Code book for 4th interview (the child is 18 months old)

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Documentation and guidance
All variables start with a letter and contain three chiffers (e.g. R000). 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. R001, `Dependent on R000`) 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. → R002).

Variable names ending with a letter (e.g. R002A) is a sub question of the previous question where it does not make sense to assign the question a new name.

Contents:

D-questions:
Smoking and alcohol
Exposition/Exposure asthma and allergy
Child care
Medicine and diseases in child
Mother-child relation
Mother-child co-living conditions
Father's time with child
Special strains – mother's experience

Motoric and cognitive development – mile stones

Education – mother, birth-father or partner
Family's financial status
Antrophometry measures – birth parents
Network
Vaccinations
Antrophometry measures – child
Questions to teeth (questions for sub project)
Asthma og allergy (questions for sub project)

Master list I (MONTHS)

Number of simultaneously possible answers: 25 combinations of 1 - 25)

1. None				
2. 6 1/2	8. 9 1/2	14. 12 1/2	20. 15 1/2	26. 18 1/2
3. 7	9. 10	15. 13	21. 16	27. The entire period
4. 7 1/2	10. 10 1/2	16. 13 1/2	22. 16 1/2	28. Do not know
5. 8	11. 11	17. 14	23. 17	29. Do not want to answer
6. 8 1/2	12. 11 1/2	18. 14 1/2	24. 17 1/2	
7. 9	13. 12	19. 15	25. 18	

Masterliste II (MOTNH2, genereret fra Masterliste I): Som Masterliste I bortset fra den første værdi (=Ingen)

Masterliste III (ALLMONTH)

Number of simultaneously possible answers:

1. The entire period	11. 4 1/2	21. 9 1/2	31. 14 1/2
2. 0	12. 5	22. 10	32. 15
3. 1/2	13. 5 1/2	23. 10 1/2	33. 15 1/2
4. 1	14. 6	24. 11	34. 16
5. 1 1/2	15. 6 1/2	25. 11 1/2	35. 16 1/2
6. 2	16. 7	26. 12	36. 17
7. 2 1/2	17. 7 1/2	27. 12 1/2	37. 17 1/2
8. 3	18. 8	28. 13	38. 18
9. 3 1/2	19. 8 1/2	29. 13 1/2	39. 18 1/2
10. 4	20. 9	30. 14	40. Do not know
			41. Do not want to answer

DINTROA: Interviewer ID (not checked)

DINTDATO: Interviewdato (not checked)

DVERSION: (not checked)

GRAVNR: Woman’s pregnancy ID

LBNR: Woman’s project ID number

INTRODUCTION

Hello, you are speeking to_____from the investigation Better Health for Mother and Child

(I would like to speak to:_____)

Is it fine with you if we make the interview right now? It will take approximately 15 minutes?

If NO make an appointment for the interview

D000.1-4 Before we get started I would like to know if you had a boy or a girl?

- I assume that the child lives with you, normally.

Number of simultaneous questions: 2 (combination of 1 or 2 with 3)

D000_1. Boy
D000_2. Girl
D000_3. Child does not live with the mother on a regular basis
D000_4. Do not want to answer

If no mark in 3. → D001

D000A.1-3 As most questions are about your child I do not think we should make the interview.

(If the mother does, after all, want to carry throught with the interview, please do not read the following text to her)

We want to thank you for participating so far in this investigation. Without your and all the other mothers' participation we would not have been able to gather the knowledge that we have now to improve the health for mother and child.

Number of simultaneously possible answers: 2 (combinations of 1 with 2 or 3)

D000A_1. Type comment (obligatory):_____
D000A_2. The mother still wants to carry through with the interview
D000A_3. Make an end to the interview

D000B Comment (If D000A=1+3 → *D201*)

D001 Are you pregnant again?

1. No
2. Yes
3. No, but have given birth to another child → *D003 (TEKSTA, form. b)*
4. Do not know
5. Do not want to answer
9. Undefined

D002 Have you given birth since the last interview?
Dependent on: D001

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

If D002 = 2. use wording b, otherwise a:

a. Most questions deal with what has happened since your child was 6 months old. Therefore, please try to concentrate on the time after you child was 6 months old.

b. Most questions deal with what has happened since your child was 6 months old. Now you child is 18 months old, so please try to concentrate on what has happened since the age of 6 months.

D003 Did you breast feed your child after it turned 6 months old?

1. Yes
2. No → *D009*
3. Do not know
4. Do not want to answer
9. Undefined

D004 When did you stop breast feeding?
Dependent on: D003

1. Stop breast feeding:_____months_____weeks → D004A
2. Still breast feed (If TANDL=0 → *D009*; If TANDL=1 → *R005*)
3. Do not know (If TANDL=0 → *D009*; If TANDL=1 → *R005*)
4. Do not want to answer
9. Undefined
10Irrelevant

D004A1 Months. Stop breast feeding. (0-99)
D004A2 Weeks . Stop breast feeding. (0-99)

For stop breast feeding <= 17 months. →D009

R005 Has your child - within the last month – been breast fed outside normal breast feeding hours for comfort or to fall asleep?
Dependent on: D003 TANDL

1. No → *R007*
2. Yes
3. Do not know →*R007*
4. Do not want to answer → *R007*

9. Undefined
10Irrelevant

R006 Approximately how many times all toghether?
Dependent on: D003 R003 TANDL

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

1. Number of times:____→ R006A

2. 1-5 times → *R007*
3. 6-15 times → *R007*
4. 16-30 times → *R007*
5. Over 30 times → *R007*
6. Do not know → *R007*
7. Do not want to answer → *R007*
9. Undefined
10Irrelevant

R006A Number of times the child has been breast fed for comfort or to fall asleep (0-99)

R007 Did you - within the last month - leave him/her with the nipple in his/her mouth when the actual breast feeding was over – at night, for instance?
Dependent on: D003 TANDL

1. No →*D009*
2. Yes
3. Do not know →*D009*
4. Do not want to answer → *D009*
9. Undefined
10Irrelevant

R008 Approximately how many times?
Dependent on: D003 D007 TANDL

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

1. Number of times:____→R008A

2. 1-5 times → *D009*
3. 6-15 times → *D009*
4. 16-30 times → *D009*
5. Over 30 times → *D009*
6. Do not know → *D009*
7. Do not want to answer → *D009*
9. Undefined
10Irrelevant

R008A Number of times nipple without breast feeding(0-99)

D009 During which age periods – after the age of 6 month – did your child have breast milk substitues or powder gruel <u>every day</u>?

1. Master list I (MONTHS): <u>Months scheme</u>

D009_1. None

D009_2. 6 1/2 months
D009_3. 7 months
D009_4. 7 1/2 months
D009_5. 8 months
D009_6. 8 1/2 months
D009_7. 9 months
D009_8. 9 1/2 months
D009_9. 10 months
D009_10. 10 1/2 months
D009_11. 11 months
D009_12. 11 1/2 months
D009_13. 12 months
D009_14. 12 1/2 months
D009_15. 13 months
D009_16. 13 1/2 months
D009_17. 14 months
D009_18. 14 1/2 months
D009_19. 15 months
D009_20. 15 1/2 months
D009_21. 16 months
D009_22. 16 1/2 months
D009_23. 17 months
D009_24. 17 1/2 months
D009_25. 18 months
D009_26. 18 1/2 months
D009_27. The entire period
D009_28. Do not know
D009_29. Do not want to answer

D010 How many decilitres of milk or yoghurt products does your child normally have in a day?

Number of possible simultaneous answers: 2 (3 with 1-2, and 5-8)

(1 child's glass or 1 chikld's cup = 1 dl)

(If the mother cannot come up with an answer, please say:)
[Was it: 1-2, 3-4, 5-6 or more than 6 dl?]

D010_1. Dl per day:___._____ → D010A
D010_2. Less than 1 dl per day
D010_3. Uncertain, because mother does not know about quantities in child care institutions
D010_4. Child does not tolerate milk
D010_5. 1-2 dl
D010_6. 3-4 dl
D010_7. 5-6 dl
D010_8. More than 6 dl
D010_9. Do not know
D010_10. Do not want to answer

Answer=1+3 →D010A; If answer >1 og TANDL=1 → R011; If answer >1 og TANDL=0 → D025.

D010A Total decilitres of milk/yoghurt per day (0-99) *If TANDL=0 → D025*

R011 Within the last month, did he/she have anything else but breast milk substitue in the bottle?
`Dependent on: TANDL`

(Powder gruel, dietary supplement mixtuers are here the same as breast milk subsitute)

1. No → *R019*
2. Yes
3. Do not know → *R019*
4. Do not want to answer → *R019*
9. Undefined
10. Irrelevant

R012 How many times did he/she have something else in the bottle ?
`Dependent on: TANDL R011`

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

1. 1 - 5 times → *R019*
2. Number of times over 5: ____ → R012A
3. More than 5 times → *R013*
4. Do not know → *R019*
5. Do not want to answer → *R019*
9. Undefined
10Irrelevant

R012A Number of times with something else than breast milk substitute in the bottle (0-99)

R013.1-12 What was in the bottle?
`Dependent on: TANDL R011 R012`

(If the mother answers camomile tea only, please ask:)
[Was it without honney or sugar?]

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

R013_1. Fruit juice/lemonade
R013_2. Juice
R013_3. soda water/cola or the like
R013_4. Camomile tea with honney or sugar
R013_5. Pure camomile tea (no honney, no sugar)
R013_6. Ordinary milk
R013_7. Water
R013_8. Other 1 (Text variable) *Library list → R013A*
R013_9. Other 2 (Text variable) *Library list → R013B*
R013_10. Other 3 (Text variable) *Library list → R013C*
R013_11. Do not know
R013_12. Do not want to answer

R013A. Other in bottle 1
R013B. Other in bottle 2
R013C. Other in bottle 3

(If no marking in 1., 2., 3.or 4. → R015)

R014.1-4 How often was it (answer in R013:1-4.)
`Dependent on: TANDL R011 R012 R013`

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

1. Number of times:____ → R014A

2. 1-5 times → *R014* / → *R015*
3. 6-15 times → *R014* / → *R015*
4. 16-30 times → *R014* / → *R015*
5. More than 30 times → *R014* / → *R015*
6. Do not know →*R014* / → *R015*
7. Do not want to answer → *R014* / → *R015*
9. Undefined
10Irrelevant

R014A.1-4 Number of times [answer from R013: 1.-4.] in the bottle (0-99)

R015 Have you within the last month let him/her suck on the bottle after the feeding was over and he/she dozed off?
`Dependent on: TANDL R011 R01`

1. No → *R019*
2. Yes
3. Do not know → *R019*
4. Do not want to answer → *R019*
9. Undefined
10irrelevant

R016 How many times?
`Dependent on: TANDL R011 R012 R015`

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

1. 1 - 5 times → *R019*
2. Number of times over 5: ____→R016A
3. More than5 times → *R017*
4. Do not know → *R019*
5. Do not want to answer → *R019*
9. Undefined
10Irrelevant

R016A Number of times dozing off with bottle in mouth (0-99)

R017 What was in the bottle?
`Dependent on: TANDL R011 R012 R015 R016`

(If the mother answers merely camomile tea, please ask:)
[Without honney/sugar?]

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

R017_1. Fruit juice/lemonade
R017_2. Juice
R017_3. soda water/cola or the like
R017_4. Camomile tea with honney or sugar
R017_5. Pure camomile tea (no honney, no sugar)
R017_6. Ordinary milk
R017_7. Water
R017_8. Other 1 (Text variable) *Library list →R017A*
R017_9. Other 2 (Text variable) *Library list → R017B*
R017_10. Other 3 (Text variable) *Library list → R017C*
R017_11. Do not know
R017_12. Do not want to answer

R017A Ohter in bottle 1
R017B Other in bottle 2
R017C Other in bottle 3

If no markings in 1, 2., 3. or 4. → R019

R018.1-4 How often was it (answer from the categories 1-4. i R017)?
Dependent on: TANDL R011 R012 R015 R016 R017

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

1. Number of times:____→R018A
2. 1-5 times → *R018 / → R019*
3. 6-15 times → *R018 / → R019*
4. 16-30 times → *R018 / → R019*
5. More than 30 times → *R018 / → R019*
6. Do not know → *R018 / →R019*
7. Do not want to answer → *R018 / → R019*
9. Undefined
10 Irrelevant

R018A.1-4 Number of times [answer in R017:1.-4.] in bottle (1-30)

R019 What do you use on his/her tooth brush?
Dependent on: TANDL

(If the mother answers merely: tooth paste, please ask:)
[Is it tooth paste with fluorine?]

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

Number of possible simultaneous answers: 11 (combinations of 3- 12 + 15)

R019_1. Tooth paste with fluorine
R019_2. Tooth paste without fluorine
R019_3. Bamse Barn Tand Kräm
R019_4. Første tand (Zendium)
R019_5. My First (Colgate)
R019_6. Mælketand (Aquafresh)
R019_7. Mælketand (Macs)
R019_8. Pepsodent for Kids
R019_9. Colgate Junior
R019_10. Other name of tooth paste 1 (Text variable) *Library list → R019A*
R019_11. Other name of tooth paste 2 (Text variable) *Library list → R019B*
R019_12. Other name of tooth paste 3 (Text variable) *Library list →R019C*
R019_13 Tooth paste: Do not remember name and do not know if it contains fluorine
R019_14. Only water
R019_15. Other than tooth paste or water (Text variable) → *R019D*
R019_16. Do not know
R019_17. Do not want to answer

R019A Other name of tooth paste 1
R019B Other name of tooth paste 2
R019C Other name of tooth paste 3

R020 Does he/she use a comforter?
Dependent on: TANDL

R019D Other than tooth pate or water

1. Yes
2. No →*D025*
3. Do not know → *D025*
4. Do not want to answer → *D025*
9. Undefined
10Irrelevant

R021 Approx. How many hours, day and night, does he/she use the comforter?
Dependent on: TANDL R020

1. All day/practically all day → *R022*
2. __.__hours →*R021A*
3. From__.__to__.__hours → *R021B1*
4. Less than one hour per day/night → *R022*
5. Do not know → *R022*
6. Do not want to answer → *R022*
9. Undefined
10Irrelevant

R021A Hours, comforter (0-99) → *R022*
R021B1 Hours, comforter interval start(0-99)
R021B2 Hours, comforter interval end (0-99)

R022 Do you ever dip the comforter into something he/she likes before giving it to him/her?
Dependent on: TANDL R020

1. No → *D025*
2. Yes
3. Do not know → *D025*
4. Do not want to answer → *D025*
9. Undefined
10Irrelevant

R023 What do you dip the comforter into?
Dependent on: TANDL R020 R022

1. Honney → *R024*
2. Sugar→ *R024*
3. Fruit juice →*R024*
4. Other (Tekxt variable) *Library list* → *R023A*
5. Do not know→ *D025*
6. Do not want to answer → *D025*
9. Undefined
10Irrelevant

R023A Other , dip comforter into

R024 How many times per week does that happen?
Dependent on: TANDL R020 R022 R023

(If the mother cannot compe up with a number of times, please say:)
[Was it: 1-5, 6-15 or more than 15 times?]

1. Number of times:____→ R024A

2. 1-5 times → *D025*
3. 6-15 times → *D025*
4. Over 15 times → *D025*
5. Do not know → *D025*
6. Do not want to answer → *D025*
9. Undefined
10Irrelevant

R024A Number of times comforter dip into per week (0-99)

D025 Has he/she ever had iron drops?

1. No → *D027*
2. Yes
3. Do not know → *D027*
4. Do not want to answer → *D027*
9. Undefined

D026 For how many months did he/she have iron drops on a regluar basis?
Dependent on: D025

(Doubts: Fairly regular basis = at least 3 times per week)

(If the mother cannot come uo with a number of times, please say:)
[Was it less that 1, 1-2, 3-6 or more thant 6 months?]

1. Number of months: _____→ D026A

2. Under 1 months → *D027*
3. 1-2 months → *D027*
4. 3-6 months → *D027*
5. Over 6 months → *D027*
6. Do not know → *D027*
7. Do not want to answer →*D027*

D026A Number of months iron drops (0-99)

D027 After the age of 6 months, has he/she had any supplements of cod-liver oil or fish oil?

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

D028.1-11 Approx. How many child's spoons of fish or fish on bread does he/she have per day?
1/4 lump of dark bread with fish on it= 1 child spoon.

(only mark category 5.: uncertain, if the mother mentions it herself)

(If the mother cannot come up with a number of times, please say:)
[Was is 1-2, 3-4, 5-6 or more than 6 per day?]

Number of possible simultaneous answers: 2 (combinations of: 1-4 with 5 and 6-9 med 5)

D028_1. Average number of child spoons per day:_____ → *D028A*
D028_2. Average number of child spoons per week:_____ → *D028B*
D028_3. Average number of child spoons per month:_____ → *D028C*
D028_4. Almost never has fish/fish on bread-> *D029*
D028_5. Uncertain, mother does not know what the child has in day care/institution → *D029*

D028_6. 1-2 child spoons per day → *D029*
D028_7. 3-4 child spoons per day → *D029*
D028_8. 5-6 child spoons per day → *D029*
D028_9. more than 6 child spoons per day → *D029*
D028_10. Do not know → *D029*
D028_11. Do not want to answer → *D029*

D028A Number of child spoons fish/day (0-99) → *D029*
D028B Number of child spoons fish/week (0-99) → *D029*
D028C Number of child spoons fish/month (0-99)

D029.1-11 Approx. How many child spoons of meat and meat on bread does he/she have per day?
1 meat ball= 2 child spoons and 1 slice of meat for bread = 1child spoon.

(Only marking i category 5.: uncertain, the mother mentions it herself)

(If the mother cannot come up with a number of times, say:)
[Was it 1-2, 3-5, 6-8 or more than 8 per day?]

Number of possible simultaneous answers: 2 (combinations of: 1-4 with 5 and 6-9 with 5)

D029_1. Average child spoons per day:_____ →*D029A*
D029_2. Average child spoons per week:_____ → *D029B*
D029_3. Average child spoons per month:_____ →*D029C*
D029_4. Alomst never has meat/meat on bread →*D030*
D029_5. Uncertain, mother does not know what child has in day care/institution → *D030*

D029_6. 1-2 child spoons per day → *D030*
D029_7. 3-4 child spoons per day → *D030*
D029_8. 5-6 child spoons per day → *D030*
D029_9. More than 6 child spoons per day →*D030*
D029_10. Do not know → *D030*
D029_11. Do not want to answer → *D030*

D029A Number of child spoons per day (0-99) → *D030*
D029B Number of child spoons per week (0-99)→ *D030*
D029C Number of child spoons per month (0-99)

SMOKING AND ALCOHOL

D030 Does anyone ever smoke in your home?

1. Yes
2. No → *D032*
3. Do not know → *D032*
4. Do not want to answer → *D032*
9. Undefined
10 Irrelevant

D031 After your child has turned 6 months old, has there been anoyone smoking daily in your home while the child was present? The period must be of at least 1 week's duration.
Dependent on: D030 4

(Mother smoking under cooker is marked as Yes (category 3), if child is in the same room)

1. No
2. Not daily/less than 1 per day
3. Yes
4. Do not know
5. Do not want to answer
9. Undefined
10Irrelevant

D032 How many drinks did you have last week?

(If the mother cannot come up with a number of drinks, please say)
[Was 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 of drinks: → *D032A*
2. None →*D033*

3. 1-6 per week → *D033*
4. 1-2 per day → *D033*
5. 3-4 per day →*D033*
6. 5-6 per day → *D033*
7. more than 6 per day → *D033*
8. Do not know → *D033*
9. Do not want to answer →*D033*

D032A Number drinks (0-99)

EXPOSURE ASTHMA - ALLERGIY

D033.1-7 a. What animals or pets have you had since his/her birth?

Use only wording a the first time the question is being asked

Mention one animal at a time

b. Other animals or pets? *(i. gang)*

1. No animals → *D034*
2. Name of animal/pet:_____*Library list* → *D033A*
3. Yes, but animal not in contact with child: Only animals kept outside → *D033,b / -> D034*
4. No or answers/only animlas that are not in contact with child → *D034*
5. Do not know → *D034*
6. Do not want to answer → *D034*
9. Undefined
10 Irrelevant

D033A.1-7 Types of animals and pets → *D033, form. b*

D034 Has he/she been in daily contact with animals in other places than the home?

1. No
2. Yes
3. Do not know
4. Do not want to answer
9. Undefined
10 irrelevant

CARE OF THE CHILD

D035 Approximately how many hours in a normal everyday do you spent with your child when he/she is a awake?

1. The entire day/All my time → *D036*
2. Time with child in hours and minutes:__.__ → *D035A1*
3. From:__.__to __.__ → *D035B1*
4. Do not know → *D036*
5. Do not want to answer → *D036*
9. Undefined
10irrelevant

D035A1 Hours/minutes time spent with child, mother (0-99) → *D036*
D035B1 Hours/minutes, interval start, time spent with child, mother (0-99)
D035B2 Hours/minutes, interval end, time spent with child, mother (0-99)

D036.1-10 Has he/she been in day nursery, day-care or other kind of regular care outside the home during the day?

(If the mother answers only Yes, please ask:)
[Where was he/she taken care of?]

(A regular day care must last at least 1 week)

Number of possible simultaneous answers: 7 (Combinations of 2 - 8)

D036_1. No
D036_2. In day nursery
D036_3. In integrated institution
D036_4. In day-care
D036_5. With family/frineds
D036_6. Other 1 (Text variable) → *D036A*
D036_7. Other 2 (Text variable) → *D036B*
D036_8. Other 3 (Text variable) → *D036C*
D036_09. Do not know
D036_10. Do not want to answer

D036A. Other day care 1
D036B. Other day care 2
D036C. Other day care 3

D037 Have you been a day-care mother after your child turned 6 months old?

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

MEDICINE – DISEASE IN CHILD

The following questions are about diseases in your child after he/she has turned 6 months old.

D038 Has he /she had a cold?

1. No → *D042*
2. Yes
3. Do not know → *D042*
4. Do not want to answer → *D042*
9. Undefined
10Irrelevant

D039 How often did the cold last for more than 3 days in a row?
Dependet on: D038

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

1. Never → *D040*
2. Never, but he/she has had s cold many times → *D040*
3. Number of times: ____→ D039A
4. Cold is almost a constant state of health → *D040*

5. 1-5 times → *D040*
6. 6-10 times → *D040*
7. Over 10 times → *D040*
8. Do not know → *D040*
9. Do not want to answer → *D040*
99 Undefined
100 Irrelevant

D039A Number of times with cold for more than 3 days in a row (0-99)
Dependet on: D039

If answer in D039A = 1 or answer in D039 = 1 please use wording a, otherwise b

D040 a. Did he/she get any kind of treatment against cold?
Dependet on: D038

b. Did he/she at any time get treatment?

1. No → *D042*
2. Yes
3. Do not know → *D042*
4. Do not want to answer → *D042*
9. Undefined
10Irrelevant

D041.1-18 What kind of treatment?
Dependet on: D038 D040

Number of possible simultaneous answers: 16 (kombinationer af 1. - 16.)

D041_1. Asthma medicine
D041_2. Bricanyl
D041_3. Iliadin
D041_4. Camomile tea bath
D041_5. Nose spray
D041_6. Otrivin
D041_7. Pamol
D041_8. Pinex
D041_9. Penicillin
D041_10. Salbuvent

D041_11. Salt water/salt water drops
D041_12. Sofradex
D041_13. Spirocort
D041_14. Other 1 (Text variable) *Libary list → D041A*
D041_15. Other 2 (Text variable) *Libary list → D041B*
D041_16. Other 3 (Text variable) *Libary list → D041C*
D041_17. Do not know
D041_18. Do not want to answer

D041A. Other treatment against cold 1
D041B. Other treatment against cold 2
D041C. Other treatment agaisnt cold 3

D042 Has he/she had a throat inflammation?

1. No → *D046*
2. Yes
3. Do not know → *D046*
4. Do not want to answer → *D046*
9. Undefined
10Irrelevant

D043 How often did that last for more than 3 days in a row?
Dependet on: D042

(If the mother cannot come up with a number of times, please say:)
[Was it: 1-3, 4-6, 7-10 or more than 10 times?]

1. Never → *D044*
2. Never, but he/she has often had it → *D044*
3. Number of times: →D043A
4. 4. 1-3 times → *D044*
5. 4-6 times → *D044*
6. 7-10 times → *D044*
7. More than 10 times → *D044*
8. Do not know →*D044*
9. Do not want to answer → *D044*
99Undefined
100 Irrelevant

D043A Number of times troat inflammation for more than 3 days (0-99)
Dependet on: D043

If answer D043A = 1 or D043 = 1, use wording a, otherwise b

D044 a. Did he/she get any treatment ?
Dependet on: D042

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

1. No → *D046*
2. Yes
3. Do not know →*D046*
4. Do not want to answer → *D046*
9. Undefined
10Irrelevant

D045.1-13 What kind of treatment?

Number of possible simultaneous answers: 11 (combinations of 1 - 11)

D045_1. Abboticin
D045_2. Doktacillin
D045_3. Erycin
D045_4. Exocin
D045_5. Penicillin
D045_6. Rocilin
D045_7. Spektramox
D045_8. Vepicombin
D045_9. Other 1 (Text variable) *Libary list → D045A*
D045_10. Other 2 (Text variable) *Libary list → D045B*
D045_11. Other 3 (Text variable) *Libary list → D045C*
D045_12. Do not know
D045_13. Do not want to answer

D045A Other treatment troat inflammation 1
D045B Other treatment troat inflammation 2
D045C Other treatment troat inflammation 3

If answer in D042 = 1, 3 or 4, please use wording a, otherwise b

D046 a. Constipation?

b. Has he/she been constipated?

1. No → *D048*
2. Yes
3. Do not know → *D048*
4. Do not want to answer → *D048*
9. Undefined
10Irrelevant

D047 How often did constipation last for more than 3 days in a row?
Dependet on: D046

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

1. Never → *D048*
2. Never, but he/she has been constipated many times → *D048*
3. Number of times: ____ → *D047A*
4. Constipation has been more or less cronic → *D048*

5. 1-5 times → *D048*
6. 6-10 times → *D048*
7. More than 10 times → *D048*
8. Do not know → *D048*
9. Do not want to answer → *D048*
99Undefined
100 Irrelevant

D047A Number of times constipation for more than 3 days (0-99)

If answer in D046 = 1, 3 or 4, use wording a, otherwise b

D048 a. Thin faces or diarrhoea?

b. Has he/she had thin faces or diarrhoea?

1. No → *D060*
2. Yes
3. Do not know →*D060*
4. Do not want to answer → *D060*
9. Undefined
10Irrelevant

D049 How often did it last for more than 3 days in a row?
Dependet on: D048

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

1. Never → *D060*
2. Never, but he/she has had it many times → *D060*
3. Number of times: ____→D049A

4. 1-5 times → *D060*
5. 6-10 times → *D060*
6. More than 10 times → *D060*
7. Do not know → *D060*
8. Do not want to answer → *D060*
9. Undefined
10Irrelevant

D049A Number of times with thin faces/diarrhoea for more than 3 days (0-99)

If answer in D048 = 1, 3 or 4, use wording a, otherwise b

D060 a. Trush or other kinds of fungus?

b. Has he/she had trush or other kinds of fungus?

1. No → *D064*
2. Yes
3. Do not know → *D064*
4. Do not want to answer → *D064*
9. Undefined
10Irrelevant

D061 How often did it last for more than 3 days in a row?
Dependet on: D060

(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. Never → *D062*
2. Never, but he/she has had it many times → *D062*
3. Number of times: ____ →*D061A*
4. Trush or fungus has been more or less cronic → *D062*

5. 1-3 times → *D062*
6. 4-6 times → *D062*
7. More than 6 times → *D062*
8. Do not know → *D062*
9. Do not want to answer → *D062*

99Undefined
100 Irrelevant

D061A Number of times with trush or other kinds of fungus for more than 3 days (0-99)

If D061A = 1 or D061 = 1, use wording a, otherwise

D062 a. Did he/she have any treatment?
Dependet on: D060

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

1. No → *D064*
2. Yes
3. Do not know →*D064*
4. Do not want to answer → *D064*
9. Undefined
10Irrelevant

D063 What kind of treatment?
Dependet on: D060

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

D063_1. Brenospor
D063_2. Brentacort
D063_3. Brentan Baby/Babypasta m. Brentan
D063_4. Ciloprin
D063_5. Soda water
D063_6. Lamisil
D063_7. Breat milk
D063_8. Mycostatin
D063_9. Ointment/Cream unspecified
D063_10. Trush juice
D063_11. Other 1 (Text variable) *Libary list → D063A*
D063_12. Other 2 (Text variable) *Libary list → D063B*
D063_13. Other 3 (Text variable) *Libary list → D063C*
D063_14. Do not know
D063_15. Do not want to answer

D063A Other treatment against trush or other kinds of fungus 1
D063B Other treatment against trush or other kinds of fungus 2
D063C Other treatment against trush or other kinds of fungus 3

If answer in D060 = 2, use wording b, otherwise a

D064 a. False croup?

b. Has he/she had false croup?

1. No → *D068*
2. Yes
3. Do not know → *D068*
4. Do not want to answer → *D068*
9. Undefined
10irrelevant

D065 How often has he/she had false croup?
Dependet on: D064

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

[Was it: 1-3, 4-6, 7-10 or more than 10 times?]

1. Only once → *D066*
2. Number of times more than 1: ____→*D065A*

3. 1-3 times → *D066*
4. 4-6 times → *D066*
5. 7-10 times → *D066*
6. More than 10 times → *D066*
7. Do not know → *D066*
8. Do not want to answer → *D066*

D065A Number of times with false croup (0-99)

If D065 = 1, use wording a, otherwise b

D066 a. Did he/she get any kind of treatment?
Dependent on: D064

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

1. No → *D068*
2. Yes
3. Do not know → *D068*
4. Do not want to answer → *D068*
9. Undefined
10 Irrelevant

D067.1-6 What kind of treatment?
Dependent on: D064

Number of possible simultaneous answers: 4 (combinations of 1 - 4)

D067_1. Paradryl with efedrin
D067_2. Other 1 (Text variable) *Libary list* →*D067A*
D067_3. Other 2 (Text variable) *Libary list* → *D067B*
D067_4. Other 3 (Text variable) *Libary list*→ *D067C*
D067_5. Do not know
D067_6. Do not want to answer

D067A Other treatment against false croup 1
D067B Other treatment against false croup 2
D067C Other treatment against false croup 3

If answer in D064 = 1, 3 or 4, use wording a, otherwise b

D068 a. Acute ear inflammation

b. Has he/she had acute ear inflammation?

1. No → *D073*
2. Yes
3. Do not know → *D073*
4. Do not want to answer → *D073*
9. Undefined
10 Irrelevant

D069 How many times has he/she had acute ear inflammation?
Dependent on: D068

(If the mother cannot come up with a number of times, please say)
[Was it: 1-3, 4-6, 7-10 or more than 10 times?]

1. Only once → *D070*
2. Number of times more than 1: ____→D069A

3. 1-3 times → *D070*
4. 4-6 times → *D070*
5. 7-10 times → *D070*
6. More than 10 times → *D070*
7. Do not know →*D070*
8. Do not want to answer → *D070*
9. Undefined
10 Irrelevant

D069A Number of times with acute ear inflammation (0-99)

D070 How old was he/she the first time he/she had acute ear inflammation?
Dependent on: D068

1. Age:____months. and_____weeks → D070A
2. Age:____weeks → *D070B*
3. Do not know → *D071*
4. Do not want to answer → *D071*
9. Undefined
10 Irrelevant

D070A1 Months. Age 1st time with acute ear inflammation (0-99)
D070A2 Weeks. Age 1st time with acute ear inflammation (0-99) → *D071*
D070B Weeks. Age 1st time with acute ear inflammation (0-99)

If answer ini D069 = , use wording a, otherwise b

D071 a. Did he/she get any treatment?
Dependent on: D068

b. Did he/she at any point get any kind of treatment?

1. No → *D073*
2. Yes
3. Do not know →*D073*
4. Do not want to answer → *D073*
9. Undefined
10 Irrelevant

D072.1-19 What treatment?
Dependent on: D068

Number of possible simultaneous answers: 17 (combinations of 1 - 17)

D072_1. Abboticin
D072_2. Doktacillin
D072_3. Drain
D072_4. Erycin
D072_5. Flemoxin
D072_6. operation (puncture ear drum(s))
D072_7. Pamol
D072_8. Pinex

D072_9. Penicillin
D072_10. Pondocillin
D072_11. Primcillin
D072_12. Rocilin
D072_13. Spektramox
D072_14. Vepicombin
D072_15. Other 1 (Text variable) *Libary list → D072A*
D072_16. Other 2 (Text variable) *Libary list → D072B*
D072_17. Other 3 (Text variable) *Libary list → D072C*
D072_18. Do not know
D072_19. Do not want to answer

D072A Other treatment against acute ear inflammation 1
D072B Other treatment against acute ear inflammation 2
D072C Other treatment against acute ear inflammation 3

S073 Has he/she had episodes with wheezing respiration?

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

D074 Has a doctor said that he/she has got asthma bronchitis or asthma?

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

If answer in S073 = 1, 3 or and answer in D074 = 1, 3 or 4 →D079

If answer in S073 = 2, use the wording a

D075 a. How many times has he/she had episodes of wheezing respiration?
Dependent on: S073 D074

If answer in S073 = 1, 3 or 4 and asnwer in D074 = 2, use wording b
b. How many times has he/she had episodes with asthma bronchitis?

(If the mother cannot come up witha number of times, please say:)
[Was it: 1-3, 4-6, 7-10 or more than 10 times?]

1. Number of episodes: ____→D075A
2. Cronic or almost cronic condition *→D076*

3. 1-3 episodes *→D076*
4. 4-6 episodes *→ D076*
5. 7-10 episodes *→D076*
6. More than 10 episodes *→D076*
7. Do not know *→D076*
8. Do not want to answer *→ D076*
9. Undefined
10 Irrelevant

D075A Number of episodes with asthma bronchitis or asthma (0-99)

If answer in S073 = 2, use wording a

D076 a. How old was he/she when he/she had wheezing respiration?
Dependent on: S073 D074

If answer in S073 = 1, 3 or 4 and answer in D074 = 2, use wording b
b. How old was he/she when he/she had asthma bronchitis?

1. Master list II (MONTHS2, genereret fra MONTHS): Months scheme

D076_1. 6 1/2 months
D076_2. 7 months
D076_3. 7 1/2 months
D076_4. 8 months
D076_5. 8 1/2 months
D076_6. 9 months
D076_7. 9 1/2 months
D076_8. 10 months
D076_9. 10 1/2 months
D076_10. 11 months
D076_11. 11 1/2 months
D076_12. 12 months
D076_13. 12 1/2 months
D076_14. 13 months
D076_15. 13 1/2 months
D076_16. 14 months
D076_17. 14 1/2 months
D076_18. 15 months
D076_19. 15 1/2 months
D076_20. 16 months
D076_21. 16 1/2 months
D076_22. 17 months
D076_23. 17 1/2 months
D076_24. 18 months
D076_25. 18 1/2 months
D076_26. The entire period
D076_27. Do not know
D076_28. Do not want to answer

If D075A = 1, use wording a, otherwise b

D077 a. Did he/she get any kind of treatment?
Dependent on: S073 D074

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

1. No → *D079*
2. Yes
3. Do not know → *D079*
4. Do not want to answer → *D079*
9. Undefined
10. Irrelevant

D078.1-18 What kind fo treatment?
Dependent on: S073 D074

(If the ansawer is Bricanyl, Bricur, Salbuvent and/or Ventoline with no indication of type, please ask:)
[Was it for inhalation?]

Number of possible simultaneous answers: 10 (combinations of 1 - 16)

D078_1. Asthma medicine (unspecified)
D078_2. Asthma spray (unspecified)
D078_3. Bricanyl spray/spacer
D078_4. Bricanyl mixture
D078_5. Bricur spray/spacer
D078_6. Bricur mixture
D078_7. Pinex
D078_8. Pamol
D078_9. Salbuvent spray/spacer
D078_10. Salbuvent mixture
D078_11. Spirocort
D078_12. Ventoline spray/spacer
D078_13. Ventoline mixture
D078_14. Other 1 (Text variable) *Libary list → D078A*
D078_15. Other 2 (Text variable) *Libary list → D078B*
D078_16. Other 3 (Text variable) *Libary list → D078C*
D078_17. Do not know
D078_18. Do not want to answer

D078A. Other treatment against asthma bronchitis or asthma 1
D078B. Other treatment against asthma bronchitis or asthma 2
D078C. Other treatment against asthma bronchitis or asthma 3

D079 Has he/she had bronchitis? (dry to loose cough)

1. No → *D084*
2. Yes
3. Do not know → *D084*
4. Do not want to answer → *D084*
9. Undefined
10irrelevant

D080 How many times has he/she had bronchitis?
Dependent on: D079

(If the mother cannot come up with a number of times, please say)
[Was it: 1-3, 4-6, 7-10 or more than 10 times?]

1. Only 1 time → *D081*
2. Number of times more than 1: ____→D080A
3. 1-3 times → *D081*
4. 4-6 times → *D081*
5. 7-10 times → *D081*
6. More than 10 times →*D081*
7. Do not know → *D081*
8. Do not want to answer → *D081*
9. Undefined
10Irrelevant

D080A Number of times with bronchitis (0-99)

D081 How old was he/she when he/she had bronchitis?
Dependent on: D079

1. Master list II (MONTHS2, genereret fra MONTHS): Months scheme

D081_1. 6 1/2 months
D081_2. 7 months
D081_3. 7 1/2 months
D081_4. 8 months
D081_5. 8 1/2 months
D081_6. 9 months
D081_7. 9 1/2 months
D081_8. 10 months
D081_9. 10 1/2 months
D081_10. 11 months
D081_11. 11 1/2 months
D081_12. 12 months
D081_13. 12 1/2 months
D081_14. 13 months
D081_15. 13 1/2 months
D081_16. 14 months
D081_17. 14 1/2 months
D081_18. 15 months
D081_19. 15 1/2 months
D081_20. 16 months
D081_21. 16 1/2 months
D081_22. 17 months
D081_23. 17 1/2 months
D081_24. 18 months
D081_25. 18 1/2 months
D081_26. Hele perioden
D081_27. Do not know
D081_28. Do not want to answer

If D080 = 1, use wording a, otherwise b

D082 a. Did he/she get any kind of treatment?
`Dependent on:` D079

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

1. No → *D084*
2. Yes
3. Do not know → *D084*
4. Do not want to answer → *D084*
9. Undefined
10. Irrelevant

D083.1-15 What kind of treatment?
`Dependent on:` D079

(If the answer is only Bricanyl, Bricur and/or Ventoline with no indication of type, please ask:)
[Was it for inhalation?]

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

D083_1. Bisolvon
D083_2. Bricanyl spray/spacer
D083_3. Bricanyl mixture
D083_4. Bricur spray/spacer
D083_5. Bricur mixture
D083_6. cough mixture
D083_7. Pinex

D083_8. Pamol
D083_9. Ventoline spray/spacer
D083_10. Ventoline mixture
D083_11. Other 1 (Text variable) *Libary list → D083A*
D083_12. Other 2 (Text variable) *Libary list → D083B*
D083_13. Other 3 (Text variable) *Libary list → D083C*
D083_14. Do not know
D083_15. Do not want to answer

D083A. Other treatment against bronchitis 1
D083B. Other treatment against bronchitis 2
D083C. Other treatment against bronchitis 3

If answer in D079 = 1, 3 or 4, use wording a, otherwise b

D084 a.Pneumonia?

b. Has he/she had pneumonia?

(If the mother answers Yes, please ask:)
[Was the pneumonia diagnosed by a doctor?]

1. No → *D089*
2. Yes
3. Do not know →*D089*
4. Do not want to answer → *D089*
9. Undefined

D085 How many times has he/she had pneumonia?
Dependent on: D084

(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 → *S086*
2. Number of times more than 1: ____→D085A

3. 1-3 times → *S086*
4. 4-6 times → *S086*
5. More than 6 times → *S086*
6. Do not know →*S086*
7. Do not want to answer →*S086*
9. Undefined
10 Irrelevant

D085A Number of times with pneumonia (0-99)

If D085 = 1, use wording a, otherwise b

S086 a. Was it diagnosed by a doctor?
Dependent on: D084

b. How many times was it diagnosed by a dcotor?

(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. Yes (hver gang) → *D087*
2. No (never) → *D087*
3. Only diagnosed by doctor -----number of times (if not each time): ____→S086A

4. 1-3 times diagnosed by doctor (if not each time) → *D087*
5. 4-6 times diagnosed by doctor (if not each time) →*D087*
6. More than 6 times diagnosed by doctor (if not each time) → *D087*
7. Do not know → *D087*
8. Do not want to answer → *D087*
9. Undefined
10 Irrelevant

S086A Number of times pneumonia diagnosed by a doctor (0-99)

If answer in D085 = 1, use wording a, otherwise b

D087 a. Did he/she get any treatment?
Dependent on: D084

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

1. No → *D089*
2. Yes
3. Do not know → *D089*
4. Do not want to answer → *D089*
9. Undefined
10irrelevant

D088.1-12 What kind of treatment?

Number of possible simultaneous answers: 10 (kombinationer af 1. - 10.)

D088_1. Acipen
D088_2. Flemoxin
D088_3. Imacillin
D088_4. Penicillin
D088_5. Primcillin
D088_6. Rocilin
D088_7. Vepicombin
D088_8. Other 1 (Text variable) *Libary list* →*D088A*
D088_9. Other 2 (Text variable) *Libary list* → *D088B*
D088_10. Other 3 (Text variable) *Libary list* → *D088C*
D088_11. Do not know
D088_12. Do not want to answer

D088A. Other treatment against pneumonia 1
D088B. Other treatment against pneumonia 2
D088C. Other treatment against pneumonia 3

D089. Has he/she ever had a temperture of fever of more than 38.5 <u>with no other</u> symptoms?
No rash, …?

1. No → *D093*
2. Yes
3. Do not know → *D093*
4. Do not want to answer → *D093*
5. Undefined

D090 How often has he/she been like that?
Dependent on: D089

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

[Was it 1-5, 6-10 or more than 10 times?]

1. Only 1 time → *D091*
2. Number of times more than 1: ____→D090A

3. 1-5 times →*D091*
4. 6-10 times →*D091*
5. More than10 times →*D091*
6. Do not know → *D091*
7. Do not want to answer →*D091*

D090A Number of times with more that 38.5 temperature fever (0-99)

If answer in D090 = 1, use wordinga, otherwise b

D091 a. Did he/she get any kind of treatment?
Dependent on: D089

b. Did he/she at any time get any kind of treatment against it?

1. No → *D093*
2. Yes
3. Do not know →*D093*
4. Do not want to answer → *D093*
9. Undefined
10 Irrelevant

D092.1-12 What kind of treatment?
Dependent on: D089

Number of possible simultaneous answers: 10 (kombinationer af 1. - 10.)

D092_1. Acipen
D092_2. Flemoxin
D092_3. Imacillin
D092_4. Penicillin
D092_5. Primcillin
D092_6. Rocilin
D092_7. Vepicombin
D092_8. Other 1 (Text variable) *Libary list* → *D092A*
D092_9. Other 2 (Text variable) *Libary list* → *D092B*
D092_10. Other 3 (Text variable) *Libary list* → *D092C*
D092_11. Do not know
D092_12. Do not want to answer

D092A. Other treatment against 38.5 fever 1
D092B. Other treatment against 38.5 fever 2
D092C. Other treatment against 38.5 fever 3

D093 Has he/she had scarlet fever?

1. No → *D097*
2. Yes

3. Do not know → *D097*
4. Do not want to answer → *D097*
9. Undefined
10 Irrelevant

D094 How many times has he/she had scarlet fever?
Dependent on: D093

(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 → *D095*
2. Number of times more than 1: ____ →D094A
3. 1-3 times → *D095*
4. 4-6 times →*D095*
5. More than 6 times →*D095*
6. Do not know → *D095*
7. Do not want to answer →*D095*
9. Undefined
10 Irrelevant

D094A Number of times with scarelt fever (0-99)

If answer in D094 = 1, use wording a, otherwise b

D095 a. Did he/she get any kind of treatment?
Dependent on: D093

b. Did he/she at any time get any kind of treatment against it?

1. Yes
2. No → *D097*
3. Do not know → *D097*
4. Do not want to answer → *D097*
9. Undefined
10 Irrelevant

D096.1-12 What kind of treatment?
Dependent on: D093

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

D096_1. Acipen
D096_2. Flemoxin
D096_3. Imacillin
D096_4. Penicillin
D096_5. Primcillin
D096_6. Rocilin
D096_7. Vepicombin
D096_8. Other 1 (Text variable) *Libary list* → *D096A*
D096_9. Other 2 (Text variable) *Libary list* →*D096B*
D096_10. Other 3 (Text variable) *Libary list* → *D096C*
D096_11. Do not know
D096_12. Do not want to answer

D096A. Other treatment against scarlet fever 1
D096B. Other treatment against scarlet fever 2
D096C. Other treatment against scarlet fever 3

If answer in D093 = 2, use wording b, otherwise a

D097 a. Fever cramps?

b. Has he/she had fever cramps?

1. No → *D099*
2. Yes
3. Do not know → *D099*
4. Do not want to answer → *D099*
9. Undefined

D098 How often has he/she had fever cramps?
`Dependent on:` D097

(If the mother cannot come up with a number of times, please say)
[Was it: 1-5, 6-9 or - 10 or more times?]

1. Only 1 time → *D098X*
2. Number of times more than 1: ____→D098A
3. 1-5 times → *D098X*
4. 6-9 times → *D098X*
5. 10 or more times → *D098X*
6. Do not know → *D098X*
7. Do not want to answer → *D098X*
9. Undefined
10 irrelevant

D098A Number of times with fever cramps (0-99)

D098X How long did the longest fever cramp last?
(not in version1)

(If the mother cannot indicate duration, please ask:)
[Did it last less than 5 minutes, from 6 to 14 minutes, from 15 to 29 minutes or did it last 30 minutes or more?]

1. Less than 5 minutes
2. 6-14 minutes
3. 15-29 minutes
4. 30 minutes or more
5. Do not know
6. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

If answer in D097 = 2, use wordning b, otherwise a

D099 a. 3-days fever?

b. Has he/she had 3-days fever?

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

D100 The fifth child disease?

1. No
2. Yes
3. Do not know
4. Do not want to answer
9. undefined

D101 Chicken pox?

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

D102 Rubella?

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

D103 Measles?

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

D104 Mumps?

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

S105 Has a doctor told you that he/she is allergic to food?

1. No → *S106Q*
2. Suspect it – looking into it
3. Yes
4. Do not know → *S106Q*
5. Do not want to answer → *S106Q*
9. Undefined

S106.1-21 What kind of food?
Dependent on: S105

Number of possible simultaneous answers: 19 (kombinationer af 1. - 19.)

S106_1. Milk
S106_2. Eggs
S106_3. Soya
S106_4. Rye
S106_5. Wheat

S106_6. Cereals in general
S106_7. Gluten
S106_8. Citrus fruit (oranges, lemon, lime)
S106_9. Strawberry
S106_10. Tomatoes
S106_11. Peanuts
S106_12. Nuts (other than peanuts)
S106_13. Beans
S106_14. Peas
S106_15. Cod
S106_16. Fish in general
S106_17. Shellfish
S106_18. Other 1 (Text variable) *Libary lis → S106A*
S106_19. Other 2 (Text variable) *Libary list → S106B*
S106_20. Do not know
S106_21. Do not want to answer

S106A. Other food 1
S106B. Other food 2

S106Q Has he/she had pruritic skin eruption?
(not in version1)

1. No → *D050*
2. Yes
3. Do not know → *D050*
4. Do not want to answer → *D050*
9. Undefined
11 Not asked

S106R Has it been returning skin eruption?
(not in version1)
Dependent on: S106Q

1. Yes
2. No
3. Do not know
4. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

S106S Did it last for more than two weeks?
(not in version1)
Dependent on: S106Q

1. Yes
2. No
3. Do not know
4. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

If both S106R and S106S = 2, 3 o 4 -> D050

S106T.1-41 During what periods since brith has he/she had skin eruptions?
(not in version1)
Dependent on: S106Q

Master list III (ALLMONTH): Months scheme

Number of psooible simultaneous answersr: 26 (combinations of 1-39)

S106T_1.	The entire period
S106T_2.	0 months
S106T_3.	1/2 months
S106T_4.	1 months
S106T_5.	1 1/2 months
S106T_6.	2 months
S106T_7.	2 1/2 months
S106T_8.	3 months
S106T_9.	3 1/2 months
S106T_10.	4 months
S106T_11.	4 1/2 months
S106T_12.	5 months
S106T_13.	5 1/2 months
S106T_14.	6 months
S106T_15.	6 1/2 months
S106T_16.	7 months
S106T_17.	7 1/2 months
S106T_18.	8 months
S106T_19.	8 1/2 months
S106T_20.	9 months
S106T_21.	9 1/2 months
S106T_22.	10 months
S106T_23.	10 1/2 months
S106T_24.	11 months
S106T_25.	11 1/2 months
S106T_26.	12 months
S106T_27.	12 1/2 months
S106T_28.	13 months
S106T_29.	13 1/2 months
S106T_30.	14 months
S106T_31.	14 1/2 months
S106T_32.	15 months
S106T_33.	15 1/2 months
S106T_34.	16 months
S106T_35.	16 1/2 months
S106T_36.	17 months
S106T_37.	17 1/2 months
S106T_38.	18 months
S106T_39.	18 1/2 months
S106T_40.	Do not know
S106T_41.	Do not want to answer

S106U.1-19 Where was the skin eruption? (drawing in guide)
(not in version1)
Dependent on: S106O

Number of possible simultaneous answers: 17 (combinations of 1-17)

S106U_1. In scalp
S106U_2. I pother
S106U_3. Around eyes
S106U_4. In cheeks
S106U_5. Around ears
S106U_6. Around mouth

S106U_7. In neck
S106U_8. In chest
S106U_9. In back
S106U_10. In elboes
S106U_11. Outer side of arms
S106U_12. In wrists
S106U_13. In hollow of the knee
S106U_14. In outer and inner sides of the legs
S106U_15. In the diaper area
S106U_16. Evenly distributed over the entire body
S106U_17. Other places (Text variable) →
S106UA S106U_18. Do not know
S106U_19. Do not want to answer

S106UA Other places skin eruptions

S106V.1-16 What kind of treatment did he/she get?
(not in version1)
Dependent on: S106Q

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

S106V_1. Betnovat
S106V_2. Dermil
S106V_3. Elocon
S106V_4. Hydrocortison
S106V_5. Hormone cream, unspecified
S106V_6. Legederm
S106V_7. Locoid
S106V_8. Mildison
S106V_9. Ointment/Cream unspecified
S106V_10. Uniderm
S106V_11. Other 1 (Text variable) *Libary list → S106VA*
S106V_12. Other 2 (Text variable) *Libary list → S106VB*
S106V_13. Other 3 (Text variable) *Libary list → S106VC*
S106V_14. None
S106V_15. Do not know
S106V_16. Do not want to answer

S106VA. Other treatment against pruritic skin eruption 1
S106VB. Other treatment against pruritic skin eruption 2
S106VC. Other treatment against pruritic skin eruption 3

S106X Was it infant eczema, also called asthma eczema?
(not in version1)
Dependent on: S106Q

1. Yes → *S051*
2. No
3. No, skin eruption in connection with fever disease
4. No, skin eruption in connection with nettle fever
5. Do not know
6. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

If s106X = 2, 3, 4, 5 or 6, use wording b, otherwise a

D050 a. Has he/she had infant eczema, also called asthma eczema?
Dependent on: S106X

b. Has he/she at any time had infant eczema, also called asthma eczema?

1. No → *D054*
2. Yes
3. Do not know →*D054*
4. Do not want to answer → *D054*
9. Undefined
10Irrelevant

S051 Did a doctor say that he/she had infant eczema, also called asthma eczema?
Dependent on: D050

1. Yes
2. No
3. Do not know
4. Do not want to answer
9. Undefined
10irrelevant

If D050 is different from 2 → D054

S106Y.1-41 In which periods after birth has he/she had eczema?

Master list III (ALLMONTH): Months scheme

S106Y_1.	The entire period
S106Y_2.	0 months
S106Y_3.	1/2 months
S106Y_4.	1 months
S106Y_5.	1 1/2 months
S106Y_6.	2 months
S106Y_7.	2 1/2 months
S106Y_8.	3 months
S106Y_9.	3 1/2 months
S106Y_10.	4 months
S106Y_11.	4 1/2 months
S106Y_12.	5 months
S106Y_13.	5 1/2 months
S106Y_14.	6 months
S106Y_15.	6 1/2 months
S106Y_16.	7 months
S106Y_17.	7 1/2 months
S106Y_18.	8 months
S106Y_19.	8 1/2 months
S106Y_20.	9 months
S106Y_21.	9 1/2 months
S106Y_22.	10 months
S106Y_23.	10 1/2 months
S106Y_24.	11 months
S106Y_25.	11 1/2 months
S106Y_26.	12 months
S106Y_27.	12 1/2 months
S106Y_28.	13 months
S106Y_29.	13 1/2 months

S106Y_30. 14 months
S106Y_31. 14 1/2 months
S106Y_32. 15 months
S106Y_33. 15 1/2 months
S106Y_34. 16 months
S106Y_35. 16 1/2 months
S106Y_36. 17 months
S106Y_37. 17 1/2 months
S106Y_38. 18 months
S106Y_39. 18 1/2 months
S106Y_40. Do not know
S106Y_41. Do not want to answer

S106Z.1-19 Where was the eczema? (drawing in guide)
(not in version1)
Dependent on: D050

Number of possible simultaneous answers: 17 (combinations of 1-17)

S106Z_1. In scalp
S106Z_2. I pother
S106Z_3. Around eyes
S106Z_4. In cheeks
S106Z_5. Around ears
S106Z_6. Around mouth
S106Z_7. In neck
S106Z_8. In chest
S106Z_9. In back
S106Z_10. In elboes
S106Z_11. Outer side of arms
S106Z_12. In wrists
S106Z_13. In hollow of the knee
S106Z_14. In outer and inner sides of the legs
S106Z_15. In the diaper area
S106Z_16. Evenly distributed over the entire body
S106Z_17. Other places (Text variable) →S106ZA
S106Z_18. Do not know
S106Z_19. Do not want to answer

S106ZA
Eczema other places

D053.1-16 What treatment did he/she get?

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

D053_1. Betnovat
D053_2. Dermil
D053_3. Elocon
D053_4. Hydrocortison
D053_5. Hormone cream, unspecified
D053_6. Legederm
D053_7. Locoid
D053_8. Mildison

D053_9. Ointment/cream unspecified
D053_10. Uniderm
D053_11. Other 1 (Text variable) *Libary list → D053A*
D053_12. Other 2 (Text variable) *Libary list → D053B*
D053_13. Other 3 (Text variable) *Libary list → D053C*
D053_14. Ingen
D053_15. Do not know
D053_16. Do not want to answer

D053A. Other treatment against infant eczema 1
D053B. Other treatment against infant eczema 2
D053C. Other treatment against infant eczema 3

If s106X = 4 → D055

D054 Did he/she have nettle fever?

1. No *→ D056*
2. Yes
3. Yes, but did already answer in connection with questions about skin eruptions
4. Do not know *→ D056*
5. Do not want to answer *→D056*
9. Undefined

D055 How often has he/she had nettle fever?
`Dependent on:` D054

(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 *→ D056*
2. Number of times more than 1: ____→D055A
3. 1-3 times *→ D056*
4. 4-6 times *→ D056*
5. More than 6 times *→ D056*
6. Do not know *→D056*
7. Do not want to answer *→ D056*
9. Undefined
10irrelevant

D055A Number of times with nettle fever (0-99)

D056 Has he/she had other kinds of eczema or skin eruptions?

1. No *→ D107*
2. Yes
3. Do not know *→D107*
4. Do not want to answer *→ D107*
9. Undefined
10Irrelevant

D057 How often has he/she had other kinds of eczema or skin eruptions?
`Dependent on:` D056

(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 *→D058*

2. Number of times more than 1: ____→D057A
3. More or less a cronic condition → *D058*
4. 1-3 times → *D058*
5. 4-6 times →*D058*
6. More than→ *D058*
7. Do not know → *D058*
8. Do not want to answer →*D058*
9. Undefined
10Irrelevant

D057A Number of times with other kinds of eczema/skin eruptions

If answer in D057 = 1, use wording a, otherwise b

D058 a. Did he/she get any treatment?
Dependent on: D056

b. Did he/she at any time get any kind of treatment against it?

1. No →*D107*
2. Yes
3. Do not know → *D107*
4. Do not want to answer →*D107*
9. Undefined
10 Irrelevant

D059.1-12 What kind of treatment?
Dependent on: D056 D058

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

D059_1. Betnovat
D059_2. Canesten
D059_3. Dermil
D059_4. Elocon
D059_5. Hydrocortison
D059_6. Locoid
D059_7. Ointment/cream, unspecified
D059_8. Other 1 (Text variable) *Libary list* → *D059A*
D059_9. Other 2 (Text variable) *Libary list* → *D059B*
D059_10. Other 3 (Text variable) *Libary list* →*D059C*
D059_11. Do not know
D059_12. Do not want to answer

D059A. Other treatment against other kinds of eczema 1
D059B. Other treatment against other kinds of eczema 2
D059C. Other treatment against other kinds of eczema 3

REDUCED HEARING

D107 Has there ever been suspicion of reduced hearing?

(If the mother answers yes, say:)
Has a doctor diagnosed reduced hearing?

1. No, never suspicion about reduce hearing → *O109M*
2. Yes, suspicion but not diagnosed by doctor about reduced hearing
3. Yes, suspicion about and docotor diagnosed reduced hearing
4. Do not know →*O109M*

5. Do not want to answer →*O109M*
9. Undefined

D108 How old was he/she when the 1st suspicion about reduced hearing arose?
Dependent on: D107

1. Age:____months and____weeks → *D108A*
2. Age:____weeks →*D108B*
3. Age:____days → *D108C*
4. Do not know → *D109*
5. Do not want to answer → *D109*

D108A1 Months. Age of 1st suspicion reduced hearing (0-99)
D108A2 Weeks. Age of 1st suspicion reduced hearing (0-99) →*D109*
D108B. Weeks. Age of 1st suspicion reduced hearing (0-99)→ *D109*
D108C. Days. Age of 1st suspicion reduced hearing (0-99)

D109 For how long – since the birth up till now – all togehter has there been a suspicion about reduced hearing?
Dependent on: D107

1. Total duration:_____months and_____weeks →*D109A*
2. Total duration:_____weeks → *D109B*
3. Total duration:_____days → *D109C*
4. Do not know → *O109M*
5. Do not want to answer → *O109M*
9. Undefined
10 irrelevant

D109A1 Months. Total duration of suspicion about reduced hearing (0-99)
D109A2 Weeks. Total duration of suspicion about reduced hearing (0-99) → *O109M*
D109B. Weeks. Total duration of suspicion about reduced hearing (0-99)→ *O109M*
D109C. Days. Total duration of suspicion about reduced hearing (0-99)

REDUCED VISION/STRABISMUS

O109M Has there ever been any suspicion about reduced vision?
(not in version1)

1. Yes
2. No → *O109S*
3. Do not know →*O109S*
4. Do not want to answer → *O109S*
9. Undefined
11Not asked

O109N Did a doctor diagnose reduced vision?
(not in version 1)
Dependent: O109M

1. Yes
2. No → *O109R*
3. Do not know → *O109R*
4. Do not want to answer →*O109R*
9. Undefined
10Irrelevant

11Not asked
12

O109P Has a doctor found the cause of reduced vision?
(Not in version1)
Dependent on: O109M O109N

1. Yes
2. No → *O109R*
3. Do not know →*O109R*
4. Do not want to answer → *O109R*
9. Undefined
10Irrelevant
11Not asked

O109Q.1-12 What is the cause?
(Not in version1)
Dependent on: O109M O109N O109P

Number of possible simultaneous answers 10 (combinations of 1-10)

O109Q_1. cataract
O109Q_2. glaucoma
O109Q_3. missing lense
O109Q_4. myopia, very strong
O109Q_5. small eyes (microphthalmus)
O109Q_6. hanging eye lid (ptose)
O109Q_7. disease in retina
O109Q_8. blindness/almost blind
O109Q_9. Tumor
O109Q_10. Other_____(Text variable) →*O109QA*
O109Q_11. Do not know
O109Q_12. Do not want to answer

O109QA. Other reason, reduced vision

O109R Has he/she got glasses or contact lenses?
(Not in version1)
Dependent on: O109M

1. Yes
2. No
3. Do not know
4. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

O109S Has there ever been any suspicion of strabismus?
(Not in version1)

1. Yes
2. No -> *O109Z*
3. Do not know -> *O109Z*
4. Do not want to answer → *O109Z*
9. Undefined
10 Irrelevant

O109T Did a doctor diagnose strabismus?
(Not in version1)
Dependent on: O109S

1. Yes
2. No
3. Do not know
4. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

O109U Does your child still have strabismus?
(Not in version1)
Dependent on: O109S

1. Yes → *O109X*
2. No
3. Do not know → *O109Z*
4. Do not want to answer → O109Z
9. Undefined
10Irrelevant
11Not asked

O109V When did strabismus end?
(Not in version1)

1. Age:____months and_____weeks → *O109VA1*
2. Age:____months → *O109VB*
3. Do not know →*O109Y*
4. Do not want to answer → *O109Y*

O109VA1 Months. End strabismus (0-99)
O109VA2 Weeks. End strabismus (0-9) → *O109Y*
O109VB. Months. End strabismus (0-99)

O109X Is strabismus present constantly or only some times, e.g. when child is tired?
(Not in version1)
Dependent on: O109S O109U

1. All the time
2. Some times
3. Do not know
4. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

O109Y Has he/she been treated for strabismus?
(Not in version1)
Dependent on: O109S O109U

1. Yes
2. No
3. Do not know
4. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

O109Z Has any member of child's close family strabismus or had strabismus?
(Not in version1)

1. Yes, child's father and/or mother
2. Yes, one or more sisters
3. No
4. Do not know
5. Do not want to answer
9. Undefined
10Irrelevant
11Not asked

D110 Has he/she ever had a sunburn with blisters?

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

D111 only for boys (SEX=1)

D111 Are the testicles in scrotum?
Dependent on: SEX

1. Yes, both
2. Only one
3. No
4. Do not know, but earlier the doctor said that none/one was in scrotum
5. Do not know
6. Do not want to answer
9. Undefined
10 irrelevant

D112.1-22 Was he/she born with any acertained malformations?

Number of possible simultaneous answers 19 (combinations of 2-20)

D112_1. No
D112_2. Yes, cleft in lips/palate/gum
D112_3. Yes, malformation ears (external or internal)
D112_4. Yes, malformation eyes (external or internal)
D112_5. Yes, Adhesion of fingers
D112_6. Yes, Adhesion of toes
D112_7. Yes, Clubfoot
D112_8. Yes, dislocation of hip
D112_9. Yes, spinal cord hernia or cerebral hernia
D112_10. Yes, hydrocephalus/water on the brain
D112_11. Yes, heart malformation/heart disease
D112_12. Yes, kidney/bladder malformations
D112_13. Yes, hole in abdominal wall
D112_14. Yes, constriction of gullet, stomach or enterostenosis
D112_15. Yes, no or rectum or constricted rectum
D112_16. Yes, mongolism/Downs syndrome (Trisomi 21)
D112_17. Yes, boys: no or only one testicle in scrotum
D112_18. Yes, boys: end of urethra in under side of penis
D112_19. Other 1 (Text variable) → *C112A*
D112_20. Other 2 (Text variable) → *C112B*
D112_21. Do not know
D112_22. Do not wish to answer

D112A. Other 1 – congential malformation
D112B. Other 2 – congential malformation

Wording a to be used only the first time D113 is being asked

D113.1-5 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?

(If the mother answers diaper rash (sore, red, irritated skin), do not mark, but please repeat question:)
[Has he/she had other diseases/sufferings?]

1. No → *D117*
2. Yes: Name of disease (Text variable) → C113
3. Do not know →*D117*
4. Do not wish to answer →*D117*
9. Undefined

D113.1-5 Name of disease/suffering

D114.1-5 How old was he/she at that time?

a. Master list II (MONTHS2, genereret fra months): Months scheme

D114xxyy, xx indicates number of othern disease from D113 and yy indicates answer option in D114

D1140101-D1140501. 6 1/2 months
D1140102-D1140502. 7 months
D1140103-D1140503. 7 1/2 months
D1140104-D1140504. 8 months
D1140105-D1140505. 8 1/2 months
D1140106-D1140506. 9 months
D1140107-D1140507. 9 1/2 months
D1140108-D1140508. 10 months
D1140109-D1140509. 10 1/2 months
D1140110-D1140510. 11 months
D1140111-D1140511. 11 1/2 months
D1140112-D1140512. 12 months
D1140113-D1140513. 12 1/2 months
D1140114-D1140514. 13 months
D1140115-D1140515. 13 1/2 months
D1140116-D1140516. 14 months
D1140117-D1140517. 14 1/2 months
D1140118-D1140518. 15 months
D1140119-D1140519. 15 1/2 months
D1140120-D1140520. 16 months
D1140121-D1140521. 16 1/2 months
D1140122-D1140522. 17 months
D1140123-D1140523. 17 1/2 months
D1140124-D1140524. 18 months
D1140125-D1140525. 18 1/2 months
D1140126-D1140526. The entire period
D1140127-D1140527. Do not know
D1140128-D1140528. Do not want to answer

D115.1-5 Did he/she get any kind of treatment?
Dependent on: D113

1. No → *D113 /* → *D117*
2. Yes
3. Do not know → *D113 /* → *D117*
4. Do not want to answer →*D113 /* →*D117*
9. Undefined
10. Irrelevant

D116.1-5 What treatment
Dependent on: D113 D115

Number of possible simultaneous answers: 4 (kombinationer af 1.-4.)

D116xxyy, xx indicates number of othern disease from D113 and yy indicates answer option in D116

D1160101-D1160501. name of treatment 1 (Text variable) → D116A
D1160102-D1160502. name of treatment 2 (Text variable) → *D116B*
D1160103-D1160503. name of treatment 3 (Text variable) → *D116C*
D1160104-D1160504. name of treatment 4 (Text variable) →*D116D*
D1160105-D1160505. Do not know
D1160106-D1160506. Do not want to answer

D116A.1-5 Treatment same disease or suffering1 → *D113, form. b /* →*D117*
D116B.1-5 Treatment same disease or suffering 2 → *D113, form. b /* → *D117*
D116C.1-5 Treatment same disease or suffering 3 → *D113, form. b /* → *D117*
D116D.1-5 Treatment same disease or suffering 4 → *D113, form. b /* → *D117*

MOTHER – CHILD REALTION

D117 How has it been for you to take 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

D118.1-16 Why has it been difficult?
Dependent on: D117

(If the mother answers illness in other person than mother or child, work situation, housing, economy or the like, it is registered as: Specific external conditions)

Number of possible simultaneous answers: 14 (combinations of 1. -14.)

D118_1. Difficulties with breast feeding
D118_2. Child does not eat as supposed to
D118_3. Sleeping difficulties child
D118_4. Disease/handicap child
D118_5. Difficult/unquiet child (not disease nor handicap)
D118_6. Medical disease/handicap - mother
D118_7. Mental illness - mother
D118_8. General state of tiredness, strain, discontentment - mother
D118_9. Feeling of insecurity in mother as to how to take care of the child

D118_10. Bad contact with child
D118_11. New pregnancy
D118_12. Preterm born child
D118_13. Specific external conditions not covered by the categories mentiond
D118_14. Other (Text variable) → D118A
D118_15. Do not know
D118_16. Do not wish to answer

D118A. Other reasons why it may be difficult to take care of the child

MOTHER – CHILD CO-HABITATION

D119 Do you live with the child's birth father?

1. Yes → *D120*
2. Father, but not birth father: Donor child → *D120*
3. No, new husband → *D120*
4. No, partner → *D120*
5. No, with family/friends (not partner) → *D120*
6. No, live with no adults → *D120*
7. Other (Text variable) → *D119A*
8. Do not know → *D120*
9. Do not want to answer → *D120*
99. Undefined

D119A. Other kind of co-habitation

D120 Have there been any changes in relation to whom you and the child have lived whith after he/she turned 6 months old?

(Only marking in 2 (Yes), if changes in co-habitation in relation to other husband/partner than now or changes in living with other adults)

1. No; *If D119 = 1.-4. → D122; If D119 = 5.-7. → D123*
2. Yes
3. Do not know; *If D119 = 1.-4. →D122; If D119 = 5.-7. → D123*
4. Do not want to answer; *If D119 = 1.-4. → D122; If D119 = 5.-7. →D123*
9. Undefined

D121 With whom have you and your child lived with for the major part of his/her life since he/she turend 6 months old?
Dependent on: D119 D120

1. Birth father → *D122, if D119 < 5. if D119 = 5.-9. → D123*
2. Father, but not birth father: Donor child → *D122, If D119 < 5. If D119 = 5.-9. → D123*
3. New husband →*D122, If D119 < 5. If D119 = 5.-9. --< D123*
4. Other partner → *D122, If D119 < 5. If D119 = 5.-9. →D123*
5. Lived alone → *D122, If D119 < 5. If D119 = 5.-9. → D123*
6. Family/frineds, without partner →*D122, If D119 < 5. If D119 = 5.-9. → D123*
7. Other (Text variable) → D121A
8. Do not know → *D122, If D119 < 5. If D119 = 5.-9. → D123*
9. Do not want to answer → *D122, If D119 < 5. If D119 = 5.-9. →D123*

D121A Other kinds of co-habitation most of the time, *If D119 =5.-9. → D123*

FATHER TIME WITH CHILD

Put child's father in D122 for D119 = 1. or. 2., your present husband or D119 = 3. og your partner for D119 = 4.

D122.1-8 Approximately how many hours does child's father/your present husband/partner spent with child on a normal day while child is awake?
Dependent on: D119 D120 D121

Number of possible simultaneous answers: 3 (1. med 2.- 6. og 6. med 1.-5.)

D122_1. Changing work hours, last week

D122_2. Hours:__.__ → D122A
D122_3. From:__.__to __.__hours →*D122B*
D122_4. All the time
D122_5. No time
D122_6. Is often gone for longer periods (at least 2 weeks)
D122_7. Do not know
D122_8. Do not want to answer

If answer = 1+2 or 6+2 → D122A. If answer = 6+3 or 1+3 → D122B1. 4-8 alone → D123

D122A Hours, Father time spent with child (0-99) → *D123*
D122B1 Hours, interval start. Father time spent with child (0-99)
D122B2 Hours, interval end Father time spent with child (0-99)

SPECIAL STRAINS - MOTHER'S EXPERIENCE

D123 Have you – after the child has turned 6 months old – felt burdened by any of the things I am going to mention now?
You can answer NO, A LITTLE or A LOT

Economy?

1. No
2. Alittle
3. A lot
4. Do not know
5. Do not want to answer
9. Undefined

D124 Housing?

1. No
2. A little
3. A lot
4. Do not know
5. Do not want to answer
6. Undefined

D125 Work?

1. No
2. A little
3. A lot

4. Do not know
5. Do not want to answer
9. Undefined

D126 Relationship to partner?

1. No
2. A little
3. A lot
4. Ingen partner haft i perioden
5. Do not know
6. Do not want to answer
9. Undefined

D127 Relationship to family and friends?

1. No
2. A little
3. A lot
4. Do not know
5. Do not want to answer
9. Undefined

D128 Disease in child?

1. No
2. A little
3. A lot
4. Do not know
5. Do not want to answer
9. Undefined

D129 Own disease?

1. No
2. A little
3. A lot
4. Do not know
5. Do not want to answer
9. Undefined

If D126=4 → D131

D130 Disease in partner?
Dependent on: D126

1. No
2. A little
3. A lot
4. No partner in that period
5. Do not know
6. Do not want to answer
9. Undefined
10 irrelevant

D131 Disease in family or close friends?

1. No
2. A little

3. A lot
4. Do not know
5. Do not want to answer
9. Undefined

D132 Other things?

1. No
2. A little
3. A lot
4. Do not know
5. Do not want to answer
9. Undefined

D133 How have you been feeling on average mentally from the time when the child has turned 6 months old and until now?
You can answer: Really fine, fine, fair, bad, very bad

1. Really fine
2. Fine
3. Fair
4. Bad
5. Very bad
6. Do not know
7. Do not want to answer
9. Undefined

MOTORIC AND COGNITIVE DEVELOPMENT – MILE STONES

D134 The following questions are about what your child can do right now, but first I need to know if he/she has any serious physical or developmental problems that you have not mentiond earlier?

1. No → *INTROB*
2. Yes
3. Do not know → *INTROB*
4. Do not want to answer → *INTROB*
9. Undefined

D135.1-10 What problems have been diagnosed after the child has turned 6 months old?
`Dependent on:` D134

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

D135_1. Acertained braine damage
D135_2. General delay in development
D135_3. Problems, hearing
D135_4. Problems, sight
D135_5. Motoric problems
D135_6. Other 1 (Text variable) *Libary list → D135A*
D135_7. Other 2 (Text variable) *Libary list→D135B*
D135_8. Other 3 (Text variable) *Libary list→D135C*
D135_9. Do not know
D135_10. Do not want to answer

D135A. Other problems in child 1
D135B. Other problems in child 2
D135C. Other problems in child 3

INTROA We ask all mothers the same questions, but as your child have special problems, the following questions may not be relevant for him/her.

→ *D136*

INTROB. I will also ask you questions about things that most children cannot do until they reach the age of 18 month, and of course it varies a lot when normally developed children can do different things

.

CHILD'S DEVELOPMENT

Physical development:

D136 How old was he/she when he/she could sit with no support?

1. Age:____month and_____weeks → D136A
2. Still does not sit without support → *D139*
3. Do not know → *D137*
4. Do not want to answer → *D137*
5. Undefined

D136A1 Months. Age for sitting alone without support (0-99)
D136A2 Weeks. Age for sitting alone without support (0-9)

D137 When was the first time he/she could walk alone without support?
Dependent on: D136

1. Age:____months and_____weeks → D137A
2. Can not walk without support yet → *D139*
3. Do not know →*D138*
4. Do not want to answer →*D138*
9. Undefined
10Irrelevant

D137A1 Months. Age for walking without support (0-99)
D137A2 Weeks. Age for walking without support (0-9)

D138 Can he/she go up stairs with the support from a hand or a banister?
Dependent on: D136 D137

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

Self-help:

D139 Can he/she take off socks and shoes when you ask him/her to do so?

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

D140	Can he/she drink from an ordinary glass/cup without help?

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

Social development:

D141	Can he/she be occupied with the same thing for at least 15 minutes without adult participation?

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

If D136 or D137 = 2. → D143

If D142 skipped, the programme automically makes a mark in category 2..

D142	Can he/she go get things and bring it to others if told to? Dependent on: D136 D137

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

Cognitive development:

D143	Does he/she try to make marks in for instance table or paper with colour pencils or other objects?

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

D144	Does he/she automatically turn the picture right when he/she looks in a book?

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

Communication:

D145	Does he/she use word-like sounds to tell what he/she wants?

1. Yes
2. No

3. Do not know
4. Do not want to answer
9. Undefined

D146 Approximately how many things can he/she mention by name?
Must be so pronounced that a stranger will understand.

(If the mother cannot come up with a number of words, please say:)
[Is it less than 10 words, 11-25, 26-100, 101-300 or more than 300 words?]

1. Number of words: _____→D146A

2. Less than 10 → *D147 / →D148*
3. 11-25 →*D147 / →D148*
4. 26-100 →*D147 / →D148*
5. 101-300 →*D147 / → D148*
6. More than 300 words →*D147 / → D148*
7. Do not know → *D147 / → D148*
8. Do not want to answer → *D147 / → D148*

If answer <>1 og D145 = 2. → D148 otherwise > D147

D146A Number of things he/she knows the name of (0-999) *If D145=2 → D148 or D147*
If D147 is skipped, the program automatically makes a mark in category 2

D147 Does he/she use 2-words-sentences?
Dependent on: D145

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

D148.1-6 In the next questions, please answer from what is most typical of your child.

Is he/she restless in his/her sleep?

Number of possible simultaneous answers: 2 (combinations pf 1.-3. with 4.)

D148_1. Yes
D148_2. Both yes og no
D148_3. No
D148_4. Does not want to fall asleep
D148_5. Do not know
D148_6. Do not want to answer

D149 Do you think he/she is MORE or LESS active than kids the same?

1. More active
2. Like kdis his/her own age
3. Less active
4. too active/hyper active/very restless
5. Very passive and quiet
6. Do not know
7. Do not want to answer
9. Undefined

D150 Is he/she a happy child?

1. Yes
2. Both yes og no
3. No
4. Do not know
5. Do not want to answer
9. Undefined

D151.1-6 Is he/she a cautious and guarded child?

Number of possible simultaneous answers: 2 (combination of the categories 1.-3. with 4.)

D151_1. Yes
D151_2. Both yes og no
D151_3. No
D151_4. Only among strangers
D151_5. Do not know
D151_6. Do not want to answer

EDUCATION: MOTHER, BIRTH FATHER/PARTNER

MOTHER

Now for some questions about school and education

D152.1-20 At what level did you end school?

(If the mother answers 9th or 10th class, ask)
[Did you get a certificate?]

Number of possible simultaneous answers: 2 (combinations of 17. with 1 of the categories 1. to 16. and 18.. Ref. to D154 has priority)

D152_1. 6th class or less
D152_2. 7th class
D152_3. 8th class
D152_4. 9th class without certificate
D152_5. 9th class with certificate
D152_6. 10th class without certificate
D152_7. 10th class with certificate
D152_8. Lower secondary school leaving examination
D152_9. Higher Preparatory Examination, end → *D154*
D152_10. Higher Preparatory Examination, on-going → *D154*
D152_11. General Certificate of Education, end →*D154*
D152_12. General Certificate of Education *on-going* → *D154*
D152_13. Technical A-Level College, end →*D154*
D152_14. Technical A-Level College, on-going →*D154*
D152_15. Commercial A-Level College, end → *D154*
D152_16. Commercial A-Level College, on-going → *D154*
D152_17. Foreign school
D152_18. Other (Text variable) → *D152A*
D152_19. Do not know
D152_20. Do not want to answer

Answer 9-16 alone or with 17 → D154

D152A Other class end of school (Mother)

D153 Have you taken a basic vocational training course?

Dependent on: D152

1. No
2. Yes, EGU, end
3. Yes, EGU, on-going
4. Yes, EFG, end
5. Yes, EFG, on-going
6. Yes, FUU, end
7. Yes, FUU, on-going
8. Do not know
9. Do not want to answer
99Undefined
100 irrelevant

D154 What is the highest level of education that you have?

1. Education (Text variable) → *D154A*
2. does not have any professional education → *D155*
3. Do not know →*D155*
4. Do not want to answer → *D155*
9. Undefined
10Irrelevant

D154A Education, mother

BIIRTH FATHER

Now the same questions about education for the birth father

D155.1-21 At what level did he school?

(If the mother answers 9thn or 10 th class, ask)
[With/without certificate?]

Number of possible simultaneous answers: 2 (combinations of 17. with 1 of the categories 1. to 16.and 19. Ref. toD157 have priority)

D155_1. 6th class or less
D155_2. 7th class
D155_3. 8th class
D155_4. 9th class without certificate
D155_5. 9th class with certificate
D155_6. 10th class without certificate
D155_7. 10th class with certificate
D155_8. Lower secondary school leaving examination
D155_9. Higher Preparatory Examination, end → *D157*
D155_10. Higher Preparatory Examination, on-going → *D157*
D155_11. General Certificate of Education, end → *D157*
D155_12. General Certificate of Education *on-going* → *D157*
D155_13. Technical A-Level College, end → *D157*
D155_14. Technical A-Level College, on-going →*D157*
D155_15. Commercial A-Level College, end → *D157*
D155_16. Commercial A-Level College, on-going →*D157*
D155_17. Foreign school
D155_18. Other (Text variable) → *D155A*
D155_19. Do not know
D155_20. Do not want to answer

Answer 9-16 alone or with 17 → D154

D155A Other class end of school (Birth father)

D156 Has he taken a basic vocational training course?
Dependent on: D155

1. No
2. Yes, EGU, end
3. Yes, EGU, on-going
4. Yes, EFG, end
5. Yes, EFG, on-going
6. Yes, FUU, end
7. Yes, FUU, on-going
8. Do not know
9. Do not want to answer
99Undefined
100 irrelevant

D157 What is the highest level of education that he has?

1. Education (Text variable) *→D157A*
2. does not have any professional education *→ D155*
3. Do not know *→D155*
4. Do not want to answer *→ D155*
9. Undefined

For answer <> 1: *If D119 = 1. or 5.-9. and D120 = 1. or 3.-4. or*
If D119 = 1. or. 5.-9. and D120 = 2. and D121 = 1. or 5.-9. → D161, or else → D158

D157A Education, birth father

IfD119 = 1. el. 5.-9. og D120 = 1. el. 3.-4. or If D119 = 1. el. 5.-9. og D120 = 2. og D121 = 1. el. 5.-9. →D161

PARTNER

For D158 the following applies:
If D119 = 2.-3. og D120 = 1. el. 3.-4. your husband
If D119 = 4. og D120 = 1. el. 3.-4.your partner
If D119 = 2.-3. og D120 = 2. og D121 = 1. your husband
If D119 = 4. og D120 = 2. og D121 = 1. your partner
If D119 = 1. el. 3.-4. og D120 = 2. og D121 = 2. your ex-husband
If D119 = 1.-2. el. 4. og D120 = 2. og D121 = 3. your ex-husband
If D119 = 1.-3. og D120 = 2. og D121 = 4. your ex partner

If D155 = 18. use wording b, otherwise a

D158.1-20 a. Now I will repeat the same questions about school and education, this time for your ex husband/partner.
Denpendent on: D119 D120 D121

b. Well, instead I will ask about your ex-husband/partners school and education.

At what level did he end school?

(If the mother answers 9thn or 10 th class, ask:)
[With/without certificate?]

Number of possible simultaneous answers: 2 (combination of 17. with 1.-16. and 18. References to D160 have priority)

D158_1. 6th class or less
D158_2. 7th class
D158_3. 8th class
D158_4. 9th class without certificate
D158_5. 9th class with certificate
D158_6. 10th class without certificate
D158_7. 10th class with certificate
D158_8. Lower secondary school leaving examination
D158_9. Higher Preparatory Examination, end →*D160*
D158_10. Higher Preparatory Examination, on-going → *D160*
D158_11. General Certificate of Education, end → *D160*
D158_12. General Certificate of Education *on-going-→D160*
D158_13. Technical A-Level College, end → *D160*
D158_14. Technical A-Level College, on-going → *D160*
D158_15. Commercial A-Level College, end → *D160*
D158_16. Commercial A-Level College, on-going → *D160*
D158_17. Foreign school
D158_18. Other (Text variable) → *D158A*
D158_19. Do not know
D158_20. Do not want to answer

Answer 9-16 alone or with 17 → D160

D158A Other class end of school (Birth father)

D159 Has he taken a basic vocational training course?
Denpendent on: D119 D120 D121 D158

1. No
2. Yes, EGU, end
3. Yes, EGU, on-going
4. Yes, EFG, end
5. Yes, EFG, on-going
6. Yes, FUU, end
7. Yes, FUU, on-going
8. Do not know
9. Do not want to answer
99Undefined
100 Irrelevant

D160 What is the highest level of education that he has?

1. Education (Text variable) → *D160A*
2. does not have any professional education → *D161*
3. Do not know → *D161*
4. Do not want to answer → *D161*
9. Irrelevant

D160A Education, birth father

FAMILY'S ECONOMIC LEVEL

Now questions about your incomes

D161 What is the family's annual gross income, i.e before tax?
Public transfer incomes are income

1. Total annual income:_____kr.
2. Do not know → *INTRO161*
3. Do not want to answer -> INTRO161
9. Undefined
10Irrelevant

D161A Gross income DKK (0-99.999.999)

ANTROPHOMETRY MEASURES – BIRTH PARENTS

INTRO161. *If D155_18 = 1 use wording b*

a. The following questions are about your waist measurements and weight

b. The following questions are about your weight

If D001 = 2. → D164

D162 What is your weight?
Denpendent on: D001

1. ___.___kilos → D162A
2. Do not know → *D163*
3. Do not want to answer → *D163*
9. Undefined
10Irrelevant

D162A Decimal figures, kilos mother's present weight (0-999)

D163 What is your waist measurement?
Denpendent on: D001

1. Waist measurement: _____→D163A
2. Do not know → *D166*
3. Do not want to answer → *D166*
9. Undefined
10Irrelevant

D163A Waist measurement, cm mother (0-500)

→ *D166*

D164 What was your weight before the present pregnancy?

1. ___.___kilos → D164A
2. Do not know → *D165*
3. Do not want to answer →*D165*
9. Undefined
10Irrelevant

D164A Decimal figures, kilos – mother's weight before present pregnancy (0-999)

D165 Waist measurement before present pregnancy?
Denpendent on: D163

1. Waist measurement:_____cm → D165A
2. Do not know *→D166, unless D155=18: → D169*
3. Do not want to answer *→ D166, unless D155=18: →D169*
9. Undefined
10irrelevant

D165A Waist measurement before present pregnancy (0-999)

If D155 = 18. → D169

D166 What does the birth father weigh?

1. ___.___kilos → D166A
2. Do not know *→D167*
3. Do not want to answer →D167
9. Undefined
10Irrelevant

If D155 =18.→D169

D166A Decimal figures, kilos – weight, birth father (0-999)

D167 How tall is he?
Dependent on: D155

1. Height:_____cm
2. Height:___.___m *→ D167B*
3. Do not know *→ D168*
4. Do not want to answer *→ D168*
9. Undefined
10Irrelevant

D167A Height, cm, birth father (0-999) → D168
D167B Decimal figures, m – height birth father (0-3)

D168 What is his waist measurement?

1. Waist measurement:_____cm
2. Do not know *→ D169*
3. Do not want to answer *→ D169*
9. Undefined
10Irrelevant

D168A Waist measurement, cm, birth father (0-300)

NETWORK

D169 How many persons do you know that would help you if you would fall ill and need support?

(If the mother cannot come up with a number of times, please say)
[Is it: 1-3, 4-8 or more than 8 persons?]

1. None *→ D170*
2. Number of persons: ____→ D169A
3. 1-3 persons *→D170*
4. 4-8 persons *→ D170*
5. More than 8 persons *→ D170*
6. Do not know *→ D170*

7. Do not want to answer → *D170*
9. Undefined

D169A Number of persons, support (0-99)

D170 How many persons do you know with whom you can have confidential conversations?

(If the mother cannot come up with a number of times, please say)
[Is it: 1-3, 4-8 or more than 8 persons?]

1. None → *D171*
2. Number of persons: ____→ D170A

3. 1-3 persons →*D171*
4. 4-8 persons → *D171*
5. More than 8 persons → *D171*
6. Do not know → *D171*
7. Do not want to answer → *D171*
9. Undefined

D170A Number of persons, confidential conversation (0-99)

D171 All in all, are you content with the support you get from your surroundings?
You may answer: Yes, both yes and no, and No

1. Yes
2. Both yes and no
3. No
4. Do not know
5. Do not want to answer
9. Undefined

The last questions are about information in Barnets Bog (athe child's book) and from the vaccination certificate.

D172 How many visits in the home have you had from the visiting nurse since the child was born?

(If the mother cannot come up with a number of times, say:)
[Was it 1-4, 5-8 or more than 8 visits?]

1. Number of visits: ____→ D172A
2. 1-4 visits → *D173*
3. 5-8 visits →*D173*
4. more than 8 visits → *D173*
5. Do not know → *D173*
6. Do not want to answer →*D173*
9. Undefined

D172A Number of visits from the visiting nurse (0-99)

VACCINATIONS

D173.1-11 Which from the most common vaccinations has he/she had?

Number of possible simultaneous answers: 7 (combinations of 2. - 8.)

D173_1. All 7
D173_2. Di-Te-Ki-Pol 1 (3 mdr.)
D173_3. HIB 1 (3 mdr.)

D173_4. Di-Te-Ki-Pol 2 (5 mdr.)
D173_5. HIB 2 (5 mdr.)
D173_6. Di-Te-Ki-Pol 3 (12 mdr.)
D173_7. HIB 3 (12 mdr.)
D173_8. MFR 1 (15 mdr.)
D173_9. None
D173_10. Do not know
D173_11. Do not want to answer

D174 Has he/she had other vaccinations?

1. No → *D177*
2. Yes
3. Do not know → *D177*
4. Do not want to answer → *D177*
9. Undefined

D175.1-5 What was he/she vaccinated against?

1. Name of vaccine (Text variable)
2. Do not know → *D176*
3. Do not want to answer → *D177*
9. Undefined
10Irrelevant

D175A.1-5 Name of other vaccinations

D176.1-5 Other vaccinations?

1. No → *D177*
2. Yes → *D175*
3. Do not know → *D177*
4. Do not want to answer → *D177*
9. Undefined
10Irrelevant

ANTROPHOMETRY MEASURES CHILD

D177 Now I would like to have the information from the child's five-months examination with the

The date of five-months examination

1. Date: day/month/year
2. The child did not have the exxcamination at 5 months → *D181*
3. The child did ahve the examinations but I do not have the information →*D181*
4. I have the information but not hte date → *D178*
5. Do not know → *D181*
6. Do not want to answer → *D181*

D178 Child height
Dependent on: D177
9. Undefined

D177A Date 5-months examinations DD/MM/YYYY from1/1-96

1. Height: ___
2. not measured → *D179*
3. Do not know → *D179*
4. Do not want to answer → *D179*

9. Undefined
10Irrelevant

D178A Height at five months in cm (0-150)

D179 Weight
Dependent on: D177

1. weight:_____grams → D179A
2. not measured → *D180*
3. Do not know → *D180*
4. Do not want to answer →*D180*
9. Undefined
10 Irrelevant

D179A weight in grams at 5 months examination (1-20000)

D180 Cranical circumference
Dependent on: D177

1. Cranical circumference:_____cm → D180A
2. not measured → *D181*
3. Do not know → *D181*
4. Do not want to answer →*D181*
9. Undefined
10Irrelevant

D180A Crancial circumference in cm at the 5 months GP examination (1-150)

If D177 = 2., 3., 5. or 6. use wording b, otherwise a

D181 a. And now the same information but from the 12 months GP examination
First the date

b. Now I would like to have the inforamtion from the 12 m,onths GP examination
First the date

1. Date: DD/MM/YYYY
2. child not examinated at 12 months. → *D185*
3. child examinated, but I do not have the information →*D185*
4. do have the information but not the date → *D182*
5. Do not know → *D185*
6. Do not want to answer → *D185*
9. Undefined
10irrelevant

D181A Date of 12.-months GP examination (1/1-96 – d.d.)

D182 Height
Dependent on: D181

1. Height: ____→ D182A
2. not measured → *D183*
3. Do not know → *D183*
4. Do not want to answer → *D183*
9. Undefined
10 Irrelevant

D182A Height in cm at 12 months GP examination (1-150)

D183 Weight
Dependent on: D181

1. Weight:____grams → D183A
2. not measured → *D184*
3. Do not know → *D184*
4. Do not want to answer → *D184*
9. Undefined
10Irrelevant

D183A Weight in grams, 12 months examnination with GP (1-20.000)

D184 Cranial circumference
Dependent on: D181

1. Cranial circumference:_____cm → D184A
2. Not measured → *D185*
3. Do not know → *D185*
4. Do not want to answer → *D185*
9. Undefined
10Irrelevant

D184A Cranial circumference at 12 months (1-150)

If answer in D180=1 → INTRO1

D185 Do you have a measurement of cranial circumference taken at another time (must be after birth)?
.

1. No → *INTRO1*
2. Yes
3. Yes, but I do not have the information → *INTRO1*
4. Do not know → *INTRO1*
5. Do not want to answer → *INTRO1*
9. Undefined

D186 When was the last meaurement?

1. Date: DD/MM/YYYY
2. Do not know → *D187*
3. Do not want to answer → *D187*
9. Undefined

D186A Date last measurement of cranial circumference (1/1-96 – d.d.)

D187 What was the cranial circumference?

1. cranial circumference :____cm →D187A
2. Do not know → *INTRO1*
3. Do not want to answer → *INTRO1*
9. Undefined

D187A Last cranial circumference (0-999)

From *T188 to T195 only for women in Copenhagen and Northern Jutland*

SUB PROJECT 2 DENTIST (LBC)

INTRO1 Now follows a few additional question about your child's teeth
(If TANDL2=0 → S196)

T188 How old was he/she when he/she had his/her first tooth?
Dependent on: TANDL2

1. Age:____month and_____weeks → D188A
2. Do not know →*T189*
3. Do not want to answer → *T189*

T188A1 Months. Age 1st tooth (0-99)
T188A2 Weeks. Age 1st tooth (0-9)

T189 Any symptoms with the cutting of teeth?
Dependent on: TANDL2

1. No →*T191*
2. Yes
3. Do not know →*T191*
4. Do not want to answer →*T191*
9. Undefined

T190.1-8 What symptoms?

Number of possible simultaneous answers: 6 (combinations of 1.- 6.)

T190_1. Fever
T190_2. Diarrhoea
T190_3. Red bottom
T190_4. Other 1 (Text variable) →*T190A*
T190_5. Other 2 (Text variable) → *T190B*
T190_6. Other 3 (Text variable) → *T190C*
T190_7. Do not know
T190_8. Do not want to answer

T190A Other symptoms with cutting of teeth 1
T190B Other symptoms with cutting of teeth 2
T190C Other symptoms with cutting of teeth 3

T191 Has he/she ever hurt his/her teeth?
Dependent on: TANDL2

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

T192 Caries in teeth?
Dependent on: TANDL2

1. No

2. Yes
3. Do not know
4. Do not want to answer
9. Undefined
10Irrelevant

T193 Any bleedings from or pain in gums?
Dependent on: TANDL2

1. No
2. Yes
3. Yes, only in connection with a knock on teeth
4. Yes, only in comnection with cutting of teeth
5. Do not know
6. Do not want to answer
9. Undefined
10Irrelevant

T194 How often do you brush his/her teeth?
Dependent on: TANDL2

1. 1 time per day
2. more than 1 time per day
3. less than 1 time per day
4. never
5. Do not know
6. Do not want to answer
9. Undefined
10Irrelevant

T195 Would he/she need to see a dentist?
Dependent on: TANDL2

1. No
2. No need, but went to the routine check
3. Yes
4. Do not know
5. Do not want to answer
9. Undefined
10Irrelevant

ASTHMA AND ALLERGY – SUB PROJECT QUESTIONS (S)

The last questions are about infant eczema and allergy in the family.

S196 Has any of your other childre by birth had infant eczema, also called astham eczema?

1. No
2. Yes
3. I do not have other children
4. Do not know
5. Do not want to answer
9. Undefined

S197 Have you ever had infant eczema yourself?

1. No
2. Yes

3. Do not know
4. Do not want to answer
9. Undefined

S198 Have you ever had hay fever or allergic cold?

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

S199 Has the child's birth father ever had infant eczema?

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

S200 Has he ever had hay fever or allergic cold?

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

THE INTERVIEW IS OVER

Now the interview is over and I would like to thank you for haveing spent time on this investigationen. Without your and all the other mothers' participatuion we would not have been able to gather the knowledge that we have now to improve the health for mother and child.

D201 For the interviewer

Your comments.

1. Special comments from interviewer:_____
2. No comments → *END*

D201A Special comments

END << Push a bottom >

Sub Projects

O = Eye project

R = Dentist project 1: Svend Poulsen (Amterne Ringkøbing og Århus)

S = Asthma project: Mads Melby

T = Dentist project 2: Lisa Bøge Christensen (Københavns kommune og Nordjyllands Amt)

Other specielt interests

Kim Fleischer Michaelsen: Diet (nursing question and head circumference)

Sjúrður Olsen: N-3 (fish and fishoil question)

Mads Melby: Asthma (asthma, bronchitis, hives, eczema, smoking)

Peter Aaby: Vaccination

Thorkild Sørensen: Obesity (weight and height)