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

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Documentation and guidance
All variables start with a letter and contain three chiffers (e.g. P000). The answer categories are listed starting with 1.

In most questions, the "undefined" variable has been given code 9, and the "irrelevant" variables has been given the code 10. 11 code for "irrelevant in this version, as the question was not asked". However, in questions with 10 or more answer categories these variables have been given code 99, 100 and 101. In continuing variables, which can include the value 99, the codes 999 and 1000 are used. In date variables code 99999999 and 100000000 are used.

If a question is dependent on a previous answer a note is written in `Concolas` (e.g. P001, `Dependent on P000`) above the question. Likewise it is specified which question the respondent jumps to if the following questions depend on the answer of the question concerned (e.g. → P002).

Variable names ending with a letter (e.g. P002A) is a sub question of the previous question where it does not make sense to assign the question a new name.

Some questions use the pregnancy list described on page 2. This applies to questions such as P020xxyy, where xx refers to the selected answer from the previous question, and yy refers to the response category from the pregnancy list. For example, P0200402 refers to hexaoptin in gestations week 30.

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

On this list you can choose 1, 17 or 18 as the only choice, 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 <u>at any time during</u> 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 irrelevant

ETF104   Time between amniotic fluid (first time) and birth?
          Depends on: P000 ETF103
                      1. answer total number of hours: _____ → ETF104A
                      2. answer total number of days: _____ → ETF104B
                      3. answer in number of weeks: _____ → ETF104C
                      4. do not know → P076
                      5. do not wish to answer → P076
                      9. undefined

10. irrelevant

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. irrelevant

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. irrelevant

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. haemorroids
               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 → ETF107A

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. irrelevant

***********************************IS NOT BEING USED***

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 30th 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. irrelevant

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. irrelevant

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. irrelevant

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. irrelevant

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. irrelevant

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

        1. Name → P008B
        2. do not know → P009
        3. do not wish to answer → P009
        9. undefined
        10. irrelevant

P008B.1-5	text
	Depends on: P008A

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

(P009**xxyy**, 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, 9=undefined, 10= irrelevant)
(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. irrelevant

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. doxycyklin
        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. Metronidazole
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 (is equal to P011_53)
P011_53. sulfametizol (is equal to 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 → P011A
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**xxyy**, where xx refers to the x'te antibiotic from P011 and yy refers to
            the category of answer in P012 (see pregnancy list at page 2). Variable value
            0=no, 1=yes, 9=undefined, 10 =irrlevant)
            Dependent on: P000 P010 P011
            (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. irrelevant

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 → P014A
             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. irrelevant

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
         10.2003
         11.2004

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

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. irrelevant
         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. irrelevant
         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. irrelevant

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. irrelevant

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 → P019A
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 the x' blood pressure medicine from P019
            and yy refers to the answer category in P020 (see pregnancy list page 2).
            Variable value: 0=no, 1=yes, 9=undefined, 10=irrelevant)
            Dependent on: P000 P018
            (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. irrelevant

P022	In which week of gestation was this condition diagnosed?
	Depends on: P000 P021

1. _____gestation week → P022A
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. irrelevant

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

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 irrelevant

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. irrelevant

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. Diamicron
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 → P024B
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**xxyy**, where xx refers to no. x medicine against diabetes from P024(B) and yy refers to the answer category in P025 (see pregnancy list page 2). Variable value 0=no, 1=yes, 9=undefined, 10=irrelevant)
`Depends on:` P000 P023 P024

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

P0250101-P0252501.
P0250102-P0252502.
P0250103-P0252503.
P0250104-P0252504.
P0250105-P0252505.
P0250106-P0252506.
P0250107-P0252507.
P0250108-P0252508.
P0250109-P0252509.
P0250110-P0252510.
P0250111-P0252511.
P0250112-P0252512.
P0250113-P0252513.
P0250114-P0252514.
P0250115-P0252515.
P0250116-P0252516.
P0250117-P0252517.
P0250118-P0252518.

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. irrelevant

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. irrelevant

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. irrelevant

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. irrelevant

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 → P029A

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 (see pregnanct list page 2). Variable value: 0=no, 1=yes, 9= undefined, 10=irrelevant)
<u>Depends on</u>: 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 ionce a week
3. less than once a week
4. do not know
5. do not wish to answer
9. undefined
10. irrelevant

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. irrelevant

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 → P033A
                   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**xxyy**, where xx refers to no. x pill preparation from P033(A) and yy
refers to the answer category in P034 (see pregnancy list page 2).
Variable value: 0=no, 1=yes, 9=undefined, 10=irrelevant)
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. irrelevant

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?
	`Dependent on:` P000 P026 P027

        1. yes
        2. no → P041
        3. do not know → P041
        4. do not wish to answer → P041
        9. undefined
        10. irrelevant

P037.1-5	What was the name of the medicine?
	`Depends on:` P000 P026 P027 P036

        1. Name → P037A
        2. do not know
        3. do not wish to answer
        9. undefined
        10. irrelevant

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 → P038A
               5. do not know → P039
               6. do not wish to answer → P039
               9. undefined
               10. irrelevant

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

(P039**xxyy**, where xx refers to no. x pill preparation from P038(A) and yy refers to the answer category in P039 (see pregnancy list page 2).
Variable value: 0=no, 1=yes, 9=undefined, 10=irrelevant)
`Depends on:` P000
(E.g.. P0390302 refers to injections in gestation week 30)

          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. irrelevant

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. irrelevant

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. irrelevant

P043.1-5	What was the name of the medicine against allergy?
	Depends on: P000 P041 P042

> 1. Name → P043A
> 2. do not know
> 3. do not wish to answer
> 9. undefined
> 10. irrelevant

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**xxyy**, where xx refers to the x'te medicine against allergy from P043(A) and yy refers to the answer category in P044 (see pregnancy list page 2). Variable value: 0=no, 1=yes, 9=undefined, 10=irrelevant)
(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 → P045A
> 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. irrelevant

P047	Did you have epileptic seizures <u>at any time</u> 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.irrelevant

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. irrelevant

P050.1-5	What was the name of the medicine?
	`Depends on:` P000 P046 P049

        1. Name → P050A
        2. do not know → P051
        3. do not wish to answer → P051
        9. undefined
        10. irrelevant

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 (see pregnancy list page 2). Variable value: 0=no, 1=yes, 9=undefined, 10=irrelevant)
      (Ex. P0510402 refers to the 4th 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. irrelevant

P053.1-6	Anaemia due to what?
	Depends on: P000 P052

      P053_1 iron deficiency
      P053_2 B-12/ folinic acid deficiency
      P053_3 bleedings
      P053_4 Other → P053A
      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. irrelevant

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 → P055A
      P055_4. Other → P055B
      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 no. x medicine against anemia from
      P055(A/B) and yy refers to the answer category in P056 (see pregnancy list page
      2). Variable value: 0=no, 1=yes, 9=undefined, 10=irrelevant)
      (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. irrelevant

P058	What was the name of the disease? Depends on: P000 P057

1. Disease → P058A
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. irrelevant

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. koffipyrin
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 → P061A
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**xxyy**, where xx refers to the x'te pain killer medicine from P061(A)
             and yy refers to the answer category in P062 (se pregnancy lis page 2).
             Variable value 0=no, 1=yes, 9=undefined, 10 =irrelevant)
             Dependent on: P000 P060
             (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. irrelevant

P063A.1-45 Total number of pills (1-99)
          Dependent on: P063

P063B.1-45 Total number of pills a week (1-99)
          Dependent on: P063

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. irrelevant

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. ronal
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 → P065A
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**xxyy**, where xx refers to the x'te sleeping medicine from P065(A)

and yy refers to the answer category in P066 (see pregnancy list page 2).
Variable value 0=no, 1=yes, 9=undefined, 10=irrelevant)
Dependent on: P000
(Ex. P0660201 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. irrelevant

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 (rostnr>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. irrelevant

P069.1-10	What was the name of the medicine?
	Depends on: P000 P068

1. Name → P069A
2. do not know → P070
3. do not wish to answer → P070
9. undefined
10. irrelevant

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 no. x medicine from P069(A) and yy refers to the answer category in P070 (see pregnancy list). Variable value 0=no, 1=yes, 9=undefined, 10=irrelevant)
	`Dependent on: P000 P068 P069`
	(Ex. P0700402 refers to the 4th type of medicine during gestation week30)

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.irrelevant

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. irrelevant

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 → P073A
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. irrelevant

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
       9. do not wish to answer → P076
       10. undefined
       11. irrelevant

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. irrelevant

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. irrelevant

**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. irrelevant

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. irrelevant

P080	In which gestation week did you go on maternity leave?
	Depends on: P000 P078 P079

        1. gestation week → P080A
        2. did not take maternity leave → P081
        3. do not know → P081
        4. do not wish to answer → P081
        9. undefined
        10. irrelevant

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. irrelevant

P082	How often were you absent for more than three days?
	Depends on: P000

        1. ___times → P082A
        2. do not know → P083
        3. do not wish to answer → P083
        9. undefined
        10. irrelevant

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 → P083A
              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 irrelevant

P083C.1-10 text (complication in relation to pregnancy)

Depends on: P083B

P083D.1-10 Which elements of environment in the workplace?
              Depends on: P000
                          1. Elements → P083E
                          2. do not know → P083/P084
                          3. do not wish to answer → P083/P084
                          9. undefined
                          10. irrelevant

P083E.1-10 text (elements in the workplace environment)
              Dependent on: P083 P083D

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. irrelevant

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 → P086A
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 → P086A
3. every day →P088
4. do not know →P088
5. do not wish to answer → P088
9. undefined
10. irrelevant

P087A	number of times per week (1-99) Dependent on: P087

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. irrelevant

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. irrelevant

P090	How much fish oil did you take a day? Depends on: P000 P089

        1. _____pills →P090A
2. _____table spoons → P090B
3._____ml → P090C
4. do not know →P091
5. do not wish to answer → P091
9. undefined
10. irrelevant

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 → P091A
2. same as stated earlier →P092
3. no → P092
4. do not know → P092
5. do not wish to answer → P092
9. undefined

10. irrelevant

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
    9.   Undefined
    10.   Irrelevant

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. irrelevant

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. irrelevant

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. irrelevant

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 → P097A
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. irrelevant

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. irrelevant

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 → P103A
2. < 1 per week → P104
3. No beers → P104
4. do not know → P104
5. do not wish to answer → P104
9. undefined
10. irrelevant

1 strong beer =2 beers
2 weak beers = 1 beer

P103A   Number of beers per week (1-150)
      `Dependent on: P103`

P104	How many glasses of wine did you drink per week?
	`Depends on: P000`

1. _____glasses of wine → P104A
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 irrelevant

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. irrelevant

P106	How many glasses of alcohol did you drink per week?
	`Depends on: P000`

1. ____glasses of alcohol → P106A
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. irrelevant

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 → P107A

3. do not know →P109
         4. do not wish to answer →P109
         9. undefined
         10. irrelevant

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 3rd 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. irrelevant

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 → P110A
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 → P111A
2. do not know → P112
3. do not wish to answer → P112
9. undefined
10. irrelevant

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 → P112A
2. do not know → P111/P113
3. do not wish to answer → P111/P113
9. undefined
10. irrelevant

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 the 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. irrelevant

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. irrelevant

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. haemorroids
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 →P115A
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. irrelevant

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 → P117A
      2. do not know → C001
      3. do not wish to answer --A 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 chíld was never breast-fed → *C009*
   6. Do not know → *C009*
   7. Do not wish to answer → *C009*
   9. undefined

10. irrelevant

C002 **(Only in version2)**
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 → C002A
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. irrelevant

C002A. Number of breast feedings per day (0-99)
`Depends on:` C002

C003 **(Only in version2)**
For how long have you been breast feeding him/her without giving him/her any-thing else except for water and vitamins?
`Depends on:` C001

1. Only breast feeding for months.:_____og weeks:_____→ C003A
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. irrelevant

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. And version =verison2→ r005
If C001=1 and version =version1 → 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:_____→C004A
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. irrelevant

C004A1   Months. End of daily breast feeding (0-99)
Depends on: C004

C004A2   Weeks. End of daily breast feeding (0-99) → C009, if C004A1 $\leq$ 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. irrelevant

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 → r006A

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. irrelevant

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. irrelevant

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 → r008A
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. irrelevant

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

If C004 is answered and the 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. irrelevant

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:____ → C010A
2. Weeks:___ → *C010B*
3. Days:_____ → *C010C*
4. Do not know → *C011*
5. Do not wish to answer → *C011*
9. undefined

10. irrelevant

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. irrelevant

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 under 200, between 201-500, 501-1000 or more than 1000 ml?]

1. ML per day → C012A
2. Ml per time and number of times per day → C012B
3. Under 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. Irrelevant

C012A   Ml per day(0-9999) → *C013*
`Depends on:` C012

C012B1   Ml 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): <u>Scheme of months</u>

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   **(Only in version2)**
       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. irrelevant

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. irrelevant

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

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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 → 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 (only version2)

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. irrelevant

C019 **(only in version2)**
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 **(Only in version2)**
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. irrelevant

C021 **(Only in version2)**
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   **(Only in version2)**
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. irrelevant

C023   **(Only in version2)**
How old was he/she when he/she had Nan HA?
`Depends on:` C014 C015 C016 C022

Master list 1: <u>Scheme of months</u>

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

C024   (only in version2)
        a. Pregestimil?

        b. Did he/she have Pregestimil?
        Dependent on: C014 C015 C016

        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. irrelevant

C025   **(only in version2)**
        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

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?
        Dependent on: C014 C015

        (What if the mother answers yes, then ask:)
        [What was the name of it?]

        (please only write 1 name at a time)

C026-C027: The questions are asked until the answer is other than 2,3,4 and 5 in C026

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. irrelevant

C026A.1-4   Other hypoallergenic formula → *C027*
C026B.1-4   Other hypoallergenic formula in postnatal ward → *C026, wording C/* → *C028*

C027.1-4   **(only in version2)**
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
C0270114-C0270414.	6½ months
C0270114-C0270415	the entire period
C0270114-C0270416	Do not know
C0270114-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 no belong to this category)

1. _____months and_____weeks → *C029A*
2. _____weeks → *C029B*
3. Do not know → *C030*
4. Do not wish to answer → *C030*
9. undefined
10. irrelevant

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 → *C030A*
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 d → *C031*
6. More than 5 dl → C031
7. Do not know → C031
8. Do not wish to answer → C031
9. Undefined
10.　Irrelevant

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. irrelevant

If TANDL = 0 → C050

r032   Approx. how many times did the feeding bottle contain something other than for-
mula?
`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. irrelevant

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_9 ang R033_10 was not asked in all versions

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 to15, 16 to 30 times or more than 30 times?]

1. Number of times:_____ → r034A

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. irrelevant

r034A.1-4 Number of times [answer from r033:1.-4.] in feeding bottle (1-30, 99= undefined, 100= irrelevant)

`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. irrelevant

r036 Approx. How many times?

`Depends on:` TANDL r031 r033 r035

(If the mother cannot answer with a number of tiems, 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. irrelevant

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) → r037A
r037_9. Other 2 (Text variable) → r037B
r037_10. Other 3 (Text variable) → r037C
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_ →r038A

         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. irrelevant

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:_____ → r040A
         2. Do not know → *r041*
         3. Do not wish to answer → *r041*
         9. undefined
         10. irrelevant

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:→ r041A

         2 weeks:_____ → *r041B*
         3. First tooth at birth → *r042*
         4. Do not know → *r042*

5. Do not wish to answer →*r042*
9. undefined
10. irrelevant

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. irrelevant

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. irrelevant

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-fluoide

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: _ . _ → *r047A*
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. irrelevant

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. irrelevant

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)→ *r048A*
5. Do not know → *C050*
6. Do not wish to answer → *C050*
9. undefined
10. irrelevant

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 → r049A2. 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. irrelevant

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___ →C050A
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   **(Only in version2)**
         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) →*C051A*
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   **(Only in version2)**
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: _____→ C052A
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. irrelevant

C052A   Number of times food with a spoon per day (0-99)
Depends on: C052

C053   **(Only in version2)**
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: ___ →*C053A*
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. irrelevant

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 **(only in version2)**
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 mediC056_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) → C056A
C056_70. Other 2 (Text variable) → C056B
C056_71. Other 3 (Text variable) → C056C

C056_72. Other 4 (Text variable) → C056D
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
        C057 70-72 is not in version1

    1. Name of disease → C057A
    2. Do not know → *C057 /* → *C058*
    3. Do not wish to answer → *C057 / C058*
    9. Undefined
    10. Irrelevant

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) → *C058A*
    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.:____and weeks:___ → C059A

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. Irrelevant

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:____.____→ C060A
     2. Do not know → *C061*
     3. Do not wish to answer → *C061*
     9. Undefined
     10. Irrelevant

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 **(Only in version2)**
How many cigarettes was normally smoken <u>per day</u> 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→C063ACigarettes:_number per week → *C063B*

2. 1-5 cigarettes/day → *C064*
3. 6-10 cigarettes/day → *C064*
4. 11-20 cigarettes/day → *C064*
5. 21-30 cigarettes/day → *C064*
6. More than 30 cigarettes/day → *C064*

7. 1-7 cigarettes/week →*C064*
8. 1-2 packs of cigarettes/week →*C064*
9. 3-5 packs of cigarettes/week → *C064*
10. 6-10 packs of cigarettes/week →*C064*
11. More than 10 packs of cigarettes/week → *C064*

12. Do not know →*C064*
13. Do not wish to answer → *C064*
99. Undefined
100. Irrelevant

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 (3rd 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 →*C067*
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:____ → *C066A*
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. Irrelevant

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 →*C070*
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*

C069.3-9 a. How much [answer from C068: 3.-9.] did you drink <u>per week</u> at that time?
Depends on: C067 C068

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

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: ___ →*C069A*

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. Irrelevant

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. Irrelevant

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) →*C071A*
   C071_10. Other 2 (Text variable) →*C071B*
   C071_11. Other 3 (Text variable) →*C071C*
   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: _____ →*C072A*
   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. Irrelevant

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: _____ →*C074A*
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

    C075_6 and C075_7 are not in version1

    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_6 and C076_7 are not in version1

C076_1. No → *C078*
C076_2. admitted to hospital
C076_3. infant home
C076_4. in a foster family
C076_5. Other 1: _____ →*C076A*
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: <u>Scheme of months</u>
C077_6 and C077_7 was not in version 1

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. Irrelevant

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: _____ →*C081A*

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. Irrelevant

C081A Number of time with cold more than 3 days (0-99, 999=undefined, 1000=irrelevant)
        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. Irrelevant

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) →*C084A*
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. Irrelevant

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 → C087A

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. Irrelevant

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. Irrelevant

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)→ C090A
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. Irrelevant

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 → C093A

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. Irrelevant

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: <u>Scheme of months</u>

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. Irrelevant

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) →C096A
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?

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. Irrelevant

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 → C099A

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. irrelevant

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: <u>Scheme of months</u>

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
C100_17.	Do not wish to answer

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?

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. irrelevant

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. Fucithalmic
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) → C102A
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? (only in version2)

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

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. Irrelevant

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) → C107A
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? (only in version2)

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: → C109A

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. Irrelevant

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

C110.1-17	(Only in version2)
	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. Irrelevant

C112.1-10 (**Only in version2**)
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)→ C112A
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 → C114A

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. irrelevant

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

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. irrelevant

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)→ C117A
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

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. irrelevant

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 → C120A

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. irrelevant

C120A Number of times with trush for more than 3 days (0-99, 999=undefined, 1000=irrelevant)

C121.1-17   How old was your child when he/she had trush?
Depends on: C118 C119

Master list 1: <u>Scheme of months</u>

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. Irrelevant

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C123.1-9 What kind of treatment?
    `Depends on:` C118 C122

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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) →C123A
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

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C124   a. Other kinds of fungus?

</div>

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

<div style="background:#ddd">

C125   Did the fungus ever last for more than 3 days in a row?
    `Depends on:` C124

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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. Irrelevant

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 →C126A

        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. irrelevant

C126A Number times when trush lasted for more than 3 days in a row(0-99, 999=undefined, 1000=irrelevant)
        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: <u>Scheme of months</u>

                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. Irrelevant

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) →C129A
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 →C131A

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. Irrelevant

C131A Number of times with inflammation of the ear (0-99, 999=undefined, 1000=irrelevant)
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. irrelevant

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) → *C134A*
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   **(Only in version2)**
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: → C137A
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. Irrelevant

C137A Number of times wit 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/asthmas?

Master list 1: <u>Scheme of months</u>

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. Irrelevant

C140.1-18   What kind of treatment?
`Depends on:` C135 C136

(If the mother answers Bricanyl, Bricur, Salbuvent and/or Ventoline without indica-
tion 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) →C140A
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 →C142A

 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. Irrelevant

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. irrelevant

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) →C145A
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 →C147A

    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. irrelevant

C147A Number of times with pneumonia (0-99)
    Depends on: C147

    If C147 = 1. use wording a, otherwise b
s148   **(Only in version2)**
    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) →s148A
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. irrelevant

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 pneuomonia?

   1. No → *C152*
   2. Yes
   3. Do not know → *C152*
   4. Do not wish to answer → *C152*
   9. Undefined
   10. Irrelevant

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) →C151A
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. irrelevant

C154	Approx. how many times did you experience that kind of periods?
	`Depends on`: C153

1. Number times →C154A

2. Do not know → *C155, form. b*
3. Do not wish to answer → *C155, form. b*
9. Undefined
10. irrelevant

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: <u>Scheme of months</u>

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.)?

`C156-`
`C156A:`

Answer from C154A

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. Irrelevant

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*

C157.1-7 a. How many hours all together was he/she at unease/crying during 24 hours?
Depends on: C153

C157–
C158B2:

Answer
from
C154A

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 →C157A
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. Irrelevant

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 that 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: _____ →C158A
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. Irrelevant

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)

Depends on: C158

C158B2.1-7   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 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. irrelevant

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?

C160:

Answer from C154A

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   **(only in version2)**
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. Irrelevant

C160Y is only asked for boys

C160Y	**(Only in version2)**
	Did a doctor say that your son's urethra ends a 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. Irrelevant

C161.1-22	Any congenital malformations in your son/daughter?

This question was not asked in version1.To recreate C161 from version1, question C162 is browsed for congenital malformation. Is a malformation is found in C162 it is deleted and moved to C161. If no malformations were found, C161 =1.

Number of simultaneously possible answers 19 (combinations of 2.-20.)

C161_1. No   **(only in version2)**
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 **(Only in version2)**
C161_22. Do not wish to answer **(only in version2)**
C161_23. Of the mentioned diseases in C162, no congenital malformations were found
(only in version1)

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

C162.1-5 a. 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?

C162-C165: Ask until the answer is different than yes I C162.

(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) → C162A
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. irrelevant

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*

<u>MOTHER – CHILD RELATION</u>

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) → C167A
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. irrelevant

C169.1-17	During which period has it been like that?
	Depends on: C168

Master list 1: <u>Scheme of months</u>

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

<u>MOTHER – CHILD - COHABITATION</u>

C170	Do you live with the child's birth father?

1. Yes → *C171*
2. Father, but not birth farther: 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) →C170A
8. Do not know → *C171*
9. Do not wish to answer → *C171*
99. Undefined
100. irrelevant

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) → C172A
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*

<u>MOTHERS EXPERIENCE OF REALTION TO PARTNER</u>

For C173 and C174 the following applies:
If C171 = 1., 3.or 4. and C170 = 1. or 2. put: child's <u>father</u>
If C171 = 1., 3. or 4. and C170 = 3. put: your <u>husband</u>
If C171 = 1., 3.or. 4. and C170 = 4. put: your <u>partner</u>

If C171 = 2. and C172 = 1.-2. put in:<u> child's father</u>
If C171 = 2. and C172 = 3. put in: <u>your husband</u>
f C171 = 2. and C172 = 4. put in: <u>your partner</u>

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. Irrelevant

C174.1-6 Do you feel that there have troubles in the relation between child and child's fa-
ther/your husband/your partner? You can answer: <u>NO</u>, <u>FEW</u>, <u>SOME</u> or <u>A LOT</u> 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: <u>child's father</u>
      If C170 = 3. put:<u> your husband</u>
      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 *→C175B*
      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: <u>Scheme of months</u>

        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: __ . __ →C177A
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. Irrelevant

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. irrelevant

C206A   Other problems mother
Depends on: C206

If C199 = 4. → C215

C207   Did the child's <u>birth father</u> – 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 catergories
9. Undefined
10. irrelevant

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. irrelevant

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. irrelevant

C210   Arithmetic problems?

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. Irrelevant

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. irrelevant

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. Irrelevant

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. irrelevant

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 <u>have not</u> 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?

1. Yes
2. No → *C221*
3. Do not know
4. Do not wish to answer
9. Undefined
10. irrelevant

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. irrelevant

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. Irrelevant

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. irrelevant

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. irrelevant

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. irrelevant

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. Irrelevant

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. irrelevant

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. irrelevant

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. irrelevant

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. Irrelevant

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. Irrelevant

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. irrelevant

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. Irrelevant

ASTHMA AND ALLERGY – QUESTIONS FOR SUB PROJECT (S)

ASTMALLE.   And now towards the end, a few questions about allergy

s243   **(Only In versio2)**
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   **(Only in version2)**
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.

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