270416.	Do not know
C0270117-C0270417.	Do not wish to answer

-> C026, wording c / -> C028

C028.1-6 Does he/she have ordinary milk now?

Number of possible simultaneous answers: 2 (1. + 2.)

C028\_1. Yes, as drinking milk (full-cream milk, semi-skimmed milk, butter milk, or skimmed milk)

C028\_2. Yes, in mash, porridge or gruel

C028\_3. Does not tolerate milk -> r031

C028\_4. No -> r031

C028\_5. Do not know -> r031

C028\_6. Do not wish to answer -> r031

C029. How old was he/she when you started giving him/her drinking milk (ordinary milk if C028=2)?

Depends on: C028

(Breast milk, breast milk substitute, gruels and supplements do not belong to this category)

1. \_\_\_\_\_ months and \_\_\_\_\_ weeks

2. \_\_\_\_\_ weeks -> C029B

3. Do not know -> C030

4. Do not wish to answer -> C030

9. undefined

10. not applicable

C029A1. Months. Drinking milk (0-99)

Depends on: C029

C029A2. Weeks. Drinking milk (0-99) -> C030

Depends on: C029

C029B. Weeks. Drinking milk (0-99)

Depends on: C029

C030. Approx. How many dl does he/she have per day?

Depends on: C028

(1 child glass or 1 child cup = 1 dl or 100 ml)

(If the mother cannot come up with an answer please suggest:)

[Is it between 1 to 2, 3 to 5 or more than 5 dl?]

1. Dl per day: Still has not had drinking milk for 1 week: \_\_\_\_\_

2. Dl per day: Drinking milk for at least 1 week: \_\_\_\_\_ -> C030B

3. Less than 1 dl per day -> C031

4. 1-2 dl -> C031

5. 3-5 dl -> C031
6. More than 5 dl -> C031
7. Do not know -> C031
8. Do not wish to answer -> C031
9. undefined
10. not applicable

C030A. Number of dl per day (< 1 week milk) (0-99) -> r031  
Depends on: C030

C030B. Number of dl per day (1 week or more milk) (0-99)  
Depends on: C030

r031. Within the last months, did he/she have anything else but formula in the bottle?

(Powder gruel, dietary supplement mixtuers are regarded the same as formula)

1. No -> r039
2. Yes
3. Do not know -> r039
4. Do not wish to answer -> r039
9. undefined
10. not applicable

If TANDL = 0 -> C050

r032. Approx. how many times did the feeding bottle contain something other than formula? Depends on: TANDL r031

(If the mother cannot answer, please suggest:  
[Was it more than 5 times?])

1. 1 - 5 times -> r039
2. Over 5 times
3. Do not know -> r039
4. Do not wish to answer -> r039
9. undefined
10. not applicable

r033.1-12 What was in the bottle?

Depends on: TANDL r031

(If the mother answers camomile tea, please ask  
[With or without sugar/honey?])

*Number of possible simultaneous answers: 10 (combinations off 1.to 10.)*

- r033\_1. Fruit juice/fruit syrup and water
- r033\_2. Juice
- r033\_3. Soda/coca cola or the like
- r033\_4. Camomile tea with honey/sugar
- r033\_5. Camomile tea (no sugar/honey)
- r033\_6. Ordinary milk
- r033\_7. Water

r033\_8. Other 1 (Text variable)  
r033\_9. Other 2 (Text variable)  
r033\_10. Other 3 (Text variable)  
r033\_11. Do not know  
r033\_12. Do not wish to answer

r033A. Other 1 in feeding bottle  
Depends on: r033\_8

r033B. Other 2 in feeding bottle  
Depends on: r033\_9

r033C. Other 3 in feeding bottle  
Depends on: r033\_10

*If no mark in either in 1., 2., 3.nor. 4 -> r039*

r034.1-4 How often did this happen [answer from r033:1.-4.]?  
Depends on: TANDL r031 r033

(If the mother cannot come up with any number, please say:)  
[Was it : from 1 to 5, 6 to 15, 16 to 30 times or more than 30 times?]

1. Number of times: \_\_\_\_\_
2. 1-5 times -> r034 / -> r035
3. 6-15 times -> r034 / -> r035
4. 16-30 times -> r034 / -> r035
5. More than 30 times -> r034 / -> r035
6. Do not know -> r034 / -> r035
7. Do not wish to answer -> r034 / -> r035
9. undefined
10. not applicable

r034A.1-4 Number of times [answer from r033:1.-4.] in feeding bottle (1-30)  
Depends on: r034

r035. Within the last month, did you leave him/her alone with the feeding bottle, just for the comfort of it?  
Depends on: TANDL r031 r033

1. No -> r039
2. Yes
3. Do not know -> r039
4. Do not wish to answer -> r039
9. undefined
10. not applicable

r036. Approx. How many times?  
Depends on: TANDL r031 r033 r035

(If the mother cannot answer with a number of times, please say:)  
[Was it more than 5 times?]

1. 1-5 times -> r039



2. More than 5 times
3. Do not know -> r039
4. Do not wish to answer -> r039
9. undefined
10. not applicable

r037.1-12 What was in the feeding bottle?

Depends on: TANDL r031 r033 r035 r036

*Number of possible simultaneous answers: 10 (combinations of 1.-10.)*

(If the mother says camomile tea, please ask:  
[With/without sugar/honey?])

- r037\_1. Fruit juice/ fruit syrup water
- r037\_2. Juice
- r037\_3. Soda/coca cola or the like
- r037\_4. Camomile with sugar/honey

- r037\_5. Camomile without sugar/honey
- r037\_6. Ordinary milk
- r037\_7. Water
- r037\_8. Other 1 (Text variable)
- r037\_9. Other 2 (Text variable)
- r037\_10. Other 3 (Text variable)
- r037\_11. Do not know
- r037\_12. Do not wish to answer

r037A. Other 1 in feeding bottle  
Depends on: r037\_8

r037B. Other 2 in feeding bottle  
Depends on: r037\_9

r037C. Other 3 in feeding bottle  
Depends on: r037\_10

*If no marking in either 1., 2., 3. nor 4 > r039*

r038.1-4 How often was that [answer from r037:1.-4.]?

Depends on: TANDL r031 r033 r035 r036 r037

(If the mother cannot answer, please say:)

[Was it from 1 to 5, 6 to 15, 16 to 30 times or more that 30 times?]

1. Number of times\_

2. 1-5 times -> r038 / -> r039
3. 6-15 times -> r038 / -> r039
4. 16-30 times -> r038 / -> r039
5. More than 30 times -> r038 / -> r039
6. Do not know -> r038 / -> r039
7. Do not wish to answer -> r038 / -> r039
9. undefined
10. not applicable

r038A.1-4 Number of times (answer from r037: 1.-4.) in feeding bottle (0-999)

Depends on: r038

r039. Has he/she got teeth?

1. No -> r045
2. Yes
3. Do not know -> r045
4. Do not wish to answer -> r045

r040. How many teeth?

Depends on: TANDL r039

1. Number of teeth: \_\_\_\_\_
2. Do not know -> r041
3. Do not wish to answer -> r041
9. undefined
10. not applicable

r040A. Number of teeth (0-99)

Depends on: r040

r041. When did he/she have his/her first tooth?

Depends on: r040

1. Months.: \_\_\_\_\_ and weeks: \_\_\_\_\_
- 2 weeks: \_\_\_\_\_ -> r041B
3. First tooth at birth -> r042
4. Do not know -> r042
5. Do not wish to answer -> r042
9. undefined
10. not applicable

r041A1. Months. Age first tooth (0-99)

Depends on: r041

r041A2. Weeks. Age first tooth (0-99) -> r042

Depends on: r041

r041B. Weeks. Age first tooth (0-99)

Depends on: r041

r042. Have you begun brushing his/her teeth?

1. Yes
2. No -> r045
3. Do not know -> r045
4. Do not wish to answer -> r045
9. undefined
10. not applicable

r043. How often do you brush his/her teeth?

Depends on: r039 r042

1. Every day – once a day
2. Every day – more times a day
3. A couple of times per week
4. Less than once a week
5. Do not know
6. Do not wish to answer
9. undefined
10. not applicable

**r044.1-17 What do you use on his/her toothbrush?**

Depends on: r039 r042

(If the mother answers only Tooth paste, please ask:  
[Was it fluoride tooth-paste?]

(If the mother does not know, please ask:  
[What is the name of the tooth-paste?]

*Number of possible simultaneous answers: 11 (combinations from 3. - 12.and 15.)*

- r044\_1. Tooth paste with fluorine
- r044\_2. Tooth paste without fluorine
- r044\_3. Bamse Barn Tand Kräm
- r044\_4. Første tand (Zendium)
- r044\_5. My First (Colgate)
- r044\_6. Mælketand (Aquafresh)
- r044\_7. Mælketand (Macs)
- r044\_8. Pepsodent for Kids
- r044\_9. Colgate Junior
- r044\_10. Other name of tooth-paste 1 (Text variable) -> r044A
- r044\_11. Other name of tooth-paste 2 (Text variable) -> r044B
- r044\_12. Other name of tooth paste 3 (Text variable) -> r044C
- r044\_13. Tooth-paste: does not remember name, nor if it is fluoride or non-fluoride
- r044\_14. Water only
- r044\_15. Other than tooth-paste or water (Text variable) -> r044D
- r044\_16. Do not know
- r044\_17. Do not wish to answer

r044A. Other name of tooth-paste 1  
Depends on: r044\_10

r044B. Other name of tooth-paste 2  
Depends on: r044\_11

r044C. Other name of tooth-paste 3  
Depends on: r044\_12

r044D. Other than tooth-paste or water  
Depends on: r044\_15

**r045. Does he/she use a comforter?**

1. Yes
2. No -> C050
3. Do not know -> C050
4. Do not wish to answer -> C050

9. undefined

r046.      Approx. How many hours, day and night, does he/she use the comforter?  
Depends on: r045

1. All day/practically all day -> r047
2. Hours and minutes: \_\_\_\_.
3. Between \_\_\_\_ hours and \_\_\_\_ minutes -> r046B1
4. Less than 1 hour per day -> r047
5. Do not know -> r047
6. Do not wish to answer -> r047
9. undefined
10. not applicable

r046A.    Hours (decimal figure). Hours comforter. (0-24) -> r047  
Depends on: r046

r046B1    Hours (decimal figure) interval start. Hours comforter. (0-24)  
Depends on: r046

r046B2    Hours (decimal figure) interval end. Hours comforter. (0-24)  
Depends on: r046

r047.      Do you ever dip the comforter into something before giving it to your child?  
Depends on: r045

1. No -> C050
2. Yes
3. Do not know -> C050
4. Do not wish to answer -> C050
9. undefined
10. not applicable

r048.      What do you dip the comforter into?  
Depends on: r045

1. Honey -> r049
2. Sugar -> r049
3. Fruit juice -> r049
4. Other (Text variable)
5. Do not know -> C050
6. Do not wish to answer -> C050
9. undefined
10. not applicable

r048A.    Other, dips comforter into

r049.      How many times per week does that happen?  
Depends on: r045

(If the mother cannot come up with a number of times, please say:)  
[Is it from 1 to 5 times, from 6 to 15, times or more than 15 times per week]

1. Number of times: \_\_\_\_\_

- 2. 1-5 times -> C050
- 3. 6-15 times -> C050
- 4. More than 15 times -> C050
- 5. Do not know -> C050
- 6. Do not wish to answer -> C050
- 9. undefined
- 10. not applicable

r049A. Number of times that the comforter has been dipped into something (0-99)  
Depends on: r049

**C050. When did he/she start to have food with a spoon - mash or porridge?**

- 1. Has not begun yet -> C055
- 2. Months.: \_\_\_\_\_ and weeks: \_\_\_\_\_
- 3 weeks: \_\_\_\_\_ -> C050B
- 4. Do not know -> C051
- 5. Do not wish to answer -> C051
- 9. undefined

C050A1 Months. Age for food with a spoon (0-99)  
Depends on: C050

C050A2 Weeks. Age for food with a spoon (0-99) -> C051  
Depends on: C050

C050B. Weeks. Age for food with a spoon (0-99)  
Depends on: C050

**C051.1-10 What kind of food with a spoon does he/she have?**

*Number of possible answers simultaneously: 8 (combinations of 1.-8.)*

- C051\_1. Homemade porridge -> C052
- C051\_2. Instant porridge -> C052
- C051\_3. Vegetable mash -> C052
- C051\_4. Fruit mash -> C052
- C051\_5. Mash with meet -> C052
- C051\_6. Other 1 (Text variable)
- C051\_7. Other 2 (Text variable) -> C051B
- C051\_8. Other 3 (Text variable) -> C051C
- C051\_9. Do not know -> C052
- C051\_10. Do not wish to answer -> C052

C051A. Other 1. food with a spoon -> C052  
Depends on: C051

C051B. Other 2. food with a spoon -> C052  
Depends on: C051

C051C. Other 3. food with a spoon  
Depends on: C051

**C052.** How many times per day does he/she have food with a spoon?

Depends on: C050

(If the mother cannot come up with an answer, please say:)

[Is it from 1 to 2 times, from 3 to 4 times, from 5 to 6 times or more than 6 times per day?]

1. Number of times: \_\_\_\_\_
2. Food with a spoon less than once per day -> C054
3. 1-2 times -> C053
4. 3-4 times -> C053
5. 5-6 times -> C053
6. More than 6 times -> C053
7. Do not know -> C055
8. Do not wish to answer -> C055
9. undefined
10. not applicable

**C052A.** Number of times food with a spoon per day (0-99)

Depends on: C052

**C053.** How much does he/she eat per meal?

Depends on: C050

Your answer may be in tea spoons, decilitre or portions of baby glasses.

(1 portion = 1 baby glass = 2 dl = 40 tea spoons = 1 small plate)

1. Number of tea spoons: \_\_\_\_\_
2. Number of dl: \_\_\_\_\_ -> C053B
3. 1/4 portion baby glass per meal -> C054
4. 1/2 portion baby glass per meal -> C054
5. 3/4 portion baby glass per. meal -> C054
6. 1 portion = 1 baby glass -> C054
7. Number of portions: \_\_\_\_\_ -> C053C
8. Do not know -> C054
9. Do not wish to answer -> C054
99. undefined
100. not applicable

**C053A.** Number of tea spoons per meal (0-99) -> C054

Depends on: C053

**C053B.** Number of decilitre per meal (0-99) -> C054

Depends on: C053

**C053C.** Number of portions of baby glass per meal (0-99)

Depends on: C053

**C054.** Is he/she keen on food with a spoon?

Depends on: C050

Your answer can be: Very, a little, not at all interested in food with a spoon

1. Very

2. A little
3. Not at all
4. Do not know
5. Do not wish to answer
9. undefined

### MEDICINE MOTHER

*If C001 = 5. or. C003 = 5.or C004 = 4. -> C058*

C055. Did you take any medicine while breastfeeding?  
Depends on: C001 C003 C004

1. No -> C058
2. Yes
3. Do not know -> C058
4. Do not wish to answer -> C058
9. undefined

C056.1-74 What was the name of the medicine?  
Depends on: C001 C003 C004 C055

*Number of possible simultaneous answers: 15 (combinations of 1. - 72.)*

- C056\_1. Antistina-Privin
- C056\_2. Beconase Aqua
- C056\_3. Betnovat Rektal
- C056\_4. Brentan
- C056\_5. Bricanyl spray/mixture
- C056\_6. Bromergon
- C056\_7. Bromopar
- C056\_8. Brufen
- C056\_9. Calcipen
- C056\_10. Canesten
- C056\_11. Cyklokapron
- C056\_12. Daivonex
- C056\_13. Diflucan
- C056\_14. Diproderm
- C056\_15. Diural
- C056\_16. Doktacillin
- C056\_17. Elocon
- C056\_18. Eltroxin
- C056\_19. Erycin
- C056\_20. Fenoxcillin
- C056\_21. Flagyl
- C056\_22. Forilin
- C056\_23. Hexabotin
- C056\_24. Hydrocortison
- C056\_25. Hey fever medi
- C056\_26. Ibumetin
- C056\_27. Ibureumin
- C056\_28. Imacillin
- C056\_29. Ketogan
- C056\_30. Kloramfenikol
- C056\_31. Kodein
- C056\_32. Kodimagnyl
- C056\_33. Livostin

C056\_34. Losec  
C056\_35. Locoid  
C056\_36. Lucosil  
C056\_37. Methergin  
C056\_38. Metronidazol  
C056\_39. Otrivin  
C056\_40. Pamol  
C056\_41. Panodil  
C056\_42. Parlodel  
C056\_43. Penicillin  
C056\_44. Pinex  
C056\_45. Pondocillin  
C056\_46. Prepulsin  
C056\_47. Primcillin  
C056\_48. Primperan  
C056\_49. Proctosedyl  
C056\_50. Rhinocort  
C056\_51. Rocilin  
C056\_52. Salbuvent  
C056\_53. Semprex  
C056\_54. Serevent  
C056\_55. Seroxat  
C056\_56. Pain killers  
C056\_57. Sofradex  
C056\_58. Sovepiller  
C056\_59. Spirocort  
C056\_60. Syntocinon  
C056\_61. Teldanex  
C056\_62. Trandate  
C056\_63. Ventoline spray/mikstur  
C056\_64. Vepicombin  
C056\_65. Voltaren  
C056\_66. Xymelin  
C056\_67. Zovirax  
C056\_68. Zyrtec  
C056\_69. Other 1 (Text variable)  
C056\_70. Other 2 (Text variable)  
C056\_71. Other 3 (Text variable)  
C056\_72. Other 4 (Text variable)  
C056\_73. Do not know  
C056\_74. Do not wish to answer

C056A. Other medicine 1, mother during breast feeding period (from C056\_69)  
Depends on: C056\_69

C056B. Other medicine 2, mother during breast feeding period (from C056\_70)  
Depends on: C056\_70

C056C. Other medicine 3, mother during breast feeding period (from C056\_71)  
Depends on: C056\_71

C056D. Other medicine 4, mother during breast feeding period (from C056\_72)  
Depends on: C056\_72

C057.1-72 Why did you take [answer from C056: 1.-72.(name of medicine)]?



Depends on: C001 C003 C004 C055

1. Name of disease: \_\_\_\_\_
2. Do not know -> C057 / -> C058
3. Do not wish to answer -> C057 / C058
9. Undefined
10. Not applicable

C057A.1-72 Name of disease, mother, during breast feeding period  
Depends on: C057

### WORK AND TIME FOR THE CHILD

C058. Do you work now?

(If the mother answers only NO, please ask:)  
[Why not?]

*Number of possible answers simultaneously: 7 (combinations of 3. - 9.)*

- C058\_1. Yes -> C059
- C058\_2. I am working, but are on holiday right now -> C059
- C058\_3. No, education -> C061
- C058\_4. No, leave/maternity leave -> C061
- C058\_5. No, unemployed -> C061
- C058\_6. No, house wife -> C061
- C058\_7. No, early retirement -> C061
- C058\_8. No, absent owing to illness -> C061
- C058\_9. No, Other (Text variable) -> C061
- C058\_10. Do not know -> C061
- C058\_11. Do not wish to answer -> C061

C058A. Other reasons why not working  
Depends on: C059

C059. How old was he/she when you returned to work?  
Depends on: C058

1. Age: months.: \_\_\_\_\_ weeks: \_\_\_\_\_
- 2 weeks: \_\_\_\_\_ -> C059B
3. Has not yet returned to work because of holiday -> C061
4. Do not know -> C060
5. Do not wish to answer -> C060
9. Undefined
10. Not applicable

C059A1 Months (mother back to work) (0-99)  
Depends on: C059

C059A2 Weeks (mother back to work) (0-99) -> C060  
Depends on: C059

C059B. Weeks (mother back to work) (0-99)  
Depends on: C059

C060. How many hours do you work per week?  
Depends on: C058

1. Hours: \_\_\_\_.
2. Do not know -> C061
3. Do not wish to answer -> C061
9. Undefined
10. Not applicable

C060A1. Hours/minutes (working hours per week) (0-99)  
Depends on: C060

C061. Approx. How many hours do you spent with your child on an average day and when the child is awake?

1. The entire day/all my time -> C062
2. Hours: \_\_\_\_.
3. From: \_\_\_\_ hours to \_\_\_\_ hours -> C061B1
4. Do not know -> C062
5. Do not wish to answer -> C062

C061A. Hours/minutes (time with child, mother) (0-24.00) -> C062  
Depends on: C061

C061B1 Hours/minutes, interval start (time with child, mother) (0-24.00)  
Depends on: C061

C061B2 Timer/minutes, interval end (time with child, mother) (C061B1-23.00)  
Depends on: C061

## EXPOSURES, child

### SMOKING

C062. Smoking in the home while the child is present?  
Duration at least one week.

(Mother smoking under the cooking hood counts for YES, if child present in same room)

1. No -> C064
2. No every day/less than once per day -> C064
3. Yes
4. Do not know -> C064
5. Do not wish to answer -> C064
9. Undefined

C063. How many cigarettes was normally smoken per day during these periods?  
Depends on: C062

If the mother cannot come up with an answer, please say:)  
[Was it from 1 to 5, from 6 to 10, from 11 to 20, from 21 to 30 or more than 30 cigarettes per day?]

1. Cigarettes: \_\_\_\_\_ number per day

2. Cigarettes: \_\_\_\_\_ number per week -> C063B

3. 1-5 cigarettes/day -> C064

4. 6-10 cigarettes/day -> C064

5. 11-20 cigarettes/day -> C064

6. 21-30 cigarettes/day -> C064

7. More than 30 cigarettes/day -> C064

8. 1-7 cigarettes/week -> C064

9. 1-2 packs of cigarettes/week -> C064

10. 3-5 packs of cigarettes/week -> C064

11. 6-10 packs of cigarettes/week -> C064

12. More than 10 packs of cigarettes/week -> C064

13. Do not know -> C064

14. Do not wish to answer -> C064

99. Undefined

100. Not applicable

C063A. Cigarettes/day (0-99) -> C064

Depends on: C063

C063B. Cigarettes/week (0-999)

Depends on: C063

*If C001 = 5. or C003 = 5. or C004 = 4. -> C073*

*If the mother has not been smoking after the birth (3<sup>rd</sup> TRIMESTRE questions on smoking): -> 067*

*e.g.. P094 = 2,4,5 or 6*

C064. Did you smoke during the period of breast feeding?

1. No -> C067

2. Average weekly consumption: 1 or less -> C067

3. Yes

4. Do not know -> C067

5. Do not wish to answer -> C067

C065.1-6 What did you smoke?

Depends on: C064

*Number of possible answers simultaneously: 4 (combinations of 1.-4.)*

C065\_ 1. Cigarettes

C065\_ 2. Cheroots

C065\_ 3. Cigars

C065\_ 4. Pipe

C065\_ 5. Do not know ->C 067

C065\_ 6. Do not wish to answer ->C067

*If C001 = 1. use wording b, otherwise wording a*

C066.1-4 a. How many [answer from C065:1.-4.] did you smoke per week when you were breast feeding every day?

b. How many [answer from C065:1.-4.] did you smoke per week?

Depends on: C064

*Use wording c the second time you ask the question*

c. And how many [answer from C065:1.-4.?)

(If the mother cannot come up with a number, please say:)

[Was it from 1 to 7,8 to 20, 21 to 60, 61 to 80 or more than 80 [answer from C065: 1.-4.?) per week: \_\_\_\_

1. number per week: \_\_\_\_

2. number per day: \_\_\_\_ -> C066B

3. 1-7/week -> C066 /-> C067

4. 8-20/week -> C066 /-> C067

5. 21-60/week -> C066 /-> C067

6. 61-80/week -> C066 /-> C067

7. More than 80/week -> C066 /-> C067

8. Less than 1 per day -> C066 /-> C067

9. 1-10/day -> C066 /-> C067

10. 11-20/day -> C066 /-> C067

11. 21-40/day -> C066 /-> C067

12. More than 40/day -> C066 /-> C067

13. Do not know -> C066 /-> C067

14. Do not wish to answer -> C066 /-> C067

99. Undefined

100. Not applicable

C066A.1-4 Number smoking per week (0-999) -> C066 /-> C067

Depends on: C066

C066B.1-4 Number smoking per day (0-99) -> C066 /-> C067

Depends on: C068

## ALCOHOL

C067. Did you drink beer, wine or alcohol during the breast feeding period?

1. No -> C070

2. Yes, but 1 glass or less per week -> C070

3. Yes, but only low-alcohol beer (more than 1 glass per week) -> C070

4. Yes

5. Do not know -> C070

6. Do not wish to answer -> 070

9. Undefined

*If C001 = 1. use wording b, otherwise a*

C068.1-11 a. What did you drink when you breast-fed every day?

Depends on: C067

b. What do you drink?

Number of possible answers simultaneously: 8 (combinations of 2.-9.)

- C068\_1. Total weekly consumption: 1 or less -> C070
- C068\_2. Light beer -> C070
- C068\_3. Ordinary beer
- C068\_4. Strong beer
- C068\_5. Glass red wine
- C068\_6. Glass white wine
- C068\_7. Glass Rosé wine
- C068\_8. Drinks dessert wine
- C068\_9. Drinks alcohol
- C068\_10. Do not know -> C070
- C068\_11. Do not wish to answer -> C070

If C001 = 1. use wording b, otherwise a

C069.3-9a. How much [answer from C068: 3.-9.] did you drink per week at that time?

Depends on: C067 C068

b. How much [answer from C068: 3.-9.] do you drink per week?

Wording c to be used from the second time the question c is being asked

c. And how much [answer from C068: 3.-9.]?

(If the mother cannot come up with a number, please say:)

[a. Was it from 1 to 6 per week, from 1 to 2 per day, from 3 to 4 per day, from 5 to - 6 per day, or more than 6 per day?]

[b. Is it 1-6 per week, 1-2 per day, 3-4 per day, 5-6 per day, or more than 6 per day?]

1. Number: \_\_. \_\_

2. 1-6/ week -> C069, wording c / -> C070

3. 1-2 /day -> C069, wording c / -> C070

4. 3-4 /day -> C069, wording c / -> C070

5. 5-6 /day -> C069, wording c / -> C070

6. More than 6/day -> C069, wording c / -> C070

7. Do not know -> C069, wording c / -> C070

8. Do not wish to answer -> C069, wording c / -> C070

9. Undefined

10. Not applicable

C069A.3-9 Number of alcohol per week (0-99) -> C069, wording c / C070

Depends on: C069

## DRUGS

C070. Did you use hashish or other kinds of drugs during the breast feeding period?

1. No -> C073

2. Yes

3. Do not know -> C073

4. Do not wish to answer -> C073

9. Undefined

10. Not applicable

**C071.1-13**      **What did you use?**  
Depends on: C070

*Number of possible answers simultaneously: 11 (combinations of 1.-11.)*

- C071\_1. Hashish
- C071\_2. Marihuana
- C071\_3. Pot
- C071\_4. Cannabis
- C071\_5. Heroin
- C071\_6. Morfin
- C071\_7. Ecstasy
- C071\_8. Crack
- C071\_9. Other 1 (Text variable)
- C071\_10. Other 2 (Text variable)
- C071\_11. Other 3 (Text variable)
- C071\_12. Do not know -> 073
- C071\_13. Do not wish to answer -> 073

**C071A.** Other kinds of drugs 1  
Depends on: C071\_9

**C071B.** Other kinds of drugs 2  
Depends on: C071\_10

**C071C.** Other kinds of drugs 3  
Depends on: C071\_11

**C072.1-11**      **How often did you use [answer from C071:1.-11.]?**  
Depends on: C070 C071

- 1. Less than once a month -> C072 / -> C073
- 2. Number of times per month: \_\_\_\_\_
- 3. Number of times per week: \_\_\_\_\_ -> C072B
- 4. Every day -> C072 / -> C073
- 5. Do not know -> C072 / -> C073
- 6. Do not wish to answer -> C072 / -> C073
- 9. Undefined
- 10. Not applicable

**C072A.1-11**      Number of times per month (0-99) -> C072 / -> C073  
Depends on: C072

**C072B.1-11**      Number of times per week (0-99)  
Depends on: C072

## CHILD CARE

**C073.** Has he/she been in a day nursery or day care or other kind of daily care outside the home during working hours?

(Care outside the home for more than 1 week)

- 1. No -> C076
- 2. Yes

- 3. Do not know -> C076
- 4. Do not wish to answer -> C076
- 9. Undefined

**C074.1-9 Where was he/she being taken care of?**

Depends on: C073

*Number of possible answers simultaneously: 7 (combinations of 1.-7.)*

- C074\_1. day nursery
- C074\_2. integrated child care institution
- C074\_3. day care
- C074\_4. with family/friends
- C074\_5. Other 1: \_\_\_\_\_
- C074\_6. Other 2: \_\_\_\_\_ -> C074B
- C074\_7. Other 3: \_\_\_\_\_ -> C074C
- C074\_8. Do not know -> C076
- C074\_9. Do not wish to answer -> C076

C074A. Other kind of care 1  
Depends on: C074\_5

C074B. Other kind of care 2  
Depends on: C074\_6

C074C. Other kind of care 3  
Depends on: C074\_9

**C075.1-7 At what age was he/she in care [the answer from C074:1.-7.]?**

Depends on: C073 C074

Master list 1: Scheme of months

C0750101-C0750701.	0 months
C0750102-C0750702.	½ month
C0750103-C0750703.	1 month
C0750104-C0750704.	1 ½ months
C0750105-C0750705.	2 months
C0750106-C0750706.	2 ½ months
C0750107-C0750707.	3 months
C0750108-C0750708.	3 ½ months
C0750109-C0750709.	4 months
C0750110-C0750710.	4 ½ months
C0750111-C0750711.	5 months
C0750112-C0750712.	5 ½ months
C0750113-C0750713.	6 months
C0750114-C0750714.	6 ½ months
C0750115-C0750715.	the entire period
C0750116-C0750716.	Do not know
C0750117-C0750717.	Do not wish to answer

**C076.1-9 Has he/she been away from you for more than 7 days in a row, e.g. in hospital, care, or other?**

Number of possible answers at the same time: 6 (combinations of 2.-7.)

- C076\_1. No -> C078
- C076\_2. admitted to hospital
- C076\_3. infant home
- C076\_4. in a foster family
- C076\_5. Other 1: \_\_\_\_\_
- C076\_6. Other 2: \_\_\_\_\_ -> C076B
- C076\_7. Other 3: \_\_\_\_\_ -> C076C
- C076\_8. Do not know -> C078
- C076\_9. Do not wish to answer -> C078

C076A. Child's other residence than home 1

Depends on: C076\_5

C076B. Child's other residence than home 2

Depends on: C076\_6

C076C. Child's other residence than home 3

Depends on: C076\_7

C077.2-7 At what age was he/she in [answer from C076:2.-7.]?

Master list 1: Scheme of months

C0770201-C0770701.	0 months
C0770202-C0770702.	½ month
C0770203-C0770703.	1 month
C0770204-C0770704.	1 ½ months
C0770205-C0770705.	2 months
C0770206-C0770706.	2 ½ months
C0770207-C0770707.	3 months
C0770208-C0770708.	3 ½ months
C0770209-C0770709.	4 months
C0770210-C0770710.	4 ½ months
C0770211-C0770711.	5 months
C0770212-C0770712.	5 ½ months
C0770213-C0770713.	6 months
C0770214-C0770714.	6 ½ months
C0770215-C0770715.	the entire period
C0770216-C0770716.	Do not know
C0770217-C0770717.	Do not wish to answer

C078. Have other children than sisters and brothers been in the home for care since the birth of your child.  
Duration of more than 1 week?

(Not necessarily everyday during a week)

- 1. No
- 2. Yes
- 3. Do not know
- 4. Do not wish to answer
- 9. Undefined



## MEDICINE – DISEASE - CHILD

The following questions are about diseases that your child may have had.

C079. Has he/she had a cold?

1. No -> C085
2. Yes
3. Do not know -> C085
4. Do not wish to answer -> C085
9. Undefined

C080. Did the cold ever last for more than 3 days in a row

Depends on: C079

1. No -> C083
2. No, but he/she has had a cold many times -> C083
3. Yes
4. Yes, but of different strength
5. Do not know -> C083
6. Do not wish to answer -> C083
9. Undefined
10. Not applicable

C081. How often did the cold last more than three days in a row

Depends on: C079 C080

(If the mother cannot come up with a number of times, please say:)  
[Was it from 1 to 5 times, from 6 to 10 times or more than 10 times?]

1. Only 1 time -> C082
2. Number of times more than 1: \_\_\_\_\_
3. 1-5 times -> C082
4. 6-10 times -> C082
5. More than 10 times -> C082
6. Do not know -> C082
7. Do not wish to answer -> C082
9. Undefined
10. Not applicable

C081A. Number of time with cold more than 3 days (0-99)

Depends on: C081

C082.1-17 How old was he/she when he/she had a cold?

Depends on: C079 C080

Master list 1: Scheme of months

C082_1.	0 months
C082_2.	½ month
C082_3.	1 month
C082_4.	1 ½ months

C082_5.	2 months
C082_6.	2 ½ months
C082_7.	3 months
C082_8.	3 ½ months
C082_9.	4 months
C082_10.	4 ½ months
C082_11.	5 months
C082_12.	5 ½ months
C082_13.	6 months
C082_14.	6 ½ months
C082_15.	the entire period
C082_16.	Do not know
C082_17.	Do not wish to answer

*If answer in C080 = 1., 5. or 6.or answer in C081 = 1. use wording a, otherwise b*

**C083. a. Did he/she receive any treatment?**

Depends on: C079

b. Did he/she at any time receive any treatment against cold?

1. No -> C085
2. Yes
3. Do not know -> C085
4. Do not wish to answer -> C085
9. Undefined
10. Not applicable

**C084.1-18 What kind of treatment?**

Depends on: C079 C083

*Number of possible answers at the same time:16 (combinations of 1.-16.)*

- C084\_1. Asthma medicine
- C084\_2. Bricanyl
- C084\_3. Iliadin
- C084\_4. Camomile steam
- C084\_5. Nose spray
- C084\_6. Otrivin
- C084\_7. Pamol
- C084\_8. Pinex
- C084\_9. Penicillin
- C084\_10. Salbuvent
- C084\_11. Salt water / drops of salt water
- C084\_12. Sofradex
- C084\_13. Spirocort
- C084\_14. Other 1 (Text variable)
- C084\_15. Other 2 (Text variable) -> C084B
- C084\_16. Other 3 (Text variable) -> C084C
- C084\_17. Do not know
- C084\_18. Do not wish to answer

**C084A. Other treatment against cold 1**

Depends on: C084\_14

C084B. Other treatment against cold 2  
Depends on: C084\_15

C084C. Other treatment against cold 3  
Depends on: C084\_16

C085. Has he/she been constipated?

1. No -> C091
2. Yes
3. Do not know -> C091
4. Do not wish to answer -> C091
9. Undefined

C086. Did constipation ever last for more than 3 days in a row?  
Depends on: C085

1. No -> C089
2. No, but he/she has been constipated many times -> C089
3. Yes
4. Yes, but of different strength
5. Do not know -> C089
6. Do not wish to answer -> C089
9. Undefined
10. Not applicable

C087. How often did constipation last for more than 3 days in a row?  
Depends on: C085 C086

(If the mother cannot come up with a number of times, please say:)  
[Was it from 1 to 5 times, from 6 to 10 times or more than 10 times?]

1. Only once -> C088
2. Number of times more than 1: \_\_\_\_\_
3. 1-5 times -> C088
4. 6-10 times -> C088
5. More than 10 times -> C088
6. Do not know -> C088
7. Do not wish to answer -> C088
9. Undefined
10. Not applicable

C087A. Number of times when constipation lasted for more than 3 days (0-99)  
Depends on: C087

C088.1-17 How old was he/she when she was constipated?  
Depends on: C085 C086

Master list 1: Scheme of months

C088_1.	0 months
C088_2.	½ month
C088_3.	1 month
C088_4.	1 ½ months

C088_5.	2 months
C088_6.	2 ½ months
C088_7.	3 months
C088_8.	3 ½ months
C088_9.	4 months
C088_10.	4 ½ months
C088_11.	5 months
C088_12.	5 ½ months
C088_13.	6 months
C088_14.	6 ½ months
C088_15.	the entire period
C088_16.	Do not know
C088_17.	Do not wish to answer

*If answer in C086 = 1., 5. or 6. or answer in C087 = 1. use wording a, otherwise b*

C089. a. Did he/she receive any kind of treatment?

Depends on: C085

b. Did he/she ever receive any treatment against constipation?

1. No -> C091
2. Yes
3. Do not know -> C091
4. Do not wish to answer -> C091
9. Undefined
10. Not applicable

C090.1-11 What kind of treatment?

Depends on: C085 C089

*Number of possible answers at the same time:9 (combinations of 1.-9.)*

- C090\_1. Fig juice
- C090\_2. Laktulose
- C090\_3. Microlax
- C090\_4. Mylicon
- C090\_5. Prepulsid
- C090\_6. Prune mash
- C090\_7. Other 1 (Text variable)
- C090\_8. Other 2 (Text variable) -> C090B
- C090\_9. Other 3 (Text variable) -> C090C
- C090\_10. Do not know
- C090\_11. Do not wish to answer

C090A. Other treatment against constipation 1

Depends on: C090

C090B. Other treatment against constipation 2

Depends on: C090

C090C. Other treatment against constipation 3

Depends on: C090

*If answer in C085 = 2. use wording b, otherwise a*

C091. a. Loose stools/diarrhoea?

b. Did he/she ever have loose stools/diarrhoea

1. No -> C097
2. Yes
3. Do not know -> C097
4. Do not wish to answer -> C097
9. Undefined

C092. Did it ever last for more than 3 days in a row?

Depends on: C091

1. No -> C095
2. No, but he/she often have had it -> C095
3. Yes
4. Yes, but of different strengths
5. Do not know -> C095
6. Do not wish to answer -> C095
9. Undefined
10. Not applicable

C093. How often did it last for more than 3 days in a row?

Depends on: C091 C092

If the mother cannot come up with a number of times, please say:  
[Was it from 1 to 5 times, from 6 to 10 times or more than 10 times?]

1. Only once -> C094
2. Number of times more than 1: \_\_\_\_\_
3. 1-5 times -> C094
4. 6-10 times -> C094
5. More than 10 times -> C094
6. Do not know -> C094
7. Do not wish to answer -> C094
9. Undefined
10. Not applicable

C093A. Number of times with thin faces that lasted for more than 3 days (0-99)

Depends on: C093

C094.1-17 How old was he/she when he/she had loose stools?

Depends on: C091 C092

Master list 1: Scheme of months

C094_1.	0 months
C094_2.	½ month
C094_3.	1 month
C094_4.	1 ½ months
C094_5.	2 months
C094_6.	2 ½ months
C094_7.	3 months
C094_8.	3 ½ months
C094_9.	4 months

C094_10.	4 ½ months
C094_11.	5 months
C094_12.	5 ½ months
C094_13.	6 months
C094_14.	6 ½ months
C094_15.	the entire period
C094_16.	Do not know
C094_17.	Do not wish to answer

*If answer in C092 = 1., 5. or 6. or answer in C093 = 1. use wording a, otherwise b*

**C095.** a. Did he/she receive any kind of treatment?

Depends on: C091

b. Did he /she at any time receive any kind of treatment?

1. No -> C097
2. Yes
3. Do not know -> C097
4. Do not wish to answer -> C097
9. Undefined
10. Not applicable

**C096.1-6** What kind of treatment?

Depends on: C095

*Number of possible answers at the same time:4 (combinations of 1.-4.)*

- C096\_1. F luid
- C096\_2. Other 1 (Text variable)
- C096\_3. Other 2 (Text variable) -> C096B
- C096\_4. Other 3 (Text variable) -> C096C
- C096\_5. Do not know
- C096\_6. Do not wish to answer

**C096A.** Other treatment against thin faeces 1

Depends on: C096\_2

**C096B.** Other treatment against thin faces 2

Depends on: C096\_3

**C096C.** Other treatment against thin faces 3

Depends on: C096\_4

*If answer in C091 = 2. use wording b, otherwise a*

**C097.** a. Inflammation of the eye?

b. Did he/she ever have an inflammation of the eye?

1. No ->C103
2. Yes
3. Do not know -> C103
4. Do not wish to answer -> C103
9. Undefined

**C098.** Did inflammation of the eye ever last for more than 3 days in a row?

Depends on: C097

1. No -> C101
2. No, but he/she has had an inflammation of the eye many times -> C101
3. Yes
4. Yes, but of different strength
5. Do not know -> C101
6. Do not wish to answer -> C101
9. Undefined
10. Not applicable

C099. How often did it last for more than 3 days?

Depends on: C097 C098

If the mother cannot come up with a number of times, please say:  
[Was it from 1 to 5 times, from 6 to 10 times or more than 10 times?]

1. Only once -> C100
2. Number of times of more than 1: \_\_\_\_\_
3. 1-5 times -> C100
4. 6-10 times -> C100
5. More than 10 times -> C100
6. Do not know -> C100
7. Do not wish to answer -> C100
9. Undefined
10. Not applicable

C099A. Number of times when inflammation of the eye lasted for more than 3 days (0-99)

Depends on: C099

C100.1-17 How old was he/she when he/she had inflammation of the eye?

Depends on: C097 C098

Master list 1: Scheme of months

C100_1.	0 months
C100_2.	½ month
C100_3.	1 month
C100_4.	1 ½ months
C100_5.	2 months
C100_6.	2 ½ months
C100_7.	3 months
C100_8.	3 ½ months
C100_9.	4 months
C100_10.	4 ½ months
C100_11.	5 months
C100_12.	5 ½ months
C100_13.	6 months
C100_14.	6 ½ months
C100_15.	the entire period
C100_16.	Do not know
<b>C100_17.</b>	<b>Do not wish to answer</b>

*If answer in C098 = 1., 5. or 6. or answer in C099 = 1. use wording a, otherwise b*

C101. a. Did he/she receive any kind of treatment?

Depends on: C097

b. Did he/she at any time receive any kind of treatment?

1. No -> C103
2. Yes
3. Do not know -> C103
4. Do not wish to answer -> C103
9. Undefined
10. Not applicable

C102.1-19 What kind of treatment?

Depends on: C097 C101

*Number of possible answers at the same time:17 (combinations of 1.-17.)*

- C102\_1. Antibiotics
- C102\_2. Cream/cream drops
- C102\_3. Exocin
- C102\_4. Fucidin
- C102\_5. Fucithalamic
- C102\_6. Camomile tea
- C102\_7. Kloramfenikol
- C102\_8. Boiled water
- C102\_9. Primcillin
- C102\_10. Salt water
- C102\_11. Ointment
- C102\_12. Terramycin-Polymyxin
- C102\_13. Eye drops
- C102\_14. Eye ointment
- C102\_15. Other 1 (Text variable)
- C102\_16. Other 2 (Text variable) -> C102B
- C102\_17. Other 3 (Text variable) -> C102C
- C102\_18. Do not know
- C102\_19. Do not wish to answer

C102A. Other treatment against inflammation of the eye 1

Depends on: C102

C102B. Other treatment against inflammation of the eye 2

Depends on: C102

C102C. Other treatment against inflammation of the eye 3

Depends on: C102

*If answer in C097 = 2. use wording b, otherwise a*

C103. a. Atopic dermatitis/infantile eczema?

b. Did he/she have atopic dermatitis?

1. No -> C108
2. Yes
3. Do not know -> C108
4. Do not wish to answer -> C108
9. Undefined

s104. Did a doctor say that he/she had atopic dermatitis?



Depends on: C103

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C105.1-17 How old was he/she when he/she had atopic dermatitis?

Depends on: C103

Master list 1: Scheme of months

C105_1.	0 months
C105_2.	½ month
C105_3.	1 month
C105_4.	1 ½ months
C105_5.	2 months
C105_6.	2 ½ months
C105_7.	3 months
C105_8.	3 ½ months
C105_9.	4 months
C105_10.	4 ½ months
C105_11.	5 months
C105_12.	5 ½ months
C105_13.	6 months
C105_14.	6 ½ months
C105_15.	the entire period
C105_16.	Do not know
C105_17.	Do not wish to answer

C106. Did he /she receive any kind of treatment against atopic dermatitis?

Depends on: C103

1. No -> C108
2. Yes
3. Do not know -> C108
4. Do not wish to answer -> C108
9. Undefined
10. Not applicable

C107.1-15 What kind of treatment?

Depends on: C103 C106

*Number of possible simultaneous answers: 13 (combinations of 1.-13.)*

- C107\_1. Betnovat
- C107\_2. Dermil
- C107\_3. Elocon
- C107\_4. Hydrocortison
- C107\_5. Hormoncreme, uspecificeret
- C107\_6. Legederm
- C107\_7. Locoid
- C107\_8. Mildison
- C107\_9. Ointment/cream unspecified

C107\_10. Uniderm  
C107\_11. Other 1 (Text variable)  
C107\_12. Other 2 (Text variable) -> C107B  
C107\_13. Other 3 (Text variable) -> C107C  
C107\_14. Do not know  
C107\_15. Do not wish to answer

C107A. Other treatment against atopic dermatitis 1  
Depends on: C107\_11

C107B. Other treatment against atopic dermatitis 2  
Depends on: C107\_12

C107C. Other treatment against atopic dermatitis 3  
Depends on: C107\_13

*If answer in C103 = 2. use wording b, otherwise a*

C108. a. Nettle rash/urticaria?

b. Did he/she have nettle rash?

1. No -> C113
2. Yes
3. Do not know -> C113
4. Do not wish to answer -> C113
9. Undefined

C109. How often has he/she had nettle rash?

Depends on: C108

If the mother cannot come up with a number of times, please say:  
[Was it from 1 to 2 times, from 3 to 4 times or more than 4 times?]

1. Kun 1 gang -> C110
2. Antal times mere end 1: \_\_\_\_\_
3. 1-2 times -> C110
4. 3-4 times -> C110
5. More than 4 times -> C110
6. Do not know -> C110
7. Do not wish to answer -> C110
9. Undefined
10. Not applicable

C109A. Number of times with nettle rash(0-99)  
Depends on: C109

C110.1-17 How old was he/she when he/she had nettle rash?  
Depends on: C108

Master list 1: Scheme of months

C110_1.	0 months
C110_2.	½ month
C110_3.	1 month
C110_4.	1 ½ months

C110_5.	2 months
C110_6.	2 ½ months
C110_7.	3 months
C110_8.	3 ½ months
C110_9.	4 months
C110_10.	4 ½ months
C110_11.	5 months
C110_12.	5 ½ months
C110_13.	6 months
C110_14.	6 ½ months
C110_15.	The entire period
C110_16.	Do not know
C110_17.	Do not wish to answer

*If answer in C109 = 1. use wording a, otherwise b*

C111. a. Did he /she receive any kind of treatment?

Depends on: C108

b. Did he/she at any time receive any kind of treatment ?

1. No -> C113
2. Yes
3. Do not know -> C113
4. Do not wish to answer -> C113
9. Undefined
10. Not applicable

C112.1-10 What kind of treatment?

Depends on: C108 C111

*Number of possible answers at the same time: 8 (combinations of 1.-8.)*

- C112\_1. Antihistamin
- C112\_2. Hismanal
- C112\_3. Mepyramin
- C112\_4. Tacryl
- C112\_5. Teldanex
- C112\_6. Other 1 (Text variable)
- C112\_7. Other 2 (Text variable) -> C112B
- C112\_8. Other 3 (Text variable) -> C112C
- C112\_9. Do not know
- C112\_10. Do not wish to answer

C112A. Other treatment against nettle rash 1

Depends on: C112\_6

C112B. Other treatment against nettle rash 2

Depends on: C112\_7

C112C. Other treatment against nettle rash 3

Depends on: C112\_8

*If answer in C108 = 2. use wording b, otherwise a*

C113. a. Other kinds of eczema or skin rash?

b. Did he/she have other kinds of eczema or skin rash?

(If the mother answers rash from napkin (sore, red, irritated skin), do not mark and please repeat question:)

[Other kinds of eczema or rash?]

1. No -> C118
2. Yes
3. Do not know -> C118
4. Do not wish to answer -> C118

C114. How often did he/she have other kinds or eczema/skin rash?

Depends on: C113

If the mother cannot come up with a number of times, please say:  
[Was it from 1 to 5 times, from 6 to 10 times or more than 10 times?]

1. Kun 1 gang -> C115
2. Antal times mere end 1: \_\_\_\_\_
3. 1-5 times -> C115
4. 6-10 times -> C115
5. More than 10 times -> C115
6. Do not know -> C115
7. Do not wish to answer -> C115
9. Undefined
10. Not applicable

C114A. Number of times with eczema/rash (0-99)

Depends on: C114

C115.1-17 How old was he/she when he/she had other kinds of eczema or rash?

Depends on: C114

Master List 1: Scheme of months

C115_1.	0 months
C115_2.	½ month
C115_3.	1 month
C115_4.	1 ½ month
C115_5.	2 months
C115_6.	2 ½ months
C115_7.	3 months
C115_8.	3 ½ months
C115_9.	4 months
C115_10.	4 ½ months
C115_11.	5 months
C115_12.	5 ½ months
C115_13.	6 months
C115_14.	6 ½ months
C115_15.	The entire period
C115_16.	Do not know
C115_17.	Do not wish to answer

*If answer in C114 = 1. use wording a, otherwise b*

C116. a. Did he/she receive any kind of treatment?

Depends on: C113

b. Did he/she, at any time, receive any kind of treatment against eczema/rash?

1. No -> C118
2. Yes
3. Do not know -> C118
4. Do not wish to answer -> C118
9. Undefined
10. Not applicable

C117.1-12 What kind of treatment?

*Number of possible answers simultaneously: 10 (combinations off 1.-10.)*

- C117\_1. Betnovat
- C117\_2. Canesten
- C117\_3. Dermil
- C117\_4. Elocon
- C117\_5. Hydrocortison
- C117\_6. Locoid
- C117\_7. Ointment/creams unspecified
- C117\_8. Other 1 (Text variable)
- C117\_9. Other 2 (Text variable) -> C117B
- C117\_10. Other 3 (Text variable) -> C117C
- C117\_11. Do not know
- C117\_12. Do not wish to answer

C117A. Other treatment against other kinds of eczema/rash 1

Depends on: C117-8

C117B. Other treatment against other kinds of eczema/rash 2

Depends on: C117-9

C117C. Other treatment against other kinds of eczema/rash 3

Depends on: C117-10

*If answer in C113 = 2. use wording b, otherwise a*

C118. a. Trush? (fungus in mouth)

b. Has he/she had trush/fungus in mouth?

1. No -> C124
2. Yes
3. Do not know -> C124
4. Do not wish to answer -> C124

C119. Did trush ever last for more than 3 days in a row?

Depends on: C118

1. No -> C122
2. No, but he/she has had it many times -> C122
3. Yes

4. Yes, but of different strength
5. Do not know -> C122
6. Do not wish to answer -> C122
9. Undefined
10. Not applicable

C120. How often did it last more than 3 days in a row?

Depends on: C118 C119

(If the mother cannot come up with a number of times, please say:)  
[Was it from 1-3 times, from 4 to 6 times or was it more than 6 times?]

1. Only once -> C121
2. Number of times more than 1: \_\_\_\_\_
3. 1-3 times -> C121
4. 4-6 times -> C121
5. More than 6 times -> C121
6. Do not know -> C121
7. Do not wish to answer -> C121
9. Undefined
10. Not applicable

C120A. Number of times with trush for more than 3 days (0-99)

C121.1-17 How old was your child when he/she had trush?

Depends on: C118 C119

Master list 1: Scheme of months

C121_1.	0 months
C121_2.	½ month
C121_3.	1 month
C121_4.	1 ½ months
C121_5.	2 months
C121_6.	2 ½ months
C121_7.	3 months
C121_8.	3 ½ months
C121_9.	4 months
C121_10.	4 ½ month
C121_11.	5 months
C121_12.	5 ½ months
C121_13.	6 months
C121_14.	6 ½ months
C121_15.	The entire period
C121_16.	Do not know
C121_17.	Do not wish to answer

*If answer in C119 = 1., 5., or 6. or answer in C120 = 1. use wording a, otherwise b*

C122. a. Did he/she receive any kind of treatment?

Depends on: C118

b. Did he/she at any time receive treatment against trush?

1. No -> C124
2. Yes
3. Do not know -> C124
4. Do not wish to answer -> C124
9. Undefined
10. Not applicable

**C123.1-9 What kind of treatment?**

Depends on: C118 C122

*Number of possible answers at the same time: 7 (combinations of 1.-7.)*

- C123\_1. Brenospor
- C123\_2. Brentan
- C123\_3. Mycostatin
- C123\_4. Trush juice
- C123\_5. Other 1 (Text variable)
- C123\_6. Other 2 (Text variable) -> C123B
- C123\_7. Other 3 (Text variable) -> C123C
- C123\_8. Do not know
- C123\_9. Do not wish to answer

**C123A. Other treatment trush 1**

Depends on: C123\_5

**C123B. Other treatment trush 2**

Depends on: C123\_6

**C123C. Other treatment trush 3**

Depends on: C123\_7

*If answer in C118 = 2.use wording b, otherwise a*

**C124. a. Other kinds of fungus?**

b. Did he/she ever have other kinds of fungus?

1. No -> C130
2. Yes
3. Do not know -> C130
4. Do not wish to answer -> C130
9. Undefined

**C125 Did the fungus ever last for more than 3 days in a row?**

Depends on: C124

1. No -> C128
2. No, but he/she has had it many times -> C128
3. Yes
4. Yes, but of different strenght
5. Do not know -> C128
6. Do not wish to answer -> C128
9. Undefined
10. Not applicable

C126. How often did it last for more than 3 days in a row?

Depends on: C124 C125

(If the mother cannot come up with a number of times, please say:)  
[Was it from 1 to 3 times, 4 to 6 times or was it more than 6 times?]

1. Only 1 time -> C127
2. Number of times more than 1: \_\_\_\_\_
3. 1-3 times -> C127
4. 4-6 times -> C127
5. More than 6 times -> C127
6. Do not know -> C127
7. Do not wish to answer -> C127
9. Undefined
10. Not applicable

C126A. Number times when trush lasted for more than 3 days in a row(0-99)

Depends on: C126

C127.1-17 How old was he/she when he/she had other kinds of fungus?

Depends on: C124 C125

Master list 1: Scheme of months

C127_1.	0 months
C127_2.	½ month
C127_3.	1 month
C127_4.	1 ½ months
C127_5.	2 months
C127_6.	2 ½ months
C127_7.	3 months
C127_8.	3 ½ months
C127_9.	4 months
C127_10.	4 ½ months
C127_11.	5 months
C127_12.	5 ½ months
C127_13.	6 months
C127_14.	6 ½ months
C127_15.	The entire period
C127_16.	Do not know
C127_17.	Do not wish to answer

*If answer in C125 = 1., 5. or 6. or answer in C126 = 1. use wording a, otherwise b*

C128. a. Did he/she receive any treatment against fungus?

Depends on: C124

b. Did he/she at any time receive any kind treatment against fungus?

1. No -> C130
2. Yes
3. Do not know -> C130
4. Do not wish to answer -> C130
9. Undefined



10. Not applicable

C129.1-12 What kind of treatment?

Depends on: C124 C128

Number of possible answers at the same timer: 10 (combinations of 1.-10.)

- C129\_1. Brenospor
- C129\_2. Brentacort
- C129\_3. Brentan Baby/Baby paste with Brentan
- C129\_4. Ciloprin
- C129\_5. Lamisil
- C129\_6. Unspecified ointments/creams
- C129\_7. Mycostatin
- C129\_8. Other 1 (Text variable)
- C129\_9. Other 2 (Text variable) -> C129B
- C129\_10. Other 3 (Text variable) -> C129C
- C129\_11. Do not know
- C129\_12. Do not wish to answer

C129A. Other treatment against other kinds of fungus 1

Depends on: C129\_8

C129B. Other treatment against other kinds of fungus 2

Depends on: C129\_9

C129C. Other treatment against other kinds of fungus 3

Depends on: C129\_10

*If answer in C124 = 2. use wording b, otherwise a*

C130. a. Inflammation of the ear

b. Has he/she had inflammation of the ear?

- 1. No -> C135
- 2. Yes
- 3. Do not know -> C135
- 4. Do not wish to answer -> C135
- 9. Undefined

C131. How many times has he/she had inflammation of the ear?

Depends on: C130

(If the mother cannot come up with a number of times, please say:)  
[Was it: 1-3, 4-6 or more than 6 times?]

- 1. Only 1 time -> C132
- 2. Number of times more than 1: \_\_\_\_\_
- 3. 1-3 times -> C132
- 4. 4-6 times -> C132
- 5. More than 6 times -> C132
- 6. Do not know -> C132
- 7. Do not wish to answer -> C132
- 9. Undefined

10. Not applicable

C131A. Number of times with inflammation of the ear (0-99)

Depends on: C131

C132.1-17 How old was he/she when he/she had inflammation of the ear?

Depends on: C130

Master list 1: Scheme of months

C132_1.	0 months
C132_2.	½ month
C132_3.	1 month
C132_4.	1 ½ months
C132_5.	2 months
C132_6.	2 ½ months
C132_7.	3 months
C132_8.	3 ½ months
C132_9.	4 months
C132_10.	4 ½ months
C132_11.	5 months
C132_12.	5 ½ months
C132_13.	6 months
C132_14.	6 ½ month
C132_15.	The entire period
C132_16.	Do not know
C132_17.	Do not wish to answer

*If answer in C131 = 1. use wording a, otherwise b*

C133. a. Did he/she receive any kind of treatment against inflammation of the ear?

Depends on: C130

b. Did he/she at any time receive treatment for inflammation of the ear?

1. No -> C135
2. Yes
3. Do not know -> C135
4. Do not wish to answer -> C135
9. Undefined
10. Not applicable

C134.1-18 What kind of treatment?

Depends on: C130 C133

*Number of simultaneous answer possibilities: 16 (combinations of 1.-16.)*

- C134\_1. Abboticin
- C134\_2. Doktacillin
- C134\_3. Erycin
- C134\_4. Flemoxin
- C134\_5. Puncture of ear drum
- C134\_6. Pamol
- C134\_7. Pinex
- C134\_8. Penicillin
- C134\_9. Pondocillin

- C134\_10. Primcillin
- C134\_11. Rocilin
- C134\_12. Spektramox
- C134\_13. Vepicombin
- C134\_14. Other 1 (Text variable)
- C134\_15. Other 2 (Text variable) -> C134B
- C134\_16. Other 3 (Text variable) -> C134C
- C134\_17. Do not know
- C134\_18. Do not wish to answer

C134A. Other treatment against inflammation of the ear 1  
Depends on: C134

C134B. Other treatment against inflammation of the ear 2  
Depends on: C134

C134C. Other treatment against inflammation of the ear 3  
Depends on: C134

s135. Has he/she had episodes with wheezy breathing?

- 1. No
- 2. Yes
- 3. Do not know
- 4. Do not wish to answer
- 9. Undefined

C136. Did a doctor ever say that he/she had asthmatic bronchitis or asthma?

- 1. No
- 2. Yes
- 3. Do not know
- 4. Do not wish to answer
- 9. Undefined

*If answer in s135 = 1., 3.or 4. and answer in 136 = 1., 3.or. 4. -> C141*

*If answer in s135 = 2. use wording a*

C137. a. How many times has he/she had wheezy breathing?  
Depends on: C135 C136

*If answer in s135 = 1., 3. or 4. and answer in 136 = 2. use wording b*

b. How many times has he/she had episodes with asthmatic bronchitis?

(If the mother cannot come up with any number of times, please, say☺  
[Has it been: 1-2, 3-4 or more than 4 times?])

- 1. Number of times: \_\_\_\_\_
- 2. Chronic or close to chronic condition -> C138
- 3. 1-2 times -> C138
- 4. 3-4 times -> C138
- 5. More than 4 times -> C138
- 6. Do not know -> C138
- 7. Do not wish to answer -> C138

- 9. Undefined
- 10. Not applicable

C137A. Number of times with asthmatic bronchitis/asthma (0-99)  
 Depends on: C137

*If answer in s135 = 2. use wording a*

C138.1-17 a. How old was he/she when he/she had wheezy breathing?  
 Depends on: C135 C136

*If answer in s135 = 1., 3.or. 4. and answer in C136 = 2. use wording b*  
 b. How old was he/she when he/she had asthmatic bronchitis/asthma?

Master list 1: Scheme of months

C138_1.	0 months
C138_2.	½ month
C138_3.	1 month
C138_4.	1 ½ month
C138_5.	2 months
C138_6.	2 ½ months
C138_7.	3 months
C138_8.	3 ½ months
C138_9.	4 months
C138_10.	4 ½ months
C138_11.	5 months
C138_12.	5 ½ months
C138_13.	6 months
C138_14.	6 ½ months
C138_15.	The entire period
C138_16.	Do not know
C138_17.	Do not wish to answer

*If C137A = 1 use wording a, otherwise b*

C139. a. Did he/she receive any kind of treatment?  
 Depends on: C135 C136

b. Did he/she at any time receive treatment?

- 1. No -> C141
- 2. Yes
- 3. Do not know -> C141
- 4. Do not wish to answer -> C141
- 9. Undefined
- 10. Not applicable

C140.1-18 What kind of treatment?  
 Depends on: C135 C136

(If the mother answers Bricanyl, Bricur, Salbuvent and/or Ventoline without indication of type, please ask:)  
 [Was it for inhalation?]

*Number of possible answer at the same time : 16 (combinations of 1. - 16.)*

- C140\_1. Asthma medicine (unspecified)
- C140\_2. Asthma spray (unspecified)
- C140\_3. Bricanyl spray/spacer
- C140\_4. Bricanyl mikstur
- C140\_5. Bricur spray/spacer
- C140\_6. Bricur mikstur
- C140\_7. Pinex
- C140\_8. Pamol
- C140\_9. Salbuvent spray/spacer
- C140\_10. Salbuvent mikstur
- C140\_11. Spirocort
- C140\_12. Ventoline spray/spacer
- C140\_13. Ventoline mikstur
- C140\_14. Other 1 (Text variable)
- C140\_15. Other 2 (Text variable) -> *C140B*
- C140\_16. Other 3 (Text variable) -> *C140C*
- C140\_17. Do not know
- C140\_18. Do not wish to answer

C140A. Other treatment against asthmatic bronchitis/asthma 1  
Depends on: C140\_14

C140B. Other treatment against asthmatic bronchitis/asthma 2  
Depends on: C140\_15

C140C. Other treatment against asthmatic bronchitis/asthma 3  
Depends on: C140\_16

C141. Has he/she had bronchitis (dry to chesty cough)?

- 1. No -> *C146*
- 2. Yes
- 3. Do not know -> *C146*
- 4. Do not wish to answer -> *C146*
- 9. Undefined

C142. How many times has he/she had bronchitis?  
Depends on: C141

(If the mother cannot come up with any number of times, please ask:)  
[Was it: 1-3, 4-6 or more than 6 times?]

- 1. Only 1 time -> *C143*
- 2. Number of times more than 1: \_\_\_\_\_
- 3. 1-3 times -> *C143*
- 4. 4-6 times -> *C143*
- 5. More than 6 times -> *C143*
- 6. Do not know -> *C143*
- 7. Do not wish to answer -> *C143*
- 9. Undefined
- 10. Not applicable

C142A. Number of times with bronchitis (0-99)

Depends on: C142

C143.1-17 How old was he/she when he/she had bronchitis?

Depends on: C141

Master list 1: Scheme of months

C143_1.	0 months
C143_2.	½ month
C143_3.	1 month
C143_4.	1 ½ month
C143_5.	2 months
C143_6.	2 ½ months
C143_7.	3 months
C143_8.	3 ½ months
C143_9.	4 months
C143_10.	4 ½ months
C143_11.	5 months
C143_12.	5 ½ months
C143_13.	6 months
C143_14.	6 ½ months
C143_15.	The entire period
C143_16.	Do not know
C143_17.	Do not wish to answer

*If C142 = 1., use wording a, otherwise b*

C144. a. Did he/she receive any kind of treatment?

Depends on: C141

b. Did he/she at any time receive any kind of treatment against bronchitis?

1. No -> C146
2. Yes
3. Do not know -> C146
4. Do not wish to answer -> C146
9. Undefined
10. Not applicable

C145.1-15 What kind of treatment?

Depends on: C141 C144

(If the mother answers only Bricanyl, Bricur and/or Ventoline with no indication of type, please ask:)

[Was it for inhalation?]

*Number of possible answers at the same time 13 (combinations of 1.-13.)*

- C145\_1. Bisolvon
- C145\_2. Bricanyl spray/spacer
- C145\_3. Bricanyl mikstur
- C145\_4. Bricur spray/spacer
- C145\_5. Bricur mikstur
- C145\_6. Cough mixture
- C145\_7. Pinex
- C145\_8. Pamol

C145\_9. Ventoline spray/spacer  
C145\_10. Ventoline mikstur  
C145\_11. Other 1 (Text variable)  
C145\_12. Other 2 (Text variable) -> C145B  
C145\_13. Other 3 (Text variable) -> C145C  
C145\_14. Do not know  
C145\_15. Do not wish to answer

C145A. Other treatment bronchitis 1  
Depends on: C145\_11

C145B. Other treatment bronchitis 2  
Depends on: C145\_12

C145C. Other treatment bronchitis 3  
Depends on: C145\_13

*If answer in C141 = 2. use wording b, otherwise a*

C146. a. Pneumonia?

b. Has he/she had pneumonia?

1. No -> C152
2. Yes
3. Do not know -> C152
4. Do not wish to answer -> C152
9. Undefined

C147. How many times has he/she had pneumonia?  
Depends on: C146

(If the mother cannot come up with a number of times, please ask:)  
[Was it: 1-2, 3-4 or more than 4 times?]

1. 1 time only -> s148
2. Number of times more than 1: \_\_\_\_\_
3. 1-2 times -> s148
4. 3-4 times -> s148
5. More than 4 times -> s148
6. Do not know -> s148
7. Do not wish to answer -> s148
9. Undefined
10. Not applicable

C147A. Number of times with pneumonia (0-99)  
Depends on: C147

*If C147 = 1. use wording a, otherwise b*

s148. a. Diagnosed by a doctor?  
Depends on: C146

b. Diagnose by a doctor each time?

(If the mother cannot come up with a number of times, please ask:)

[Was it: 1-2, 3-4 more than 4 times?]

1. Yes (every time) -> C149
2. No (never) -> C149
3. Diagnose by a doctor number of times (if not diagnose each time): \_\_\_\_
4. 1-2 times diagnosed by doctor (if not each time) -> C149
5. 3-4 times diagnosed by a doctor (if not each time) -> C149
6. Diagnosed y a doctor more than 4 times (if not each time) -> C149
7. Do not know -> C149
8. Do not wish to answer -> C149
9. Undefined
10. Not applicable

s148A. Number of times pneumonia diagnosed by a doctor (0-99)

C149.1-17 How old was he/she when he/she had pneumonia?

Depends on: C146

Master list 1: Scheme of months

C149_1.	0 months
C149_2.	½ month
C149_3.	1 month
C149_4.	1 ½ months
C149_5.	2 months
C149_6.	2 ½ months
C149_7.	3 months
C149_8.	3 ½ months
C149_9.	4 months
C149_10.	4 ½ months
C149_11.	5 months
C149_12.	5 ½ months
C149_13.	6 months
C149_14.	6 ½ months
C149_15.	The entire period
C149_16.	Do not know
C149_17.	Do not wish to answer

*If C147 = 1. use wording a, otherwise b*

C150. a. Did he/she receive any kind of treatment?

Depends on: C146

b. Did he/she at any time receive treatment against pneumonia?

1. No -> C152
2. Yes
3. Do not know -> C152
4. Do not wish to answer -> C152
9. Undefined
10. Not applicable

C151.1-12 What kind of treatment?

Depends on: C146 C150

*Number of possible simultaneous answers: 10 (combinations off 1. - 10.)*



- C151\_1. Acipen
- C151\_2. Flemoxin
- C151\_3. Imacillin
- C151\_4. Penicillin
- C151\_5. Primcillin
- C151\_6. Rocilin
- C151\_7. Vepicombin
- C151\_8. Other 1 (Text variable)
- C151\_9. Other 2 (Text variable) -> C151B
- C151\_10. Other 3 (Text variable) -> C151C
- C151\_11. Do not know
- C151\_12. Do not wish to answer

**C151A. Other treatment pneumonia 1**  
Depends on: C151\_8

**C151B. Other treatment pneumonia 2**  
Depends on: C151\_9

**C151C. Other treatment pneumonia 3**  
Depends on: C151\_10

**C152. Has he/she ever had light treatment against jaundice?**

- 1. No
- 2. Yes
- 3. Do not know
- 4. Do not wish to answer
- 9. Undefined

### COLIC

**C153. a. Did you have any periods where he/she was at unease or crying for more than 30 minutes in a row, and that had nothing to do with a disease already mentioned or the cutting of teeth?**

*If answer = 1., 3. or 4. i C079, C085, C091, C097, C103, C108, C113, C118, C124, C130, s135, C136, C141, C146 or C152 use wording b*

**b. Did you have any periods where he/she was at unease or crying for more than 30 minutes in a row and that was not owing to the cutting of teeth?**

- 1. No -> C160X
- 2. Yes
- 3. Perhaps/uncertain
- 4. Do not know -> C160X
- 5. Do not wish to answer -> C160X
- 9. Undefined
- 10. Not applicable

**C154. Approx. how many times did you experience that kind of periods?**  
Depends on: C153

- 1. Number times: \_\_\_\_\_

2. Do not know -> C155, form. b
3. Do not wish to answer -> C155, form. b
9. Undefined
10. Not applicable

C154A. Number of periods with unease and crying (0-30)  
Depends on: C154

*If C154A = 1 use wording a, otherwise b*

C155.1-17 a. How old was he/she at that time?  
Depends on: C153

b. How old was he/she during these periods?

Master list 1: Scheme of months

C155_1.	0 months
C155_2.	½ month
C155_3.	1 month
C155_4.	1 ½ months
C155_5.	2 months
C155_6.	2 ½ months
C155_7.	3 months
C155_8.	3 ½ months
C155_9.	4 months
C155_10.	4 ½ months
C155_11.	5 months
C155_12.	5 ½ months
C155_13.	6 months
C155_14.	6 ½ months
C155_15.	The entire period
C155_16.	Do not know
C155_17.	Do not wish to answer

*If answer in C154A > 1 sue wording b and maybe also c, in all other cases use a*

C156.1-7 a. What do you believe was the reason?  
Depends on: C153

b. What do you believe was the reason the 1st time?

c. And the 2nd time(etc.)?

1. Colic/perhaps colic -> C156, form. c / C157
2. Other (Text variable)
3. Do not know -> C156, form. c / C157
4. Do not wish to answer -> C156, form. c / C157
9. Undefined
10. Not applicable

C156A.1-7 Other reasons for periods of unease and crying  
Depends on: C156

*If C156 has been asked less times than what corresponds to the answer in C154A and C154A < 7 -> C156c*

*If C154A > 1 use wording b and perhaps also c, in all other cases use a*



C156-  
C156A:  
svar fra  
C154A  
(max 7)

C157.1-7 a. How many hours all together was he/she at unease/crying during 24 hours?

Depends on: C153

b. How many hours all together was he/she at unease/crying during 24 hours for the first time/second time, etc.?

c. And how many hours for the second time (etc.)?

1. Number of: \_\_\_\_ hours \_\_\_\_ minutes per 24 hours
2. From \_\_\_\_ to \_\_\_\_ hours -> C157B1
3. Do not know -> C157, form. c / C159
4. Do not wish to answer -> C157, form. c / C159
9. Undefined
10. Not applicable

C157A1.1-7 Hours of unease and crying per 24 hours (0-24)

Depends on: C157

C157A2.1-7 Minutes of unease and crying per 24 hours (0-59)

Depends on: C157

C157B1.1-7 Hours (decimal figures) unease/crying per 24 hours. Interval start (0-24)

Depends on: C157

C157B2.1-7 Hours (decimal figures) unease/crying per 24 hours. Interval end (C157B1-24)

Depends on: C157

*For C154A = 1: If C157A.1 + C157A.2 < or = 3 hours (180 min.) or either C157B.1 or C157B.2 < or = 3 hours (180 min.) -> C159; If C154A > 1 -> C157/C159 otherwise C158*

*For C154A > 1: If C157A.1 + C157A.2 < or = 3 hours (180 min.) either C157B.1 or C157B.2 < or = 3 hours (180 min.) -> C157c*

*If 154A > 1 use wording b, in all other cases use a*

C158.1-7 a. How many days a week was he/she uneasy or crying for more than 3 hours during 24 hours?

Depends on: C153 C157

b. How many days a week was he/she at unease or crying for more than 3 hours during 24 hours for the 1st time/2nd time, etc.?

1. Number of days a week: \_\_\_\_\_
2. Between \_\_\_\_ and \_\_\_\_ days a week -> C158B1
3. No days a week -> C157, form. c / C159
4. Do not know -> C157, form. c / C159
5. Do not wish to answer -> C157, form. c / C159
9. Undefined
10. Not applicable

C158A.1-7 # days a week with unease and crying for more than 3 hours in 24 hours (0-7) -> C157, form. c / C159

Depends on: C158

C158B1.1-7 Interval start: # days a week with unease and crying for more than 3 hours in 24 hours (0-7)

C158B2.1-7 Depends on: C158  
Interval end: # days a week with unease and crying for more than 3 hours  
in 24 hours (0-7)  
Depends on: C158  
→ C157, form. c / C159

*If the question 157b has been asked less times than what corresponds to to the answer in C154A and  $C154A < 7$  -> C157b  
C154A may be >7, but only the first 7 episodes are registered.*

*If C154A = 1 use wording a, an all other cases use b*

C159. a. Did he/she receive any kind of treatment  
Depends on: C153

b. Did he/she at any time receive treatment?

1. No -> C160X
2. Yes
3. Do not know -> C160X
4. Do not wish to answer -> C160X
9. Undefined
10. Not applicable

*If C154A > 1 use wording b and maybe also c, in all other cases use a*

C160.1-7 a. What kind of treatment?

b. What kind of treatment di he7she receive the first time?

c. And the second time (etc.)?

*Number of simultaneous answer possibilities: 4 (combinations of 1. - 4.)*

- C1600101-C1600701. Treatment 1 (Text variable)
- C1600102-C1600702. Treatment 2 (Text variable)
- C1600103-C1600703. Treatment 3 (Text variable)
- C1600104-C1600704. Treatment 4 (Text variable)
- C1600105-C1600705. Do not know
- C1600106-C1600706. Do not wish to answer

C160A.1-7 Treatment for same disease period 1  
C160B.1-7 Treatment for same disease period 2  
C160C.1-7 Treatment for same disease period 3  
C160D.1-7 Treatment for same disease period 4

*If C160 has been asked less times that what corresponds to the answer in C154A -  
> C160c*

*C160X is only asked for boys – e.g. if SEX=2 -> C161*

C160X. Are both testicles in the scrotum?  
Depends on: SEX\_2

1. Yes, both
2. Only one

3. No
4. Do not know, but earlier a doctor said that they/it were/was not in the scrotum
5. Do not know
6. Do not wish to answer
9. Undefined
10. Not applicable

*C160Y is only asked for boys*

**C160Y.** Did a doctor say that your son's urethra ends at the underside of penis instead of at the point of the penis?

Depends on: **SEX\_2**

1. No
2. No, a doctor did not say so, but I think it does
3. Yes
4. Do not know
5. Do not wish to answer
9. Undefined
10. Not applicable

**C161.1-22** Any congenital malformations in your son/daughter?

*Number of simultaneously possible answers 19 (combinations of 2.-20.)*

- C161\_1. No
- C161\_2. Yes, cleft in lips/palate/gum
- C161\_3. Yes, malformation ears (external or internal)
- C161\_4. Yes, malformation eyes (external or internal)
- C161\_5. Yes, Adhesion of fingers
- C161\_6. Yes, Adhesion of toes
- C161\_7. Yes, Clubfoot
- C161\_8. Yes, dislocation of hip
- C161\_9. Yes, spinal cord hernia or cerebral hernia
- C161\_10. Yes, hydrocephalus/water on the brain
- C161\_11. Yes, heart malformation/heart disease
- C161\_12. Yes, kidney/bladder malformations
- C161\_13. Yes, hole in abdominal wall
- C161\_14. Yes, constriction of gullet, stomach or enterostenosis
- C161\_15. Yes, no or rectum or constricted rectum
- C161\_16. Yes, mongolism/Downs syndrome (Trisomi 21)
- C161\_17. Yes, boys: no or only one testicle in scrotum
- C161\_18. Yes, boys: end of urethra in under side of penis
- C161\_19. Other 1 (Text variable) -> *C161A*
- C161\_20. Other 2 (Text variable) -> *C161B*
- C161\_21. Do not know
- C161\_22. Do not wish to answer

**C161A.** Other 1 – Congenital malformation

Depends on: **C161\_19**

**C161B.** Other 2 – Congenital malformation

Depends on: **C161\_20**

*Use wording a only the first time 162 is being asked*



C162.1-5a. Has he/she had other diseases or sufferings than the ones we have been talking about right now?

b. Has he/she had other diseases/sufferings?

(If the mother answers rash from napkin (sore, red, irritated skin), do not mark and please repeat question:)

[Has he/she had other diseases/sufferings?]

1. No -> C166
2. Yes: Name of disease (Text variable)
3. Do not know -> C166
4. Do not wish to answer -> C166
9. Undefined

C162A.1-5      Name of disease/suffering  
Depends on: C162

C163.1-5 How old was he/she at that time?  
Depends on: C162

Master list 1: Scheme of months

C1630101-C1630501.	0 months
C1630102-C1630502.	½ month
C1630103-C1630503.	1 month
C1630104-C1630504.	1 ½ months
C1630105-C1630505.	2 months
C1630106-C1630506.	2 ½ months
C1630107-C1630507.	3 months
C1630108-C1630508.	3 ½ months
C1630109-C1630509.	4 months
C1630110-C1630510.	4 ½ months
C1630111-C1630511.	5 months
C1630112-C1630512.	5 ½ months
C1630113-C1630513.	6 months
C1630114-C1630514.	6 ½ months
C1630115-C1630515.	The entire period
C1630116-C1630516.	Do not know
C1630117-C1630517.	Do not wish to answer

C164.1-5 Did he/she receive any kind of treatment?  
Depends on: C162

1. No -> C162
2. Yes
3. Do not know -> C162
4. Do not wish to answer -> C162
9. Undefined
10. Not applicable

C165.1-5 What treatment?

*Number of simultaneous answer possibilities: 4 (combinations of 1. - 4.)*

(All kinds of treatment for same disease are take down all together here)

C1650101-C1650501. Name of treatment 1 (Text variable)  
C1650102-C1650502. Name of treatment 2 (Text variable)  
C1650103-C1650503. Name of treatment 3 (Text variable)  
C1650104-C1650504. Name of treatment 4 (Text variable)  
C1650105-C1650505. Do not know -> C162b / C166  
C1650106-C1650506. Do not wish to answer -> C162b / C166

C165A.1-5 Treatment same disease/suffering 1  
C165B.1-5 Treatment same disease/suffering 2  
C165C.1-5 Treatment same disease/suffering 3  
C165D.1-5 Treatment same disease/suffering 4

-> C162b / C166

### MOTHER – CHILD RELATION

C166. How have you experienced the task of taking care of your child?  
You can answer very easy, fairly easy, difficult or very difficult.

1. Very easy -> C170
2. Fairly easy -> C170
3. Difficult
4. Very difficult
5. Do not know -> C170
6. Do not wish to answer -> C170
9. Undefined

C167.1-16 Why has it been difficult?

(If the mother answers illness with other person than mother or child, work situation, housing, economy or the like, it is registered as: Specific external conditions)

*Antal samtidige svarmuligheder: 14 (kombinationer af 1. -14.)*

- C167\_1. Difficulties with breast feeding
- C167\_2. Child does not eat as supposed to
- C167\_3. Sleeping difficulties child
- C167\_4. Disease/handicap child
- C167\_5. Difficult/unquiet child (not disease nor handicap)
- C167\_6. Medical disease/handicap - mother
- C167\_7. Mental illness - mother
- C167\_8. General state of tiredness, strain, discontentment - mother
- C167\_9. Feeling of insecurity in mother as to how to take care of the child
- C167\_10. Bad contact with child
- C167\_11. New pregnancy
- C167\_12. Preterm born child
- C167\_13. Specific external conditions not covered by the categories mentioned
- C167\_14. Other (Text variable)
- C167\_15. Do not know
- C167\_16. Do not wish to answer

C167A. Other reasons why it may be difficult to take care of the child

C168. Has it been difficult most of the time?  
Depends on: C166

1. Yes -> C170
2. No
3. Do not know -> C170
4. Do not wish to answer -> C170
9. Undefined
10. Not applicable

C169.1-17      During which period has it been like that?  
 Depends on: C168

Master list 1: Scheme of months

C169_1.	0 months
C169_2.	½ month
C169_3.	1 month
C169_4.	1 ½ months
C169_5.	2 months
C169_6.	2 ½ months
C169_7.	3 months
C169_8.	3 ½ months
C169_9.	4 months
C169_10.	4 ½ months
C169_11.	5 months
C169_12.	5 ½ months
C169_13.	6 months
C169_14.	6 ½ months
C169_15.	The entire period
C169_16.	Do not know
C169_17.	Do not wish to answer

MOTHER – CHILD - COHABITATION

C170.    Do you live with the child's birth father?

1. Yes -> C171
2. Father, but not birth father: donor child -> C171
3. No, new man -> C171
4. No, partner -> C171
5. No, with family/friends (no partner ) -> C171
6. No, alone with no other adults -> C171
7. No, Other (Text variable)
8. Do not know -> C171
9. Do not wish to answer -> C171
99. Undefined
100. Not applicable

C170A.    Mother and child live with: Other  
 Depends on: C170\_7

C171.    Have there been any changes as to whom you and the child have lived with since the birth?

(Registration in 2., only (Yes), if the change involves new man/partner or living with or without other adults)



1. No: If C170 = 1.-4. -> C173; If C170 = 5.-7. -> C178I
2. Yes
3. Do not know: If C170 = 1.-4. -> C173; If C170 = 5.-7. -> C178I
4. Do not wish to answer: If C170 = 1.-4. -> C173; If C170 = 5.-7. -> C178I

C172. Whom have you and the child live with for the major part of your child's life?  
Depends on: C170 C171

1. Birth father
2. Father, but not birth father: donor child
3. New man
4. other partner
5. Lived alone
6. Family/friends, no partner
7. Other (Text variable)
8. Do not know
9. Do not wish to answer
99. Undefined
100. Not applicable

C172A. Whom mother and child have lived with for the major part of the child's life: Other  
Depends on: C172\_7

*For answer ≠ 7 applies:*  
If C170 = 5.-9. and C172 = 5.-9. -> C178I  
If C170 = 1.-4. and C172 = 5.-9. -> C175  
Other combinations: -> C173

### MOTHERS EXPERIENCE OF REALTION TO PARTNER

*For C173 and C174 the following applies:*  
If C171 = 1., 3.or 4. and C170 = 1. or 2. put: child's father  
If C171 = 1., 3. or 4. and C170 = 3. put: your husband  
If C171 = 1., 3.or. 4. and C170 = 4. put: your partner

*If C171 = 2. and C172 = 1.-2. put in: child's father*  
*If C171 = 2. and C172 = 3. put in: your husband*  
*f C171 = 2. and C172 = 4. put in: your partner*

C173. Did you and the child's father/your husband/your partner have FEW, SOME or A LOT of conflicts since the birth?  
Depends on: C170 C171

1. Few/none
2. Some
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined
10. Not applicable

C174.1-6 Do you feel that there have troubles in the relation between child and child's father/your husband/your partner? You can answer: NO, FEW, SOME or A LOT of troubles.

Depends on: C170 C171

(Due to errors in the asc made for more answers)

- C174\_1. No
- C174\_2. Few
- C174\_3. Some
- C174\_4. A lot
- C174\_5. Do not know
- C174\_6. Do not wish to answer

If C170 = 5.-9. -> C178I

For C175 the following applies:

If C170 = 1. or 2. put: child's father

If C170 = 3. put: your husband

If C170 = 4. put: your partner

C175.1-8 Approx. how many hours does the child's father/your husband/your partner spent actively with the child during its woken hours?

Depends on: C170 C171

Number of possible simultaneous answers: 2 (1. with 2.- 5. or 1. with 6.)

C175\_1. Shifting hours, indications from last week (except: comb/w. 6)

C175\_2. Hours: \_\_. \_\_ -> C175A

C175\_3. From: \_\_. \_\_ to \_\_. \_\_ hours -> C175B1

C175\_4. All the time -> C170I

C175\_5. No time -> C170I

C175\_6. He is often gone for longer periods (at least 15 days at a time)

C175\_7. Do not know -> C170I

C175\_8. Do not wish to answer -> C170I

If 1+2 -> C175A; 1+3 -> C175B1; 1+6 -> C176; 6 -> C176

C175A. Hours, Father time spent with child (0-99) -> C178I

Depends on: C175\_2

C175B1. Hours, interval start. Father time spent with child (0-99)

Depends on: C175\_3

C175B2. Hours, interval end. Father time spent with child (0-99) -> C178I

Depends on: C175\_3

C176.1-17 During which periods of the child's life has he been at home with you?

Depends on: C170 C171

Master list 1: Scheme of months

C176\_1. 0 months

C176\_2. ½ month

C176_3.	1 month
C176_4.	1 ½ months
C176_5.	2 months
C176_6.	2 ½ months
C176_7.	3 months
C176_8.	3 ½ months
C176_9.	4 months
C176_10.	4 ½ months
C176_11.	5 months
C176_12.	5 ½ months
C176_13.	6 months
C176_14.	6 ½ months
C176_15.	The entire period
C176_16.	Do not know
C176_17.	Do not wish to answer

**C177.** Approx. How many hours did he spend with the child last time he was home?  
Depends on: C170 C171

1. Hours: \_\_. \_\_
2. From: \_\_. \_\_ to \_\_. \_\_ hours -> C177B1
3. All the time -> C178I
4. No time -> C178I
5. Do not know -> C178I
6. Do not wish to answer -> C178I
9. Undefined
10. Not applicable

**C177A.** Hours (decimal figures). Father away from home: Father time spent with child (0-24) -> C178I  
Depends on: C177

**C177B1.** Hours (decimal figures). Father away from home: Interval start: Father time spent with child (0-24)  
Depends on: C177

**C177B2.** Hours (decimal figures). Father away from home: Interval end: Father time spent with child (0-24) -> C178I  
Depends on: C177

### SPECIAL STRAINS – MOTHER'S EXPERIENCE

**C178I.** Have you felt burdened, since the birth, by any of the things I am going to mention now?  
You can answer NO, A LITTLE or A LOT

**C178.** [Have you been burdened by:] *(always in front of the questions from now until C187)*  
Economy?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

9. Undefined

C179. Housing?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C180. Work situation?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C181. Relationship to partner?

1. No
2. A little
3. A lot
4. I have had no partner during the period
5. Do not know
6. Do not wish to answer
9. Undefined

C182. Relations to family or friends?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C183. Illness in child?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C184. Own illness?

1. No
2. A little
3. A lot
4. Do not know

5. Do not wish to answer
9. Undefined

C185. Illness in partner?

1. No
2. A little
3. A lot
4. I have had no partner during the period
5. Do not know
6. Do not wish to answer
9. Undefined

C186. Illness in other family members or close friends?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C187. Other things?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

MOTHER'S MENTAL STATE OF MIND

C188I. To the following questions you can answer: NO, A LITTLE or A LOT

C188. Since the birth, did you (*in front of all questions from now until C196*)

Feel afraid or anxious without reason?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C189. Feel that the future looks hopeless?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C190. Feel under constant pressure?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C191. Feel nervous or filled with inner uneasiness?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C192. Feel in low spirits or sad?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C193. Been more touchy and quick-tempered than you used to be?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C194. Feel that any little task demands a huge effort?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C195. Feel tense or exhausted?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C196. Feel that the demands made were too high?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer
9. Undefined

C197. On average, how have you felt mentally since the birth?

You can answer: REALLY WELL, WELL, FAIR, BAD or VERY BAD

1. Really well
2. Well
3. Fair
4. Bad
5. Very bad
6. Do not know
7. Do not wish to answer
9. Undefined

### SPECIAL DIFFICULTIES – PARENTS' CHILDHOOD

C198. Now, I would like to know if you ever had any problems during your schooldays because you were particularly troubled or restless?

1. No
2. Yes
3. Do not know
4. Do not wish to answer
9. Undefined

C199. Did the child's birth father have any problems during his schooldays because he was particularly troubled or restless?

1. No
2. Yes
3. Perhaps
4. do not know the birth father
5. Do not know
6. Do not wish to answer
9. Undefined

C200. Did you – as a child or and adult – need support due to *(in front of all questions from now until C205)*

Speech trouble?

1. No
2. Yes, as a child
3. Yes, in adult life
4. Yes, both as a child and as an adult
5. Do not know
6. Do not wish to answer
9. Undefined

C201. Troubles to read and spell?

1. No
2. Yes, as a child
3. Yes, in adult life
4. Yes, both as a child and adult
5. Do not know
6. Do not wish to answer
9. Undefined

**C202. Arithmetic trouble?**

1. No
2. Yes, as a child
3. Yes, in adult life
4. Yes, both as a child and grown up
5. Do not know
6. Do not wish to answer
9. Undefined

**C203. Behavioural problems?**

1. No
2. Yes, as a child
3. Yes, as an adult
4. Yes, both as a child and as adult
5. Do not know
6. Do not wish to answer
9. Undefined

**C204. Nervousness, anxiety or depressions?**

1. No
2. Yes, as a child
3. Yes, as an adult
4. Yes, both as a child and an adult
5. Do not know
6. Do not wish to answer
9. Undefined

**C205. Anything else?**

1. No -> C207
2. Yes, as a child
3. Yes, as an adult
4. Yes, both as a child and an adult
5. Do not know -> C207
6. Do not wish to answer -> C207
9. Undefined

**C206. What other problems?**

Depends on: C205

1. Problems \_\_\_\_\_ -> C206A
2. Do not know -> C207
3. Do not wish to answer -> C207



- 9. Undefined
- 10. Not applicable

C206A. Other problems mother  
Depends on: C206

*If C199 = 4. -> C215*

C207. Did the child's birth father – as a child or an adult - ever need support because of any of the things I mentioned.?

Depends on: C199

- Let me repeat  
*(First line is repeated in front of all questions from now until 213)*

(If immediately, the mother answers: No, no problems, please do not repeat and make your registration in category 1.)

- 1. Generally: No problems -> C215
- 2. Do not know -> C215
- 3. Do not wish to answer -> C215
- 4. Repeat the categories
- 9. Undefined
- 10. Not applicable

C208. Speech trouble?

Depends on: C199 C207

- 1. No
- 2. Yes, as a child
- 3. Yes, as a grown-up
- 4. Yes, both as a child and as a grown-up
- 5. Maybe as a child
- 6. Maybe as a grown-up
- 7. Maybe both as a child as a grown-up
- 8. Do not know
- 9. Do not wish to answer
- 99. Undefined
- 100. Not applicable

C209. Troubles to read and spell?

Depends on: C199 C207

- 1. No
- 2. Yes, child
- 3. Yes, grown up
- 4. Yes, both as a child and grown up
- 5. Maybe as a child
- 6. Maybe as grown up
- 7. Maybe both as a child and grown up
- 8. Do not know
- 9. Do not wish to answer
- 99. Undefined
- 100. Not applicable

C210. Arithmetic problems?

Depends on: C199 C207

1. No
2. Yes, as a child
3. Yes, as grown up
4. Yes, both as a child and grown up
5. Maybe as a child
6. Maybe as grown up
7. Maybe both as a child and grown up
8. Do not know
9. Do not wish to answer
99. Undefined
100. Not applicable

**C211. Behavioural problems?**

Depends on: C199 C207

1. No
2. Yes, as a child
3. Yes, as a grown up
4. Yes, both as a child and as a grown-up
5. Maybe as a child
6. Maybe as a grown-up
7. Maybe both as a child and as a grown-up
8. Do not know
9. Do not wish to answer
99. Undefined
100. Not applicable

**C212. Nervousness, anxiety or depressions?**

Depends on: C199 C207

1. No
2. Yes, as a child
3. Yes, as a grown-up
4. Yes, both as a child and as a grown-up
5. Maybe, as a child
6. Maybe, as a grown-up
7. Maybe, both as a child and as a grown-up
8. Do not know
9. Do not wish to answer
99. Undefined
100. Not applicable

**C213. Anything else?**

Depends on: C199 C207

1. No -> 215
2. Yes, as a child
3. Yes, as a grown-up
4. Yes, both as a child and as a grown-up
5. Maybe as a child
6. Maybe as a grown-up
7. Maybe both as a child as a grown-up
8. Do not know -> 215

- 9. Do not wish to answer -> 215
- 99. Undefined
- 100. Not applicable

C214. What other problems?  
Depends on: C199 C207 C213

- 1. Problems (Text variable)
- 2. Do not know -> C215
- 3. Do not wish to answer -> C215
- 9. Undefined
- 10. Not applicable

C214. Yes, other problems, father  
Depends on: C214

### MOTOR AND COGNITIVE DEVELOPMENT - MILESTONES

C215. The following questions concern your child's abilities right now, but first I need to know if he/she has any serious physical or developmental problems that you have not mentioned earlier?

- 1. No ->B
- 2. Yes
- 3. Do not know -> B
- 4. Do not wish to answer -> B
- 9. Undefined

C216.1-8 What is the problem?  
Depends on: C215

*Number of possible simultaneous answers: 6 (combinations of 1. - 6.)*

- C216\_1. Diagnosed brain damage
- C216\_2. A general delay in development
- C216\_3. Hearing problems
- C216\_4. Vision problems
- C216\_5. Motor problems
- C216\_6. Other (Text variable)
- C216\_7. Do not know
- C216\_8. Do not wish to answer

C216A. Other problems child  
Depends on: C216A

A. We ask all mothers the same questions, but as your child have special problems, the following questions may not be relevant for him/her.

-> C217

B. I will also ask you questions about things that most children cannot do until they reach the age of 6 month, and of course it varies a lot when normally developed children can do different things.

C217. Can he/she hold his/her head when you pick him/her up?

Depends on: C215

1. Yes
2. No -> C221
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

*If there are no answers in 218 - 220, automatically the programme marks in category 3 for 218 and in category 2. for 219 - 220.*

C218. Does he/she sit with a straight back when he/she is sitting on your lap?

1. Yes
2. Yes, with a little support
3. No
4. Do not know
5. Do not wish to answer
9. Undefined
10. Not applicable

C219. Can he/she roll over from back to stomach?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C220. Can he/she sit alone on the floor without falling over?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C221. Does he/she look into the direction of sounds and voices?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C222. Does he/she throw toy to the floor?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined

10. Not applicable

C223. Does he/she play making sounds and noises, when he/she lays on his/her own?

(Crying, gargling and shouts of joy in relation to certain events are not registered)

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C224. Does he/she try to remake the sounds you make when you talk to him/her?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C225. Does he/she try to get grab things that are out of reach?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C226. Doe he/she crawl forward on his/her stomach on the floor?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C227. Can he/she show you that he/she wants to get in contact with you, ex by reaching out for you or making sounds at you?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C228. Does he/she show/express dislikes – i.e. in case of pain or hunger?

1. Yes
2. No
3. Do not know
4. Do not wish to answer

9. Undefined
10. Not applicable

C229. Does he/she put toys into his/her mouth?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

C230. Does he/she like flights/playing airplane?

1. Yes
2. No
3. Do not know
4. Do not wish to answer
9. Undefined
10. Not applicable

#### ASTHMA AND ALLERGY – QUESTIONS FOR SUB PROJECT (S)

ASTMALLE. And now towards the end, a few questions about allergy

s243. Have you ever had infant eczema?

1. No
2. Yes
3. Do not know
4. Do not wish to answer
9. Undefined
11. Not asked

s244. Have you ever had hay fever or allergic cold?

1. No
2. Yes
3. Do not know
4. Do not wish to answer
9. Undefined
11. Not asked

#### *INTERVIEW IS OVER*

Now the interview is over.

Thank you for participating.

When your child turns 18 months old, we will call you again to ask you similar question about his/her diseases and medicine. Therefore, it would be a great help if you could take down notes about important things, and also we kindly ask you to keep all doctor's prescriptions on the medicine that your child may have.

C247. For the interviewer:

Here you can type your comments

1. Special comments from interviewer: \_\_\_\_\_  
(Text)

2. No comments -> *END*

C247TEXT. Special comments from interviewer

END.

C248.1-3 The majority of the rest of this interview is about your child. You are the one to decide if we go on or if we end the interview here.

(If the mother wishes to continue, you say:)

a. All right, here is the first question about your child

(If the mother wishes to end the interview, you say:)

b. Thank you very much for participating.

When your child turns 18 months old, we will call you again to ask you similar question about his/her diseases and medicine. Therefore, it would be a great help if you could take down notes about important things, and also we kindly ask you to keep all doctor's prescriptions on the medicine that your child may have.

(Remember always to type a comment here)

*Number of possible simultaneous answers: 2 (1. combined with 2. or 3.)*

C248\_1. Special comments if the child does not live with the mother: \_\_\_\_\_  
(Text)

C248\_2. End the interview

C248\_3. The mother wishes to carry through with the interview -> 001

C248TEXT. Special comments if the child does not live with the mother.

*END 2*