

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

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 for the child

Exposures – the child

Child care

Medicine and disease – the child

Mother-child relation

Mother – child living arrangements

Special strains – mother's experience

Mental state of mind – the mother

Special difficulties – parents' childhood

Motor and cognitive development – the child

Asthma and allergy

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

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

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

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

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

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

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

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

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

CINTROA: Interviewer ID (not checked)

CINTDATO: Date of Interview (not checked)

CVERSION: (not checked)

GRAVNR: Woman's pregnancy ID in the BSMB

LBNR: Serial number (the woman's ID number in the BSMB)

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 get started, I should like to know if you had a boy or a girl?

I assume that your child is normal and that you live together.

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 on a regular basis with the mother -> C248

SEX_4. Do not wish to answer

P000 You were in which week of gestation 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 any epileptic seizure at any time during your the pregnancy?

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

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

- 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 amniotic fluid until the actual birth?

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

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

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

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

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

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

ETF105 Did you have, in relation to your pregnancy or shortly after the birth, pains in the pelvis that were so strong that they affect your ability to walk?

1. yes
2. no
3. do not know
4. do not wish to answer

ETF106 Do you suffer any physical inconveniences today that come from your pregnancy or the birth.?

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

ETF107.1-18 What kind of inconveniences?

- ETF107_1. cuts in perineum
- ETF107_2. breaking/bursting of perineum
- ETF107_3. urinary incontinence
- ETF107_4. troubles to control bowels and air
- ETF107_5. haemorrhoids
- ETF107_6. pelvic pain
- ETF107_7. pains in back and loin (that are not from pelvic pain)
- ETF107_8. varicose veins
- ETF107_9. scar/seam from caesarean section
- ETF10710. gain of weight
- ETF10711. loss of weight
- ETF10712. trouble with hips
- ETF10713. swollen joints
- ETF10714. accumulation of fluids in body
- ETF10715. emotional stress
- ETF10716. other: _____
- ETF10717. do not know
- ETF10718. do not wish to answer

ETF107A Other physical inconveniences from pregnancy/birth, text

ETF108 Total gain of kilos during your pregnancy?

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

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 30th gestation week, it is the period from 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.

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

P002. Did you have inflammation of the bladder after 30th week of gestation?

1. yes
2. no -> P004
3. do not know -> P004
4. do not wish to answer -> P004

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

- 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?

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

P005.1-18 During which gestation weeks did you have inflammation of the pelvis of the kidney ?

- 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?

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

P007.1-18 During which gestation weeks did you have kidney stone?

- 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?

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

P008A.1-5 What kind of inflammation/infection?

1. Name: _____
2. do not know -> P009
3. do not wish to answer -> P009

P008B.1-5 text

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

(P009~~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)

(E.g.. P0090402 refers to 4th disease of inflammation /infection n gestation week 30)

P0090101-P0090501. the entire period
P0090102-P0090502. 30 week
P0090103-P0090503. 31 week
P0090104-P0090504. 32 week
P0090105-P0090505. 33 week

P0090106-P0090506. 34 week
P0090107-P0090507. 35 week
P0090108-P0090508. 36 week
P0090109-P0090509. 37 week
P0090110-P0090510. 38 week
P0090111-P0090511. 39 week
P0090112-P0090512. 40 week
P0090113-P0090513. 41 week
P0090114-P0090514. 42 week
P0090115-P0090515. 43 week
P0090116-P0090516. 44 week
P0090117-P0090517. do not know
P0090118-P0090518. do not wish to answer

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

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

P011.1-69 Please name the medicine against inflammation?

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. metronidazol
 P011_39. miraxid
 P011_40. oxycyklin
 P011_41. oxytetracyklin
 P011_42. oxytetral
 P011_43. penglobe
 P011_44. penicillin
 P011_45. pondocillin
 P011_46. primcillin
 P011_47. rocolin
 P011_48. rovamycin
 P011_49. selexid
 P011_50. spectramox
 P011_51. sulfa
 P011_52. sulfametizol (Er lig P011_53)
 P011_53. sulfametizol (Er lig P011_52)
 P011_54. sulfotrim
 P011_55. surlid
 P011_56. syntrizin
 P011_57. tarivid
 P011_58. temac
 P011_59. tetracyklin
 P011_60. tetralysal
 P011_61. vancocin
 P011_62. velosef
 P011_63. vepicombin
 P011_64. vibramycin
 P011_65. zinnat
 P011_66. zoroxin
 P011_67. other____
 P011_68. do not know
 P011_69. do not wish to answer

P011A other antibiotic, text

P012.1-67 In which gestation weeks did you take (answer in P011_1-66, P011_67 "Other" has NOT been included)?

(P012~~xx~~yy, where xx refers to the x'te antibiotic from P011 and yy refers to the category of answer in P012. Variable value 0=no, 1=yes)
 (E.g.. P0120402 refers to ampicillin in gestation week 30)
 (In version 2 other from P011_67 has not been included in the loop which means that P0126701-P0126718 are empty)

P0120101-P0126701. the entire pregnancy
 P0120102-P0126702. 30 week
 P0120103-P0126703. 31 week
 P0120104-P0126704. 32 week
 P0120105-P0126705. 33 week
 P0120106-P0126706. 34 week
 P0120107-P0126707. 35 week
 P0120108-P0126708. 36 week
 P0120109-P0126709. 37 week
 P0120110-P0126710. 38 week
 P0120111-P0126711. 39 week
 P0120112-P0126712. 40 week
 P0120113-P0126713. 41 week
 P0120114-P0126714. 42 week
 P0120115-P0126715. 43 week
 P0120116-P0126716. 44 week

P0120117-P0126717. do not know
P0120118-P0126718. do not wish to answer

P013. Did you get any vaccines during the last part of your pregnancy?

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

P014.1-25 Against what was the vaccination?

- 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, hæmophilus B
- P014_8. influenza
- P014_9. yespansk encefalitis
- P014_10. whooping cough
- P014_11. colera
- P014_12. meningitis
- P014_13. MMR
- P014_14. measles, morbilli
- P014_15. pneumococcus, pneumonia
- P014_16. polio injection (SALK)
- P014_17. polio drops on sugar (Sabin)
- P014_18. rubella
- P014_19. tetanus
- P014_20. typhoid
- P014_21. chicken pox, varicellae
- P014_22. gamma globulin
- P014_23. other
- P014_24. do not know
- P014_25. do not wish to answer

P014A. other vaccination, text

P015.1-23 When did you get the vaccination against (answer in P014_1-23)?

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

P015A. 1-23 What 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 What year?

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

In version 1, the loop ends at P15B. That is why variable p016 IS ONLY FROM VERSION 1.
only VERSION1

P016. Was the vaccination due to a trip abroad?

1. yes
2. no
3. do not know
4. do not wish to answer

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

5. yes
6. no
7. do not know
8. do not wish to answer

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

1. yes
2. no
3. do not know
4. do not wish to answer

P018. Did you take any medicine against elevated blood pressure?

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

P019.1-21 What was the name of the medicine against elevated blood pressure?

- P019_1. aldomet
- P019_2. dopamet
- P019_3. geangin
- P019_4. hexaoptin
- P019_5. hexapindol
- P019_6. isoptin
- P019_7. lomir
- P019_8. mepolol
- P019_9. mepronet
- P019_10. metyldopa
- P019_11. nepresol
- P019_12. pindolol
- P019_13. selo-zok
- P019_14. seloken
- P019_15. trandate
- P019_16. veraloc
- P019_17. verapimil
- P019_18. visken
- P019_19. other____
- P019_20. do not know

P019_21. do not wish to answer

P019A. text, other medicine against elevated blood pressure

P020.1-19 During which gestation weeks did you take the medicine against elevated blood pressure?(Answer in P019_01-19)?

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

P0200101-P0201901. the entire pregnancy
P0200102-P0201902. 30 week
P0200103-P0201903. 31 week
P0200104-P0201904. 32 week
P0200105-P0201905. 33 week
P0200106-P0201906. 34 week
P0200107-P0201907. 35 week
P0200108-P0201908. 36 week
P0200109-P0201909. 37 week
P0200110-P0201910. 38 week
P0200111-P0201911. 39 week
P0200112-P0201912. 40 week
P0200113-P0201913. 41 week
P0200114-P0201914. 42 week
P0200115-P0201915. 43 week
P0200116-P0201916. 44 week
P0200117-P0201917. do not know
P0200118-P0201918. do not wish to answer

P021. Did you have prenatal poisoning with elevated blood pressure and albumen in urine?

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

P022. In which gestation week was that stated?

1. ____ gestation week
2. during birth -> P023
3. ____ days after the birth -> P022B
4. do not know -> P023
5. do not wish to answer -> P023

P022A Gestation week (0-99)

P022B Days after birth (0-99)

P023. Was diabetes detected during that period?

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

P024. Did you have any medicine against diabetes ?

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

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

- 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:
- P024A_26. do not know
- P024A_27. do not wish to answer

P024B. text (other against diabetes)

P025.1-25 In what gestation weeks did you take (answer in P024A/B)?

(P025~~xx~~xy~~yy~~, where xx refers to no. x medicine against diabetes from P024(B) and yy refers to the answer category in P025. Variable value 0=no, 1=yes)
(E.g. P0250402 refers to diamicron in gestation week 30)

- P0250101-P0252501. the entire period
- P0250102-P0252502. 30 week
- P0250103-P0252503. 31 week
- P0250104-P0252504. 32 week
- P0250105-P0252505. 33 week
- P0250106-P0252506. 34 week
- P0250107-P0252507. 35 week
- P0250108-P0252508. 36 week
- P0250109-P0252509. 37 week
- P0250110-P0252510. 38 week
- P0250111-P0252511. 39 week
- P0250112-P0252512. 40 week
- P0250113-P0252513. 41 week
- P0250114-P0252514. 42 week
- P0250115-P0252515. 43 week
- P0250116-P0252516. 44 week
- P0250117-P0252517. do not know
- P0250118-P0252518. do not wish to answer

P025A How well-regulated was the diabetes during the pregnancy?

- 1. very well
- 2. all right
- 3. badly

4. do not know
5. do not wish to answer

P026. Did you have asthma? (during the last part of your pregnancy)

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

P027. Did you take any medication against asthma?

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

P028. Was it a medicine for inhalation (turbuhaler, spray, rotahaler, inhalator Nebulator or the like)?

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

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

- P029_1. Adrenalin
- P029_2. Aldecin
- P029_3. Andion
- P029_4. Atrovent
- P029_5. Bambec
- P029_6. Becloforte
- P029_7. Becocent
- P029_8. Becotide
- P029_9. Berodual
- P029_10. Berotec
- P029_11. Bricanyl
- P029_12. Bumol
- P029_13. Escutamol
- P029_14. Lomudal
- P029_15. Lomuforte
- P029_16. Oxivent
- P029_17. Pulmadil
- P029_18. Respirol
- P029_19. Salbulin
- P029_20. Salbutamol
- P029_21. Salbuvent
- P029_22. Serevent
- P029_23. Spirocort
- P029_24. Tilade
- P029_25. Ventoline
- P029_26. Volmax
- P029_27. other
- P029_28. do not know
- P029_29. do not wish to answer

P029A other medicine against asthma, text

P030.1-27 During which gestations weeks did you use (the answer in P029(A))?

(P030~~xx~~yy, where xx refers to the x'te inhalation drug against asthma from P029(A) and yy refers to the answer category in P030. Variable value: 0=no, 1=yes)
(E.g.. P0300402 refers to atrovent in gestation week 30)

P0300101-P0302701. during the entire pregnancy
P0300102-P0302702. 30 week
P0300103-P0302703. 31 week
P0300104-P0302704. 32 week
P0300105-P0302705. 33 week
P0300106-P0302706. 34 week
P0300107-P0302707. 35 week
P0300108-P0302708. 36 week
P0300109-P0302709. 37 week
P0300110-P0302710. 38 week
P0300111-P0302711. 39 week
P0300112-P0302712. 40 week
P0300113-P0302713. 41 week
P0300114-P0302714. 42 week
P0300115-P0302715. 43 week
P0300116-P0302716. 44 week
P0300117-P0302717. do not know
P0300118-P0302718. do not wish to answer

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

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

P032. Did you take pills against asthma?

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

P033. What was the name of the pills?

P033_1. Bambec
P033_2. Berotec
P033_3. Bricanyl
P033_4. celeston
P033_5. chophyllin
P033_6. decadron
P033_7. delcortin
P033_8. euphyllin
P033_9. hydrocortison
P033_10. ledercort
P033_11. medrol
P033_12. neophyllin
P033_13. nuelin
P033_14. prednisolon
P033_15. prednison
P033_16. pulmo-timelets
P033_17. Respirol
P033_18. Salbuvent
P033_19. somephyllin
P033_20. teofyllin
P033_21. theo-dur
P033_22. theophyllamin
P033_23. unixan
P033_24. uno-lin
P033_25. Ventoline

P033_26. Volmax
P033_27. other_____
P033_28. do not know
P033_29. do not wish to answer

P033A Other pills against asthma, text

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

P0340101-P0342701. during the entire period
P0340102-P0342702. 30 week
P0340103-P0342703. 31 week
P0340104-P0342704. 32 week
P0340105-P0342705. 33 week
P0340106-P0342706. 34 week
P0340107-P0342707. 35 week
P0340108-P0342708. 36 week
P0340109-P0342709. 37 week
P0340110-P0342710. 38 week
P0340111-P0342711. 39 week
P0340112-P0342712. 40 week
P0340113-P0342713. 41 week
P0340114-P0342714. 42 week
P0340115-P0342715. 43 week
P0340116-P0342716. 44 week
P0340117-P0342717. do not know
P0340118-P0342718. do not wish to answer

P035.1-27 How often did you use (answer in P033(A))?

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

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 pills or inhalation=

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

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

1. Name: _____
2. do not know
3. do not wish to answer

P037A.1-5 text (name of medicine)

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

1. mixture -> P039
2. suppository -> P039
3. injections -> P039

4. other: _____
5. do not know -> P039
6. do not wish to answer -> P039

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

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

- P0390101-P0390501. during the entire period
- P0390102-P0390502. 30 week
- P0390103-P0390503. 31 week
- P0390104-P0390504. 32 week
- P0390105-P0390505. 33 week
- P0390106-P0390506. 34 week
- P0390107-P0390507. 35 week
- P0390108-P0390508. 36 week
- P0390109-P0390509. 37 week
- P0390110-P0390510. 38 week
- P0390111-P0390511. 39 week
- P0390112-P0390512. 40 week
- P0390113-P0390513. 41 week
- P0390114-P0390514. 42 week
- P0390115-P0390515. 43 week
- P0390116-P0390516. 44 week
- P0390117-P0390517. do not know
- P0390118-P0390518. do not wish to answer

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

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

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

1. yes
2. no
3. do not know
4. do not wish to answer

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?

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

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

1. Name: _____
2. do not know
3. do not wish to answer

P043A.1-5 text (name of medicine)

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

(P044~~xxyy~~, where xx refers to the x'te medicine against allergy from P043(A) and yy refers to the answer category in P044. Variable value: 0=no, 1=yes)

(EX.. P0440402 refers to the 4th. Medicine in gestation week 30)

P0440101-P0440501. during the entire period
P0440102-P0440502. 30 week
P0440103-P0440503. 31 week
P0440104-P0440504. 32 week
P0440105-P0440505. 33 week
P0440106-P0440506. 34 week
P0440107-P0440507. 35 week
P0440108-P0440508. 36 week
P0440109-P0440509. 37 week
P0440110-P0440510. 38 week
P0440111-P0440511. 39 week
P0440112-P0440512. 40 week
P0440113-P0440513. 41 week
P0440114-P0440514. 42 week
P0440115-P0440515. 43 week
P0440116-P0440516. 44 week
P0440117-P0440517. do not know
P0440118-P0440518. do not wish to answer

P045.1-9 How does your allergy show
P045_1. hay fever
P045_2. urticaria
P045_3. allergic cold
P045_4. eczema, skin rash)
P045_5. diarrhoea, stomach pain (gastro intestinal symptoms)
P045_6. trouble to breath
P045_7. other
P045_8. do not know
P045_9. do not wish to answer

P045A text (other allergy)

P046. Do you suffer from epilepsy?
1. yes
2. no -> P052
3. do not know -> P052
4. do not wish to answer -> P052

P047. Did you have epileptic seizures at any time during your pregnancy?
1. yes
2. no -> P049
3. do not know -> P049
4. do not wish to answer -> P049

P048.1-47 During which gestation weeks did you have epileptic seizures?
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?
1. yes
2. no -> P052
3. do not know -> P052
4. do not wish to answer -> P052

P050.1-5 What was the name of the medicine?
1. Name: _____
2. do not know -> P051
3. do not wish to answer -> P051

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

P051.1-5 During which gestation weeks did you take the medicine/the answer in P050A?
(P051 **xxyy**, where xx refers to the x'te medicine against epilepsy from P050(A) and yy refers to the answer category in P051. Variable value: 0=no, 1=yes)
(Ex. P0510402 refers to the 4th medicine in gestation week 30)

P0510101-P0510501. during the entire period
P0510102-P0510502. 30 week
P0510103-P0510503. 31 week
P0510104-P0510504. 32 week
P0510105-P0510505. 33 week
P0510106-P0510506. 34 week
P0510107-P0510507. 35 week
P0510108-P0510508. 36 week
P0510109-P0510509. 37 week
P0510110-P0510510. 38 week
P0510111-P0510511. 39 week
P0510112-P0510512. 40 week
P0510113-P0510513. 41 week
P0510114-P0510514. 42 week
P0510115-P0510515. 43 week
P0510116-P0510516. 44 week
P0510117-P0510517. do not know
P0510118-P0510518. do not wish to answer

P052. Did your general practitioner or your midwife detect anaemia (during the last part of your pregnancy)?
1. yes
2. no -> P057
3. do not know -> P057
4. do not wish to answer -> P057

P053.1-6 The anaemia was due to?
P053_1 iron deficiency
P053_2 B-12/ folic acid deficiency
P053_3 bleedings
P053_4 other
P053_5 do not know
P053_6 do not wish to answer

P053A. text (other cause of anaemia)

P054. Did you take medicine against anaemia?

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

P055.1-6 What kind of medicine did you take?

- P055_1. iron pills
- P055_2. blood transfusion
- P055_3. alternative medicine:
- P055_4. other
- P055_5. do not know->P057
- P055_6. do not wish to answer->P057

P055A. Text, other alternative medicine

P055B. Text, other medicine

P056.1-4 During which gestation weeks did you take (the answer in P055(A/B)/the medicine)?

(P056~~xx~~~~yy~~, where xx refers to the x'te medicine against anaemia from P055(A/B) and yy refers to the answer category in P056. Variable value: 0=no, 1=yes)
(Ex.. P0560402 refers to other in gestation week 30)

- P0560101-P0560401. during the entire period
- P0560102-P0560402. 30 week
- P0560103-P0560403. 31 week
- P0560104-P0560404. 32 week
- P0560105-P0560405. 33 week
- P0560106-P0560406. 34 week
- P0560107-P0560407. 35 week
- P0560108-P0560408. 36 week
- P0560109-P0560409. 37 week
- P0560110-P0560410. 38 week
- P0560111-P0560411. 39 week
- P0560112-P0560412. 40 week
- P0560113-P0560413. 41 week
- P0560114-P0560414. 42 week
- P0560115-P0560415. 43 week
- P0560116-P0560416. 44 week
- P0560117-P0560417. do not know
- P0560118-P0560418. do not wish to answer

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)?

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

P058. What was the name of the disease?

1. Disease: _____
2. do not know -> P059
3. do not wish to answer ->P059

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?

- 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 pain killers e.g. against headache, or stronger pills (during the last part of your pregnancy)?

- 1. yes
- 2. no ->P064
- 3. do not know ->P064
- 4. do not wish to answer ->P064

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

- P061_1. Abalgin
- P061_2. Acetyl-salicylsyre
- P061_3. Albyl
- P061_4. Aspirin
- P061_5. Bonyl
- P061_6. Brufen
- P061_7. Codyl
- P061_8. Contalgin
- P061_9. Diclon
- P061_10. Doloxene
- P061_11. Doltard
- P061_12. Felden
- P061_13. Gelonida
- P061_14. Globentyl
- P061_15. Ibumetin
- P061_16. Ibuprofen
- P061_17. Idotyl
- P061_18. Ketogan
- P061_19. Kodamid
- P061_20. Kodimagnyl
- P061_21. Koffein-fenazon
- P061_22. Koffeotyl
- P061_23. koffipyryn
- P061_24. koffisal
- P061_25. Magnyl
- P061_26. Metadon
- P061_27. Naprosyn
- P061_28. Naproxen
- P061_29. Orudis
- P061_30. Palfium
- P061_31. Pamol
- P061_32. Panodil
- P061_33. Paracetamol
- P061_34. Petidin
- P061_35. Pinex
- P061_36. Pirkam
- P061_37. Prolixan
- P061_38. Setamol
- P061_39. Surgamyl
- P061_40. Tedolan
- P061_41. Temgesic
- P061_42. Treo
- P061_43. Voltaren
- P061_44. Zoflam

P061_45. other:
P061_46. do not know
P061_47. do not wish to answer

P061A text (other pain killers)

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

P0620101-P0624501. during the entire period
P0620102-P0624502. 30 week
P0620103-P0624503. 31 week
P0620104-P0624504. 32 week
P0620105-P0624505. 33 week
P0620106-P0624506. 34 week
P0620107-P0624507. 35 week
P0620108-P0624508. 36 week
P0620109-P0624509. 37 week
P0620110-P0624510. 38 week
P0620111-P0624511. 39 week
P0620112-P0624512. 40 week
P0620113-P0624513. 41 week
P0620114-P0624514. 42 week
P0620115-P0624515. 43 week
P0620116-P0624516. 44 week
P0620117-P0624517. do not know
P0620118-P0624518. do not wish to answer

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

1. ____ total pills -> P063A
2. ____ total pills a week -> P063B
3. do not know -> P062 ->P064
4. do not wish to answer -> P062 -> P064

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

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

P064. Did you take any sleeping medicine, sedatives, antidepressants or other medicine that affects the nervous system or state of mind (during that period)?

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

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

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. euhygnos
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 _____
P065_ 92. do not know
P065_ 93. do not wish to answer

P065A text (other sedative, sleeping medicine or antidepressant)

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. Variable value 0=no, 1=yes)
(Ex. P0660402 refers to apodorm during gestation week 30)

P0660101-P0669101. the entire period
P0660102-P0669102. 30 week
P0660103-P0669103. 31 week
P0660104-P0669104. 32 week
P0660105-P0669105. 33 week
P0660106-P0669106. 34 week
P0660107-P0669107. 35 week
P0660108-P0669108. 36 week
P0660109-P0669109. 37 week
P0660110-P0669110. 38 week
P0660111-P0669111. 39 week
P0660112-P0669112. 40 week
P0660113-P0669113. 41 week
P0660114-P0669114. 42 week
P0660115-P0669115. 43 week
P0660116-P0669116. 44 week
P0660117-P0669117. do not know
P0660118-P0669118. do not wish to answer

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

1. _____ pills a week -> P067A
2. _____ pills in total -> P067B
3. do not know -> P066 -> P068
4. do not wish to answer -> P066 -> P068

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

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

P068 to P070 run in a loop of max. 10. That means that when you reach P070, you start all over again asking with P068 until the answer is no longer yes, or until the loop has run 10 times. The Variables are named with loop number at then end (ex. P068_3 means that the 3rd time P068 is being asked)

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

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

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

1. Name: _____
2. do not know -> P070
3. do not wish to answer ->P070

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

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

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

- P0700101-P0701001. the entire period
- P0700102-P0701002. 30 week
- P0700103-P0701003. 31 week
- P0700104-P0701004. 32 week
- P0700105-P0701005. 33 week
- P0700106-P0701006. 34 week
- P0700107-P0701007. 35 week
- P0700108-P0701008. 36 week
- P0700109-P0701009. 37 week
- P0700110-P0701010. 38 week
- P0700111-P0701011. 39 week
- P0700112-P0701012. 40 week
- P0700113-P0701013. 41 week
- P0700114-P0701014. 42 week
- P0700115-P0701015. 43 week
- P0700116-P0701016. 44 week
- P0700117-P0701017. do not know
- P0700118-P0701018. do not wish to answer

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

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

P072. How much did you bleed when the bleeding was at it's most? Was it spotting or more than that?.

1. a spotting
2. more than a spotting
3. do not know
4. do not wish to answer

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

- P073_01. no, do not know the reason why
- P073_02. after vaginal examination
- P073_03. placenta previa
- P073_04. premature loosening of placenta/ abruptio/ablatio placentae
- P073_05. threatening premature birth
- P073_06. threatening abortion
- P073_07. sore in neck of uterus, mucosal bleeding
- P073_08. sexual intercourse
- P073_09. other reason _____
- P073_10. do not know
- P073_11. do not wish to answer

P073A text (other reason for bleeding)

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

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

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

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

P075A answer number of hours (0-99)

P075B answer number of days (0-99)

P075C answer number of weeks (0-99)

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)?

1. yes
2. no
3. do not know
4. do not wish to answer

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

1. yes
2. no
3. do not know
4. do not wish to answer

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

P078. Did you work after gestation week 30?

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

P079. Why not?

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

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

1. gestation week: _____
2. did not take maternity leave -> P081
3. do not know -> P081
4. do not wish to answer -> P081

P080A xx (week number) (0-99)

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

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

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

1. ___ times
2. do not know -> P083
3. do not wish to answer -> P083

P082A number of times (1-10)

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?

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

P083A.1-10 text (other reason)

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

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)

P083C.1-10 text (complication in relation to pregnancy) (-> P083D, if P083_02 has been chosen, otherwise P083/P084)

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

1. Elements: _____
2. do not know -> P083/P084
3. do not wish to answer -> P083/P084

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

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

- 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 eat vitamin pills during that period?

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

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

- P086_1. ABCDE Multi Vitamin
- P086_2. ABCDE+Mineral
- P086_3. ABCDE+Selen+Chrom
- P086_4. Apovit Multivitamin mineral
- P086_5. Baby-me-now
- P086_6. Bio Vinci
- P086_7. Bio Vinci m.jern
- P086_8. Bio Vinci m. jern u. betacaroten
- P086_9. Bio Vinci u. betacaroten
- P086_10. Bioforce
- P086_11. DUROFERON
- P086_12. Gerimax
- P086_13. Gerivital
- P086_14. Gravitamin
- P086_15. Livol ABCDE Vitaminer
- P086_16. Livol Multi
- P086_17. Longo Vital
- P086_18. Matas Vitamin
- P086_19. Matas vitamin meneral super
- P086_20. Multi-tabs
- P086_21. Multivitamin
- P086_22. OMNIMIN
- P086_23. PREGNA_CARE
- P086_24. Stærk B
- P086_25. Stærk C
- P086_26. Vimax ABCD
- P086_27. Vimax super
- P086_28. Vitamax
- P086_29. Vitaminpille
- P086_30. Other

P086_31. do not know
P086_32. do not wish to answer

P086A Other vitamin, text

P087. How often did you remember to take the vitamin pills?
1. less than once a week -> P088
2. ____ times a week
3. every day -> P088
4. do not know -> P088
5. do not wish to answer -> P088

P087A number of times per week (1-99)

P088. Did you take iron pills (during that period)?
1. yes
2. no
3. do not know
4. do not wish to answer

P089. Did you eat fish oil pills or fluid fish oil?
1. yes
2. no -> P092
3. do not know -> P092
9. do not wish to answer -> P092

P090. How much fish oil did you take a day?
1. ____ pills
2. ____ table spoons -> P090B
3. ____ ml -> P090C
4. do not know -> P091
5. do not wish to answer -> P091

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

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

P090C total amount in ml. (1-60)

P091. Do you remember the name of the product?
1. yes: _____
2. same as stated earlier -> P092
3. no -> P092
4. do not know -> P092
5. do not wish to answer -> P092

P091A text (product name, fish oil)

P092. Did you change habits as to the amount of fish eaten during that period?
1. yes
2. no ->P094
3. Did not/never eat fish -> P094
4. Do not know -> P094
5. do not wish to answer -> P094

P093. Did you eat more or less fish?
1. ate more
2. ate less
3. do not know

4. do not wish to answer

P094. Did you smoke during the last part of pregnancy or after the birth?

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

P095. Did you have periods of at least one week during which you did not smoke at all?

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

P096.1-18 During which gestation weeks did you not smoke?

- 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?

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. Rulletobak
19. Savoy, Tar 5 mg, Nicotine 0,5 mg Carbon monoxide 6 mg
20. Savoy Light Tar 3mg, Nicotine 0,3 mg Carbon monoxide 6 mg
21. Savoy Ultra Light Tar 1 mg, Nicotine 0,1 mg Carbon monoxide 2 mg
22. other _____

- 23. do not know
- 24. do not want to answer

P097A text (other tobacco brand)

P098. How much did you smoke on average?

- 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)

P098B number of cigarettes per week (1-200)

P098C number of pipes per day (1-20)

P098D number of cigars per day(1-20)

P098E number of cheroots per day (1-20)

P099. Did you use nicotine gum, plaster or inhalator during the last part of your pregnancy?

- 1. yes
- 2. no -> P102
- 3. do not know -> P102
- 4. do not wish to answer -> P102

P100.1-5 What product did you use?

- 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)?

- 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?

(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

P102A Number of cups of coffee per day (1-30)

P103. HOW many ordinary beers did you drink per week?

1. number of beers ____ *1 strong beer = 2 ordinary beers*
2. < 1 per week -> P104 *2 weak beers = 1 ordinary beer*
3. no beers -> P104
4. do not know -> P104
5. do not wish to answer -> P104

P103A Number of beers per week (1-150)

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

1. ____ glasses of wine
2. < 1 per week -> P105
3. I never drank wine ->P106
4. do not know ->P106
5. do not wish to answer ->P106

P104A Number of glasses of wine (1-99)

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

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

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

1. ____ glasses of alcohol
2. < 1 per week -> P107
3. I never drank alcohol -> P107
4. do not know -> P107
5. do not wish to answer -> P107

P106A Number of glasses of alcohol (1-99)

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

1. Never ->P109
2. ____ times
3. do not know ->P109
4. do not wish to answer ->P109

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

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?

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 do any kind of physical exercise (during the last part of your pregnancy)?

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

P110.1-15 What kind of physical exercise?

- P110_1. gymnastics/aerobics especially for pregnant
- P110_2. aerobics/gymnastik
- P110_3. dancing
- P110_4. biking
- P110_5. fast walking
- P110_6. jogging, orienteering
- P110_7. ball games
- P110_8. swimming
- P110_9. workout, fitness centre
- P110_10. badminton
- P110_11. tennis
- P110_12. horse back riding
- P110_13. other
- P110_14. do not know
- P110_15. do not wish to answer

P110A text (other kind of physical exercise)

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

1. ____ times per week
2. do not know -> P112
3. do not wish to answer -> P112

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

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

1. _____ minutes
2. do not know -> P111/P113
3. do not wish to answer -> P111/P113

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?

1. yes -> PB questions and then return to P114

2. no (-> PB02?)
3. do not know -> P114
4. do not wish to answer -> P114

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

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

P115.1-18 What kind of inconvenience?

- P115_01. cuts in perineum
- P115_02. breaking/bursting of perineum
- P115_03. urinary incontinence
- P115_04. troubles to control bowels and air
- P115_05. haemorrhoids
- P115_06. pelvic pain
- P115_07. pains in back and loin that are not from pelvic pain
- P115_08. varicose veins
- P115_09. scar/seam from caesarean section
- P115_10. loss of weight
- P115_11. gain of weight
- P115_12. trouble with hips
- P115_13. swollen joints
- P115_14. accumulation of fluids in body
- P115_15. emotional stress
- P115_16. other
- P115_17. do not know
- P115_18. do not wish to answer

P115A Other inconveniences, text

P116. How many kilos did you gain during pregnancy?

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

P116A number of kilos gained (1-99)

P116B number of kilos lost (0-40)

P117. Your actual weight?

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

P117A Actual weight (0-999) -> C001

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 breast feeding and your child's diet

C001. Do you breast feed 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, form another woman -> C003
5. The child was never breast fed -> C009
6. Do not know -> C009
7. Do not wish to answer -> C009

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

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

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

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

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

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

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

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

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

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

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

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

1. End of daily breast feeding in months.: _____ and weeks: _____
2. End of daily breast feeding in weeks: _____ -> C004B
3. End of daily breast feeding in days: _____ -> C004C
4. Never breast feeding -> C005
5. Do not know -> r005
6. Do not wish to answer -> r005

- C004A1 Months. End of daily breast feeding (0-99)
C004A2 Weeks. End of daily breast feeding (0-99) -> C009, if C004A1 ≤ 4 otherwise -> r005
C004B. Weeks. End of daily breast feeding (0-99) -> C009
C004C. Days. End of daily breast feeding (0-99) -> C009

r005. Within the last, did she/he have breast feeding outside normal breast feeding situations, for comfort or to fall asleep?

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

If TANDI = 0 -> C009

r006. Approx. How many times all together?

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

1. Number of times:_____
2. 1 to 5 times -> r007
3. 6 to15 times -> r007
4. 16 to 30 times -> r007
5. More than 30 times -> r007
6. Do not know -> r007
7. Do not wish to answer -> r007

r006A. Number of times with breast feeding for comfort or to fall asleep (1-99)

r007. Within the last month, did you leave him/her with your nipple in the mouth after the acutal breast-feeding was over, e.g. at night?

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

r008. Approx. How many times?

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

1. Number of times:_____
2. 1 to 5 times -> C009
3. 6 to 15 times -> C009
4. 16 to 30 times -> C009
5. More than 30 times -> C009
6. Do not know -> C009
7. Do not wish to answer -> C009

r008A. Number of times with breast without breastfeeding (1-99)

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

(breast milk substitute 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

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

C010. a. How old was the child when he/she had it for the first time?

b. How old was he/she when he/she had breast milk substitute with prevention of allergy?

1. Months.: _____ og weeks: _____
- 2 weeks: _____ -> C010B
3. Days: _____ -> C010C
4. Do not know -> C011
5. Do not wish to answer -> C011

C010A1 Months.; Age: ordinary breast milk substitute, powder gruel, dietary supplement, breast milk substitute with allergy prevention (0-99)

C010A2 Weeks; Age: ordinary breast milk substitute, powder gruel, dietary supplement, breast milk substitute with allergy prevention (0-99) -> C011

C010B. Weeks Age: ordinary breast milk substitute, powder gruel, dietary supplement, breast milk substitute with allergy prevention; (0-99) -> C011

C010C. Days; Age: ordinary breast milk substitute, powder gruel, dietary supplement, breast milk substitute with allergy prevention (0-999)

C011. Does he/she have it every day now?

If C009 = 4. -> C015

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

C012. Approx. how many ml doe he/she have per day?

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

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

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

C012A. MI per day(0-9999) -> C013

C012B1 MI per time (0-9999)

C012B2 Number of times per day (0-99)

C013.1-18 In which age period did he/she have it every day?

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

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

C014. Did he/she ever have breast milk substitute with allergy prevention?

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

C015. Do you remember the names of the products he/she has had?

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

C016.1-14 What products did he/she have?

>Number of possible simultaneous answers: 6

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

- C016_1. Profylac
- C016_2. Nutramigen
- C016_3. Nan HA
- C016_4. Pregestimil
- C016_5. Other product 1 (Text variable) -> C016A
- C016_6. Other product 2 (Text variable) -> C016B
- C016_7. Profylac, yes but in the postnatal ward
- C016_8. Nutramigen, yes but only in the postnatal ward
- C016_9. Nan HA, yes but only in the postnatal ward
- C016_10. Pregestimil, yes but only in the postnatal ward
- C016_11. Other product 1 (Text variable), but only in the postnatal ward -> C016C
- C016_12. Other product 2 (Text variable), yes, but only in the postnatal ward n -> C016D
- C016_13. Do not know
- C016_14. Do not wish to answer

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

- C016A. Name 1 of allergy preventive breast milk substitute- not on list
- C016B. Name 2 of allergy preventive breast milk substitute – not on list
- C016C. Name 1 of allergy preventive breast milk substitute – only on postnatal ward
- C016D. Name 2 of allergy preventive breast milk substitute – only on postnatal ward

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

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?

- 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

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

Master list 1: Scheme of months

C019_1.	0 months
C019_2.	½ months
C019_3.	1 month
C019_4.	1 ½ months
C019_5.	2 months
C019_6.	2 ½ months
C019_7.	3 months
C019_8.	3 ½ months
C019_9.	4 months
C019_10.	4 ½ months
C019_11.	5 months
C019_12.	5 ½ months
C019_13.	6 months
C019_14.	6 ½ months
C019_15.	the entire period
C019_16.	Do not know
C019_17.	Do not wish to answer

If answer in C018 = 1. use wording a.

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

C020. a. Nutramigen?

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

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

Master list 1: Scheme of months

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

If answer in C020 = 1. use wording a.

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

C022. a. Nan HA?

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

C023. How old was he/she when he/she had Nan HA?

Master list 1: Scheme of months

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

If answer in C022 = 1. use wording a.

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

C024. a. Pregestimil?

b. Did he/she have Pregestimil?

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

C025. How old was he/she when he/she had Pregestimil?

Master list 1: Scheme of months

C025_1.	0 months
C025_2.	½ month
C025_3.	1 month
C025_4.	1 ½ months
C025_5.	2 months
C025_6.	2 ½ months
C025_7.	3 months

C025_8.	3 ½ months
C025_9.	4 months
C025_10.	4 ½ months
C025_11.	5 months
C025_12.	5 ½ months
C025_13.	6 months
C025_14.	6 ½ months
C025_15.	the entire period
C025_16.	Do not know
C025_17.	Do not wish to answer

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

C026.1-4 a. Other kinds of allergy preventive breast milk substitutes?

b. Did he/she have other kinds of allergy preventive breast milk substitutes?

c. Did he/she have other kinds?

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

[What was the name of it?]

(Please write only 1 name at a time)

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

C026A.1-4 Other allergy preventive breast milk substitute -> C027

C026B.1-4 Other allergy preventive breast milk substitute in postnatal ward -> C026, wording C/ -> C028

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

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



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

-> 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)?

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

1. _____ months and _____ weeks

2. _____ weeks -> C029B

3. Do not know -> C030

4. Do not wish to answer -> C030

C029A1. Months. Drinking milk (0-99)

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

C029B. Weeks. Drinking milk (0-99)

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

(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. DI per day: Still has not had drinking milk for 1 week: ____

2. DI per day: Drinking milk for at least 1 week: ____ -> C030B

3. Less than 1 dl per day -> C031

4. 1-2 dl -> C031

5. 3-5 dl -> C031

6. More than 5 dl -> C031

7. Do not know -> C031

8. Do not wish to answer -> C031

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

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

r031. Within the last months, did he/she have anything else but breast milk substitute in the feeding bottle?

(Here, gruel, supplements = breast milk substitute)

1. No -> r039

2. Yes

3. Do not know -> r039

4. Do not wish to answer -> r039

If TANDL = 0 -> C050

r032. Approx. how many times did the feeding bottle contain something other than breast milk substitute?

(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

r033.1-12 What was in the feeding bottle?

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

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

- r033_1. Fruit juice/fruit syrup and water
- r033_2. Juice
- r033_3. Soda/coca cola or the like
- r033_4. Camomile tea with honey/sugar
- r033_5. Camomile tea (no sugar/honey)
- r033_6. Ordinary milk
- r033_7. Water
- r033_8. Other 1 (Text variable)
- r033_9. Other 2 (Text variable)
- r033_10. Other 3 (Text variable)
- r033_11. Do not know
- r033_12. Do not wish to answer

- r033A. Other 1 in feeding bottle
- r033B. Other 2 in feeding bottle
- r033C. Other 3 in feeding bottle

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

r034.1-4 How often was that [answer from r033:1.-4.]?

(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: _____
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

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

r035. Within the last month, did you leave him/her alone with the feeding bottle, just for the comfort of it?

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

r036. Approx. How many times?

(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

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

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

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

r037_1. Fruit juice/ fruit syrup water
r037_2. Juice
r037_3. Soda/coca cola or the like
r037_4. Camomile with sugar/honey

r037_5. Camomile without sugar/honey
r037_6. Ordinary milk
r037_7. Water
r037_8. Other 1 (Text variable)
r037_9. Other 2 (Text variable)
r037_10. Other 3 (Text variable)
r037_11. Do not know
r037_12. Do not wish to answer

r037A. Other 1 in feeding bottle
r037B. Other 2 in feeding bottle
r037C. Other 3 in feeding bottle

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

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

(If the mother cannot answer, please say:)
[Was it from 1 to 5, 6 to 15, 16 to 30 times or more that 30 times?]

1. Number of times_
2. 1-5 times -> r038 / -> r039
3. 6-15 times -> r038 / -> r039
4. 16-30 times -> r038 / -> r039
5. More than 30 times -> r038 / -> r039
6. Do not know -> r038 / -> r039
7. Do not wish to answer -> r038 / -> r039

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

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?

1. Number of teeth: _____
2. Do not know -> r041
3. Do not wish to answer -> r041

r040A. Number of teeth (0-99)

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

1. Months.: _____ and weeks: _____
- 2 weeks: _____ -> r041B
3. First tooth at birth -> r042
4. Do not know -> r042
5. Do not wish to answer -> r042

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

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

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

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

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

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

r044.1-17 What do you put on the tooth brush?

(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. Fluoride tooth-paste

r044_2. Non-fluoride tooth-paste

r044_3. Bamse Barn Tand Kräm

r044_4. Første tand (Zendium)

r044_5. My First (Colgate)

r044_6. Mælketand (Aquafresh)

r044_7. Mælketand (Macs)

r044_8. Pepsodent for Kids

r044_9. Colgate Junior

r044_10. Other name of tooth-paste 1 (Text variable) -> r044A

r044_11. Other name of tooth-paste 2 (Text variable) -> r044B

r044_12. Other name of tooth paste 3 (Text variable) -> r044C

r044_13. Tooth-paste: does not remember name, nor if it is fluoride or non-fluoride

r044_14. Water only
r044_15. Other than tooth-paste or water (Text variable) -> r044D
r044_16. Do not know
r044_17. Do not wish to answer

r044A. Other name of tooth-paste 1
r044B. Other name of tooth-paste 2
r044C. Other name of tooth-paste 3
r044D. Other than tooth-paste or water

r045. Does he/she use a comforter?

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

r046. Approx. How many hours per 24 hours does he/she use a comforter?

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

r046A. Hours (decimal figure). Hours comforter. (0-24) -> r047
r046B1 Hours (decimal figure) interval start. Hours comforter. (0-24)
r046B2 Hours (decimal figure) interval end. Hours comforter. (0-24)

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

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

r048. Into what?

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

r048A. Other, dips comforter into

r049. How many times per week do you do that?

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

1. Number of times: _____
2. 1-5 times -> C050
3. 6-15 times -> C050
4. More than 15 times -> C050
5. Do not know -> C050

6. Do not wish to answer -> C050

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

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

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

C050A1 Months. Age for food with a spoon (0-99)

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

C050B. Weeks. Age for food with a spoon (0-99)

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

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

- C051_1. Homemade porridge -> C052
- C051_2. Instant porridge -> C052
- C051_3. Vegetable mash -> C052
- C051_4. Fruit mash -> C052
- C051_5. Mash with meet -> C052
- C051_6. Other 1 (Text variable)
- C051_7. Other 2 (Text variable) -> C051B
- C051_8. Other 3 (Text variable) -> C051C
- C051_9. Do not know -> C052
- C051_10. Do not wish to answer -> C052

C051A. Other 1. food with a spoon -> C052

C051B. Other 2. food with a spoon -> C052

C051C. Other 3. food with a spoon

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

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

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

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

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

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

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

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

1. Number of tea spoons: ____
2. Number of dl: ____ -> C053B
3. 1/4 portion baby glass per meal -> C054
4. 1/2 portion baby glass per meal -> C054
5. 3/4 portion baby glass per. meal -> C054
6. 1 portion = 1 baby glass -> C054

7. Number of portions: ____ -> C053C
8. Do not know -> C054
9. Do not wish to answer -> C054

- C053A. Number of tea spoons per meal (0-99) -> C054
 C053B. Number of decilitre per meal (0-99) -> C054
 C053C. Number of portions of baby glass per meal (0-99)

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

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

MEDICINE MOTHER

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

C055. Did you take any medicine while breastfeeding?

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

C056.1-74 What was the name of the medicine?

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

- | | | |
|-----------------------------------|--------------------------|----------------------------------|
| C056_1. Antistina-Privin | C056_25. Hey fever medi- | C056_51. Rocilin |
| C056_2. Beconase Aqua | C056_26. Ibumetin | C056_52. Salbuvent |
| C056_3. Betnovat Rektal | C056_27. Ibureumin | C056_53. Semprex |
| C056_4. Brentan | C056_28. Imacillin | C056_54. Serevent |
| C056_5. Bricanyl
spray/mixture | C056_29. Ketogan | C056_55. Seroxat |
| C056_6. Bromergon | C056_30. Kloramfenikol | C056_56. Pain killers |
| C056_7. Bromopar | C056_31. Kodein | C056_57. Sofradex |
| C056_8. Brufen | C056_32. Kodimagnyl | C056_58. Sovepiller |
| C056_9. Calcipen | C056_33. Livostin | C056_59. Spirocort |
| C056_10. Canesten | C056_34. Losec | C056_60. Syntocinon |
| C056_11. Cyklokapron | C056_35. Locoid | C056_61. Teldanex |
| C056_12. Daivonex | C056_36. Lucosil | C056_62. Trandate |
| C056_13. Diflucan | C056_37. Methergin | C056_63. Ventoline spray/mikstur |
| C056_14. Diproderm | C056_38. Metronidazol | C056_64. Vepicombin |
| C056_15. Diural | C056_39. Otrivin | C056_65. Voltaren |
| C056_16. Doktacillin | C056_40. Pamol | C056_66. Xymelin |
| C056_17. Elocon | C056_41. Panodil | C056_67. Zovirax |
| C056_18. Eltroxin | C056_42. Parlodel | C056_68. Zyrtec |
| C056_19. Erycin | C056_43. Penicillin | C056_69. Other 1 (Text variable) |
| C056_20. Fenoxcillin | C056_44. Pinex | C056_70. Other 2 (Text variable) |
| C056_21. Flagyl | C056_45. Pondocillin | C056_71. Other 3 (Text variable) |
| C056_22. Forilin | C056_46. Prepulsin | C056_72. Other 4 (Text variable) |
| C056_23. Hexabotin | C056_47. Primcillin | C056_73. Do not know |
| C056_24. Hydrocortison | C056_48. Primperan | C056_74. Do not wish to answer |
| | C056_49. Proctosedyl | |
| | C056_50. Rhinocort | |

- C056A. Other medicine 1, mother during breast feeding period (from C056_69)
- C056B. Other medicine 2, mother during breast feeding period (from C056_70)
- C056C. Other medicine 3, mother during breast feeding period (from C056_71)
- C056D. Other medicine 4, mother during breast feeding period (from C056_72)

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

- 1. Name of disease: _____
- 2. Do not know -> C057 / -> C058
- 3. Do not wish to answer -> C057 / C058

C057A.1-72 Name of disease, mother, during breast feeding period

WORK AND TIME FOR THE CHILD

C058. Do you work now?

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

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

C058_1. Yes -> C059

C058_2. I am working, but are on holiday right now -> C059

C058_3. No, education -> C061

C058_4. No, leave/maternity leave -> C061

C058_5. No, unemployed -> C061

C058_6. No, house wife -> C061

C058_7. No, early retirement -> C061

C058_8. No, absent owing to illness -> C061

C058_9. No, Other (Text variable) -> C061

C058_10. Do not know -> C061

C058_11. Do not wish to answer -> C061

C058A. Other reasons why not working

C059. How old was he/she when you returned to work?

1. Age: months.: ____ weeks: ____

2 weeks: ____ -> C059B

3. Has not yet returned to work because of holiday -> C061

4. Do not know -> C060

5. Do not wish to answer -> C060

C059A1 Months (mother back to work) (0-99)

C059A2 Weeks (mother back to work) (0-99) -> C060

C059B. Weeks (mother back to work) (0-99)

C060. How many hours do you work per week?

1. Hours: ____.

2. Do not know -> C061

3. Do not wish to answer -> C061

C060A1. Hours/minutes (working hours per week) (0-99)

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

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

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

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

C063. How many cigarettes was normally smoked per day during these periods?

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

[Was it from 1 to 5, from 6 to 10, from 11 to 20, from 21 to 30 or more than 30 cigarettes per day?]

1. Cigarettes: _____ number per day
2. Cigarettes: _____ number per week -> C063B

3. 1-5 cigarettes/day -> C064
4. 6-10 cigarettes/day -> C064
5. 11-20 cigarettes/day -> C064
6. 21-30 cigarettes/day -> C064
7. More than 30 cigarettes/day -> C064

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

13. Do not know -> C064
14. Do not wish to answer -> C064

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

C063B. Cigarettes/week (0-999)

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?

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

C065_ 1. Cigarettes

C065_ 2. Cheroots

- C065_ 3. Cigars
- C065_ 4. Pipe
- C065_ 5. Do not know ->C 067
- C065_ 6. Do not wish to answer ->C067

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

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

Use wording c the second time you ask the question
 c. And how many [answer from C065:1.-4.?.]

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

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

1. number per week: ____
2. number per day: ____ -> C066B
3. 1-7/week -> C066 / -> C067
4. 8-20/week -> C066 / -> C067
5. 21-60/week -> C066 / -> C067
6. 61-80/week -> C066 / -> C067
7. More than 80/week -> C066 / -> C067
8. Less than 1 per day -> C066 / -> C067
9. 1-10/day -> C066 / -> C067
10. 11-20/day -> C066 / -> C067
11. 21-40/day -> C066 / -> C067
12. More than 40/day -> C066 / -> C067
13. Do not know -> C066 / -> C067
14. Do not wish to answer -> C066 / -> C067

- C066A.1-4 Number smoking per week (0-999) -> C066 / -> C067
 C066B.1-4 Number smoking per day (0-99) -> C066 / -> C067

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 weak beer (more than 1 glass per week) -> C070
4. Yes
5. Do not know -> C070
6. Do not wish to answer -> 070

If C001 = 1. use wording b, otherwise a

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

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

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

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

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

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

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

1. Number: __. __

- 2. 1-6/ week -> C069, wording c / -> C070
- 3. 1-2 /day -> C069, wording c / -> C070
- 4. 3-4 /day -> C069, wording c / -> C070
- 5. 5-6 /day -> C069, wording c / -> C070
- 6. More than 6/day -> C069, wording c / -> C070
- 7. Do not know -> C069, wording c / -> C070
- 8. Do not wish to answer -> C069, wording c / -> C070

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

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

C071.1-13 What did you use?

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

- C071_1. Hashish
- C071_2. Marihuana
- C071_3. Pot
- C071_4. Cannabis
- C071_5. Heroin
- C071_6. Morfin
- C071_7. Ecstasy
- C071_8. Crack
- C071_9. Other 1 (Text variable)
- C071_10. Other 2 (Text variable)
- C071_11. Other 3 (Text variable)

C071_12. Do not know -> 073
C071_13. Do not wish to answer -> 073

C071A. Other kinds of drugs 1
C071B. Other kinds of drugs 2
C071C. Other kinds of drugs 3

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

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

C072A.1-11 Number of times per month (0-99) -> C072 / -> C073
C072B.1-11 Number of times per week (0-99)

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

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

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

C074_1. day nursery
C074_2. integrated child care institution
C074_3. day care
C074_4. with family/friends
C074_5. Other 1: _____
C074_6. Other 2: _____ -> C074B
C074_7. Other 3: _____ -> C074C
C074_8. Do not know -> C076
C074_9. Do not wish to answer -> C076

C074A. Other kind of care 1
C074B. Other kind of care 2
C074C. Other kind of care 3

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

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 1 week in a row, e.g. in hospital, care, or other?

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

- C076_1. No -> C078
- C076_2. admitted to hospital
- C076_3. infant home
- C076_4. in a foster family
- C076_5. Other 1: _____
- C076_6. Other 2: _____ -> C076B
- C076_7. Other 3: _____ -> C076C
- C076_8. Do not know -> C078
- C076_9. Do not wish to answer -> C078

- C076A. Child's other residence than home 1
- C076B. Child's other residence than home 2
- C076C. Child's other residence than home 3

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

Master list 1: Scheme of months

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

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

(Not necessarily everyday during a week)

- 1. No

2. Yes
3. Do not know
4. Do not wish to answer

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

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

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

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

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

1. Only 1 time -> C082
2. Number of times more than 1: _____
3. 1-5 times -> C082
4. 6-10 times -> C082
5. More than 10 times -> C082
6. Do not know -> C082
7. Do not wish to answer -> C082

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

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

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?

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

C084.1-18 What kind of treatment?

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

- C084_1. Asthma medicine
- C084_2. Bricanyl
- C084_3. Iliadin
- C084_4. Camomile steam
- C084_5. Nose spray
- C084_6. Otrivin
- C084_7. Pamol
- C084_8. Pinex
- C084_9. Penicillin
- C084_10. Salbuvent
- C084_11. Salt water / drops of salt water
- C084_12. Sofradex
- C084_13. Spirocort
- C084_14. Other 1 (Text variable)
- C084_15. Other 2 (Text variable) -> C084B
- C084_16. Other 3 (Text variable) -> C084C
- C084_17. Do not know
- C084_18. Do not wish to answer

- C084A. Other treatment against cold 1
- C084B. Other treatment against cold 2
- C084C. Other treatment against cold 3

C085. Has he/she been constipated?

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

C086. Did constipation ever last for more than 3 days in a row?

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

C087. How often did constipation last for more than 3 days in a row?

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

1. Only once -> C088
2. Number of times more than 1: _____
3. 1-5 times -> C088
4. 6-10 times -> C088
5. More than 10 times -> C088
6. Do not know -> C088
7. Do not wish to answer -> C088

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

C088.1-17 How old was he/she when she was constipated?

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?

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

C090.1-11 What kind of treatment?

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

- C090_1. Fig juice
- C090_2. Laktulose
- C090_3. Microlax
- C090_4. Mylicon
- C090_5. Prepulsid
- C090_6. Prune mash
- C090_7. Other 1 (Text variable)
- C090_8. Other 2 (Text variable) -> C090B
- C090_9. Other 3 (Text variable) -> C090C

C090_10. Do not know
C090_11. Do not wish to answer

- C090A. Other treatment against constipation 1
- C090B. Other treatment against constipation 2
- C090C. Other treatment against constipation 3

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

C091. a. Thin faeces/diarrhoea?

b. Did he/she ever have thin faces/diarrhoea

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

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

- 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

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

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

- 1. Only once -> C094
- 2. Number of times more than 1: _____
- 3. 1-5 times -> C094
- 4. 6-10 times -> C094
- 5. More than 10 times -> C094
- 6. Do not know -> C094
- 7. Do not wish to answer -> C094

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

C094.1-17 How old was he/she when he/she had thin faeces?

Master list 1: Scheme of months

C094_1.	0 months
C094_2.	½ month
C094_3.	1 month
C094_4.	1 ½ months
C094_5.	2 months
C094_6.	2 ½ months
C094_7.	3 months
C094_8.	3 ½ months
C094_9.	4 months
C094_10.	4 ½ months
C094_11.	5 months
C094_12.	5 ½ months
C094_13.	6 months

C094_14.	6 ½ months
C094_15.	the entire period
C094_16.	Do not know
C094_17.	Do not wish to answer

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

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

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

C096.1-6 What kind of treatment?

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

- C096_1. F luid
- C096_2. Other 1 (Text variable)
- C096_3. Other 2 (Text variable) -> C096B
- C096_4. Other 3 (Text variable) -> C096C
- C096_5. Do not know
- C096_6. Do not wish to answer

C096A. Other treatment against thin faeces 1

C096B. Other treatment against thin faces 2

C096C. Other treatment against thin faces 3

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

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

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

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

1. Only once -> C100
2. Number of times of more than 1: _____
3. 1-5 times -> C100
4. 6-10 times -> C100
5. More than 10 times -> C100

6. Do not know -> C100

7. Do not wish to answer -> C100

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

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

Master list 1: Scheme of months

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

C102.1-19 What kind of treatment?

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

- C102_1. Antibiotics
- C102_2. Cream/cream drops
- C102_3. Exocin
- C102_4. Fucidin
- C102_5. Fucithalamic
- C102_6. Camomile tea
- C102_7. Kloramfenikol
- C102_8. Boiled water
- C102_9. Primcillin
- C102_10. Salt water
- C102_11. Ointment
- C102_12. Terramycin-Polymyxin
- C102_13. Eye drops
- C102_14. Eye ointment
- C102_15. Other 1 (Text variable)
- C102_16. Other 2 (Text variable) -> C102B
- C102_17. Other 3 (Text variable) -> C102C
- C102_18. Do not know
- C102_19. Do not wish to answer

C102A. Other treatment against inflammation of the eye 1

C102B. Other treatment against inflammation of the eye 2

C102C. Other treatment against inflammation of the eye 3

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

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

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

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

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?

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

C107.1-15 What kind of treatment?

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

- C107_1. Betnovat
- C107_2. Dermil
- C107_3. Elocon
- C107_4. Hydrocortison
- C107_5. Hormoncreme, uspecificeret
- C107_6. Legederm
- C107_7. Locoid
- C107_8. Mildison
- C107_9. Ointment/cream unspecified
- C107_10. Uniderm
- C107_11. Other 1 (Text variable)
- C107_12. Other 2 (Text variable) -> C107B
- C107_13. Other 3 (Text variable) -> C107C
- C107_14. Do not know
- C107_15. Do not wish to answer

- C107A. Other treatment against atopic dermatitis 1
- C107B. Other treatment against atopic dermatitis 2
- C107C. Other treatment against atopic dermatitis 3

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

C108. a. Nettle rash/urticaria?

b. Did he/she have nettle rash?

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

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

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

1. Kun 1 gang -> C110
2. Antal times mere end 1: _____

3. 1-2 times -> C110
4. 3-4 times -> C110
5. More than 4 times -> C110
6. Do not know -> C110
7. Do not wish to answer -> C110

C109A. Number of times with nettle rash(0-99)

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

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?

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

C112.1-10 What kind of treatment?

Number of possible answers at the same time: 8 (combinations of 1.-8.)

- C112_1. Antihistamin
- C112_2. Hismanal
- C112_3. Mepyramin
- C112_4. Tacryl
- C112_5. Teldanex
- C112_6. Other 1 (Text variable)
- C112_7. Other 2 (Text variable) -> C112B
- C112_8. Other 3 (Text variable) -> C112C
- C112_9. Do not know
- C112_10. Do not wish to answer

- C112A. Other treatment against nettle rash 1
- C112B. Other treatment against nettle rash 2
- C112C. Other treatment against nettle rash 3

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?

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

- 1. Kun 1 gang -> C115
- 2. Antal times mere end 1: _____
- 3. 1-5 times -> C115
- 4. 6-10 times -> C115
- 5. More than 10 times -> C115
- 6. Do not know -> C115
- 7. Do not wish to answer -> C115

C114A. Number of times with eczema/rash (0-99)

C115.1-17 How old was he/she when he/she had other kinds of eczema or rash?

Master List 1: Scheme of months

- C115_1. 0 months
- C115_2. ½ month
- C115_3. 1 month
- C115_4. 1 ½ month

C115_5.	2 months
C115_6.	2 ½ months
C115_7.	3 months
C115_8.	3 ½ months
C115_9.	4 months
C115_10.	4 ½ months
C115_11.	5 months
C115_12.	5 ½ months
C115_13.	6 months
C115_14.	6 ½ months
C115_15.	The entire period
C115_16.	Do not know
C115_17.	Do not wish to answer

If answer in C114 = 1. use wording a, otherwise b

C116. a. Did he/she receive any kind of treatment?

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

C117.1-12 What kind of treatment?

Number of possible answers simultaneously: 10 (combinations off 1.-10.)

- C117_1. Betnovat
- C117_2. Canesten
- C117_3. Dermil
- C117_4. Elocon
- C117_5. Hydrocortison
- C117_6. Locoid
- C117_7. Ointment/creams unspecified
- C117_8. Other 1 (Text variable)
- C117_9. Other 2 (Text variable) -> C117B
- C117_10. Other 3 (Text variable) -> C117C
- C117_11. Do not know
- C117_12. Do not wish to answer

- C117A. Other treatment against other kinds of eczema/rash 1
- C117B. Other treatment against other kinds of eczema/rash 2
- C117C. Other treatment against other kinds of eczema/rash 3

If answer in C113 = 2. use wording b, otherwise a

C118. a. Trush? (fungus in mouth)

b. Has he/she had trush/fungus in mouth?

1. No -> C124
2. Yes
3. Do not know -> C124
4. Do not wish to answer -> C124

C119. Did trush ever last for more than 3 days in a row?

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

C120. How often did it last more than 3 days in a row?

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

1. Only once -> C121
2. Number of times more than 1: _____
3. 1-3 times -> C121
4. 4-6 times -> C121
5. More than 6 times -> C121
6. Do not know -> C121
7. Do not wish to answer -> C121

C120A. Number of times with trush for more than 3 days (0-99)

C121.1-17 How old was your child when he/she had trush?

Master list 1: Scheme of months

C121_1.	0 months
C121_2.	½ month
C121_3.	1 month
C121_4.	1 ½ months
C121_5.	2 months
C121_6.	2 ½ months
C121_7.	3 months
C121_8.	3 ½ months
C121_9.	4 months
C121_10.	4 ½ month
C121_11.	5 months
C121_12.	5 ½ months
C121_13.	6 months
C121_14.	6 ½ months
C121_15.	The entire period
C121_16.	Do not know
C121_17.	Do not wish to answer

If answer in C119 = 1., 5., or 6. or answer in C120 = 1. use wording a, otherwise b

C122. a. Did he/she receive any kind of treatment?

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

C123.1-9 What kind of treatment?

Number of possible answers at the same time: 7 (combinations of 1.-7.)

- C123_1. Brenospor
- C123_2. Brentan
- C123_3. Mycostatin
- C123_4. Trush juice
- C123_5. Other 1 (Text variable)
- C123_6. Other 2 (Text variable) -> C123B
- C123_7. Other 3 (Text variable) -> C123C
- C123_8. Do not know
- C123_9. Do not wish to answer

- C123A. Other treatment trush 1
- C123B. Other treatment trush 2
- C123C. Other treatment trush 3

If answer in C118 = 2. use wording b, otherwise a

C124. a. Other kinds of fungus?

b. Did he/she ever have other kinds of fungus?

- 1. No -> C130
- 2. Yes
- 3. Do not know -> C130
- 4. Do not wish to answer -> C130

C125. Did the fungus ever last for more than 3 days in a row?

- 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

C126. How often did it last for more than 3 days in a row?

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

1. Only 1 time -> C127
2. Number of times more than 1: _____
3. 1-3 times -> C127
4. 4-6 times -> C127
5. More than 6 times -> C127
6. Do not know -> C127
7. Do not wish to answer -> C127

C126A. Number times when trush lasted for more than 3 days in a row(0-99)

C127.1-17 How old was he/she when he/she had other kinds of fungus?

Master list 1: Scheme of months

C127_1.	0 months
C127_2.	½ month
C127_3.	1 month
C127_4.	1 ½ months
C127_5.	2 months
C127_6.	2 ½ months
C127_7.	3 months
C127_8.	3 ½ months
C127_9.	4 months
C127_10.	4 ½ months
C127_11.	5 months
C127_12.	5 ½ months
C127_13.	6 months
C127_14.	6 ½ months
C127_15.	The entire period
C127_16.	Do not know
C127_17.	Do not wish to answer

If answer in C125 = 1., 5. or 6. or answer in C126 = 1. use wording a, otherwise b

C128. a. Did he/she receive any treatment against fungus?

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

C129.1-12 What kind of treatment?

Number of possible answers at the same timer: 10 (combinations of 1.-10.)

- C129_1. Brenospor
- C129_2. Brentacort
- C129_3. Brentan Baby/Baby paste with Brentan
- C129_4. Ciloprin
- C129_5. Lamisil
- C129_6. Unspecified ointments/creams
- C129_7. Mycostatin
- C129_8. Other 1 (Text variable)

C129_9. Other 2 (Text variable) -> C129B
C129_10. Other 3 (Text variable) -> C129C
C129_11. Do not know
C129_12. Do not wish to answer

C129A. Other treatment against other kinds of fungus 1
C129B. Other treatment against other kinds of fungus 2
C129C. Other treatment against other kinds of fungus 3

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

C131. How many times has he/she had inflammation of the ear?

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

1. Only 1 time -> C132
2. Number of times more than 1: _____
3. 1-3 times -> C132
4. 4-6 times -> C132
5. More than 6 times -> C132
6. Do not know -> C132
7. Do not wish to answer -> C132

C131A. Number of times with inflammation of the ear (0-99)

C132.1-17 How old was he/she when he/she had inflammation of the ear?

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?

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

C134.1-18 What kind of treatment?

Number of simultaneous answer possibilities: 16 (combinations of 1.-16.)

- C134_1. Abboticin
- C134_2. Doktacillin
- C134_3. Erycin
- C134_4. Flemoxin
- C134_5. Puncture of ear drum
- C134_6. Pamol
- C134_7. Pinex
- C134_8. Penicillin
- C134_9. Pondocillin
- C134_10. Primcillin
- C134_11. Rocilin
- C134_12. Spektramox
- C134_13. Vepicombin
- C134_14. Other 1 (Text variable)
- C134_15. Other 2 (Text variable) -> C134B
- C134_16. Other 3 (Text variable) -> C134C
- C134_17. Do not know
- C134_18. Do not wish to answer

- C134A. Other treatment against inflammation of the ear 1
- C134B. Other treatment against inflammation of the ear 2
- C134C. Other treatment against inflammation of the ear 3

s135. Has he/she had episodes with wheezing respiration?

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

C136. Did a doctor ever say that he/she had asthmatic bronchitis or asthma?

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

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 wheezing respiration?

If answer in s135 = 1., 3. or 4. and answer in 136 = 2. use wording b
b. How many times has he/she had episodes with asthmatic bronchitis?

(If the mother cannot come up with any number of times, please, say☺
[Has it been: 1-2, 3-4 or more than 4 times?])

1. Number of times: _____
2. Chronic or close to chronic condition -> C138
3. 1-2 times -> C138
4. 3-4 times -> C138
5. More than 4 times -> C138
6. Do not know -> C138
7. Do not wish to answer -> C138

C137A. Number of times with asthmatic bronchitis/asthma (0-99)

If answer in s135 = 2. use wording a

C138.1-17 a. How old was he/she when he/she had wheezing respiration?

If answer in s135 = 1., 3.or. 4. and answer in C136 = 2. use wording b
b. How old was he/she when he/she had asthmatic bronchitis/asthma?

Master list 1: Scheme of months

C138_1.	0 months
C138_2.	½ month
C138_3.	1 month
C138_4.	1 ½ month
C138_5.	2 months
C138_6.	2 ½ months
C138_7.	3 months
C138_8.	3 ½ months
C138_9.	4 months
C138_10.	4 ½ months
C138_11.	5 months
C138_12.	5 ½ months
C138_13.	6 months
C138_14.	6 ½ months

C138_15. The entire period
C138_16. Do not know
C138_17. Do not wish to answer

If C137A = 1 use wording a, otherwise b

C139. a. Did he/she receive any kind of treatment?

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

C140.1-18 What kind of treatment?

(If the mother answers Bricanyl, Bricur, Salbuvent and/or Ventoline without indication of type, please ask:)

[Was it for inhalation?]

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

- C140_1. Asthma medicine (unspecified)
- C140_2. Asthma spray (unspecified)
- C140_3. Bricanyl spray/spacer
- C140_4. Bricanyl mikstur
- C140_5. Bricur spray/spacer
- C140_6. Bricur mikstur
- C140_7. Pinex
- C140_8. Pamol
- C140_9. Salbuvent spray/spacer
- C140_10. Salbuvent mikstur
- C140_11. Spirocort
- C140_12. Ventoline spray/spacer
- C140_13. Ventoline mikstur
- C140_14. Other 1 (Text variable)
- C140_15. Other 2 (Text variable) -> C140B
- C140_16. Other 3 (Text variable) -> C140C
- C140_17. Do not know
- C140_18. Do not wish to answer

C140A. Other treatment against asthmatic bronchitis/asthma 1

C140B. Other treatment against asthmatic bronchitis/asthma 2

C140C. Other treatment against asthmatic bronchitis/asthma 3

C141. Has he/she had bronchitis (dry to loose cough)?

1. No -> C146
2. Yes
3. Do not know -> C146
4. Do not wish to answer -> C146

C142. How many times has he/she had bronchitis?

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

1. Only 1 time -> C143
2. Number of times more than 1: _____
3. 1-3 times -> C143
4. 4-6 times -> C143
5. More than 6 times -> C143
6. Do not know -> C143
7. Do not wish to answer -> C143

C142A. Number of times with bronchitis (0-99)

C143.1-17 How old was he/she when he/she had bronchitis?

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?

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

C145.1-15 What kind of treatment?

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

Number of possible answers at the same time 13 (combinations of 1.-13.)

- C145_1. Bisolvon
- C145_2. Bricanyl spray/spacer
- C145_3. Bricanyl mikstur

- C145_4. Bricur spray/spacer
- C145_5. Bricur mikstur
- C145_6. Cough mixture
- C145_7. Pinex
- C145_8. Pamol
- C145_9. Ventoline spray/spacer
- C145_10. Ventoline mikstur
- C145_11. Other 1 (Text variable)
- C145_12. Other 2 (Text variable) -> C145B
- C145_13. Other 3 (Text variable) -> C145C
- C145_14. Do not know
- C145_15. Do not wish to answer

- C145A. Other treatment bronchitis 1
- C145B. Other treatment bronchitis 2
- C145C. Other treatment bronchitis 3

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

C147. How many times has he/she had pneumonia?

(If the mother cannot come up with a number of times, please ask:)
[Was it: 1-2, 3-4 or more than 4 times?]

- 1. 1 time only -> s148
- 2. Number of times more than 1: _____
- 3. 1-2 times -> s148
- 4. 3-4 times -> s148
- 5. More than 4 times -> s148
- 6. Do not know -> s148
- 7. Do not wish to answer -> s148

C147A. Number of times with pneumonia (0-99)

If C147 = 1. use wording a, otherwise b

s148. a. Diagnosed by a doctor?

b. Diagnose by a doctor each time?

(If the mother cannot come up with a number of times, please ask:)
[Was it: 1-2, 3-4 more than 4 times?]

- 1. Yes (every time) -> C149
- 2. No (never) -> C149
- 3. Diagnose by a doctor number of times (if not diagnose each time): _____
- 4. 1-2 times diagnosed by doctor (if not each time) -> C149
- 5. 3-4 times diagnosed by a doctor (if not each time) -> C149
- 6. Diagnosed y a doctor more than 4 times (if not each time) -> C149
- 7. Do not know -> C149

8. Do not wish to answer -> C149

s148A. Number of times pneumonia diagnosed by a doctor (0-99)

C149.1-17 How old was he/she when he/she had pneumonia?

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?

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

1. No -> C152
2. Yes
3. Do not know -> C152
4. Do not wish to answer -> C152

C151.1-12 What kind of treatment?

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

- C151_1. Acipen
- C151_2. Flemoxin
- C151_3. Imacillin
- C151_4. Penicillin
- C151_5. Primcillin
- C151_6. Rocilin
- C151_7. Vepicombin
- C151_8. Other 1 (Text variable)
- C151_9. Other 2 (Text variable) -> C151B
- C151_10. Other 3 (Text variable) -> C151C
- C151_11. Do not know
- C151_12. Do not wish to answer

C151A. Other treatment pneumonia 1

C151B. Other treatment pneumonia 2

C151C. Other treatment pneumonia 3

C152. Has he/she ever had light treatment against jaundice?

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

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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

C154. Approx. how many times did you experience that kind of periods?

1. Number times: _____
2. Do not know -> C155, form. b
3. Do not wish to answer -> C155, form. b

C154A. Number of periods with unease and crying (0-30)

If C154A = 1 use wording a, otherwise b

C155.1-17 a. How old was he/she at that time?

b. How old was he/she during these periods?

Master list 1: Scheme of months

C155_1.	0 months
C155_2.	½ month
C155_3.	1 month
C155_4.	1 ½ months
C155_5.	2 months
C155_6.	2 ½ months
C155_7.	3 months
C155_8.	3 ½ months
C155_9.	4 months
C155_10.	4 ½ months
C155_11.	5 months
C155_12.	5 ½ months
C155_13.	6 months
C155_14.	6 ½ months
C155_15.	The entire period
C155_16.	Do not know
C155_17.	Do not wish to answer

If answer in C154A > 1 sue wording b and maybe also c, in all other cases use a

C156.1-7 a. What do you believe was the reason?

b. What do you believe was the reason the 1st time?

c. And the 2nd time(etc.)?

C156-
C156A:

sva fra
C154A
(max 7)

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

C156A.1-7 Other reasons for periods of unease and crying

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?

b. How many hours all together was he/she at unease/crying during 24 hours for the first time/second time, etc.?

c. And how many hours for the second time (etc.)?

1. Number of: ____ hours ____ minutes per 24 hours
2. From ____ to ____ hours -> C157B1
3. Do not know -> C157, form. c / C159
4. Do not wish to answer -> C157, form. c / C159

C157A1.1-7 Hours of unease and crying per 24 hours (0-24)

C157A2.1-7 Minutes of unease and crying per 24 hours (0-59)

C157B1.1-7 Hours (decimal figures) unease/crying per 24 hours. Interval start (0-24)

C157B2.1-7 Hours (decimal figures) unease/crying per 24 hours. Interval end (C157B1-24)

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 C154A > 1 use wording b, in all other cases use a

C158.1-7 a. How many days a week was he/she at unease or crying for more than 3 hours during 24 hours?

b. How many days a week was he/she at unease or crying for more than 3 hours during 24 hours for the 1st time/2nd time, etc.?

1. Number of days a week: _____
2. Between ____ and ____ days a week -> C158B1
3. No days a week -> C157, form. c / C159
4. Do not know -> C157, form. c / C159
5. Do not wish to answer -> C157, form. c / C159

C158A.1-7 # days a week with unease and crying for more than 3 hours in 24 hours (0-7) -> C157, form. c / C159

C158B1.1-7 Interval start: # days a week with unease and crying for more than 3 hours in 24 hours (0-7)

C158B2.1-7 Interval end: # days a week with unease and crying for more than 3 hours in 24 hours (0-7)
-> 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, in all other cases use b

C159. a. Did he/she receive any kind of treatment

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

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 did he/she receive the first time?

c. And the second time (etc.)?

Number of simultaneous answer possibilities: 4 (combinations of 1. - 4.)

C1600101-C1600701. Treatment 1 (Text variable)

C1600102-C1600702. Treatment 2 (Text variable)

C1600103-C1600703. Treatment 3 (Text variable)

C1600104-C1600704. Treatment 4 (Text variable)

C1600105-C1600705. Do not know

C1600106-C1600706. Do not wish to answer

C160A.1-7 Treatment for same disease period 1

C160B.1-7 Treatment for same disease period 2

C160C.1-7 Treatment for same disease period 3

C160D.1-7 Treatment for same disease period 4

If C160 has been asked less times than what corresponds to the answer in C154A -> C160c

C160X is only asked for boys – e.g. if SEX=2 -> C161

C160X. Are both testicles in the scrotum?

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

C160Y is only asked for boys

C160Y. Did a doctor say that your son's urethra ends at the underside of penis instead of at the point of the penis?

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

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

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

- C161_1. No
- C161_2. Yes, cleft in lips/palate/gum
- C161_3. Yes, malformation ears (external or internal)
- C161_4. Yes, malformation eyes (external or internal)
- C161_5. Yes, Adhesion of fingers
- C161_6. Yes, Adhesion of toes
- C161_7. Yes, Clubfoot
- C161_8. Yes, dislocation of hip
- C161_9. Yes, spinal cord hernia or cerebral hernia
- C161_10. Yes, hydrocephalus/water on the brain
- C161_11. Yes, heart malformation/heart disease
- C161_12. Yes, kidney/bladder malformations
- C161_13. Yes, hole in abdominal wall
- C161_14. Yes, constriction of gullet, stomach or enterostenosis
- C161_15. Yes, no or rectum or constricted rectum
- C161_16. Yes, mongolism/Downs syndrome (Trisomi 21)
- C161_17. Yes, boys: no or only one testicle in scrotum
- C161_18. Yes, boys: end of urethra in under side of penis
- C161_19. Other 1 (Text variable) -> C161A
- C161_20. Other 2 (Text variable) -> C161B
- C161_21. Do not know
- C161_22. Do not wish to answer

C161A. Other 1 – Congenital malformation

C161B. Other 2 – Congenital malformation

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?

(If the mother answers rash from napkin (sore, red, irritated skin), do not mark and please repeat question:)

[Has he/she had other diseases/sufferings?]

1. No -> C166
2. Yes: Name of disease (Text variable)

3. Do not know -> C166
4. Do not wish to answer -> C166

C162A.1-5 Name of disease/suffering

C163.1-5 How old was he/she at that time?

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?

1. No -> C162
2. Yes
3. Do not know -> C162
4. Do not wish to answer -> C162

C165.1-5 What treatment?

Number of simultaneous answer possibilities: 4 (combinations of 1. - 4.)

(All kinds of treatment for same disease are take down all together here)

C1650101-C1650501. Name of treatment 1 (Text variable)
 C1650102-C1650502. Name of treatment 2 (Text variable)
 C1650103-C1650503. Name of treatment 3 (Text variable)
 C1650104-C1650504. Name of treatment 4 (Text variable)
 C1650105-C1650505. Do not know -> C162b / C166
 C1650106-C1650506. Do not wish to answer -> C162b / C166

C165A.1-5 Treatment same disease/suffering 1
 C165B.1-5 Treatment same disease/suffering 2
 C165C.1-5 Treatment same disease/suffering 3
 C165D.1-5 Treatment same disease/suffering 4

-> C162b / C166

MOTHER – CHILD RELATION

C166. How 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

C167.1-16 Why has it been difficult?

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

Antal samtidige svarmuligheder: 14 (kombinationer af 1. -14.)

- C167_1. Difficulties with breast feeding
- C167_2. Child does not eat as supposed to
- C167_3. Sleeping difficulties child
- C167_4. Disease/handicap child
- C167_5. Difficult/unquiet child (not disease nor handicap)
- C167_6. Medical disease/handicap - mother
- C167_7. Mental illness - mother
- C167_8. General state of tiredness, strain, discontentment - mother
- C167_9. Feeling of insecurity in mother as to how to take care of the child
- C167_10. Bad contact with child
- C167_11. New pregnancy
- C167_12. Preterm born child
- C167_13. Specific external conditions not covered by the categories mentioned
- C167_14. Other (Text variable)
- C167_15. Do not know
- C167_16. Do not wish to answer

C167A. Other reasons why it may be difficult to take care of the child

C168. Has it been difficult most of the time?

1. Yes -> C170
2. No
3. Do not know -> C170
4. Do not wish to answer -> C170

C169.1-17 During which period has it been like that?

Master list 1: Scheme of months

- | | |
|---------|----------|
| C169_1. | 0 months |
| C169_2. | ½ month |
| C169_3. | 1 month |

C169_4.	1 ½ months
C169_5.	2 months
C169_6.	2 ½ months
C169_7.	3 months
C169_8.	3 ½ months
C169_9.	4 months
C169_10.	4 ½ months
C169_11.	5 months
C169_12.	5 ½ months
C169_13.	6 months
C169_14.	6 ½ months
C169_15.	The entire period
C169_16.	Do not know
C169_17.	Do not wish to answer

MOTHER – CHILD - COHABITATION

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

1. Yes -> C171
2. Father, but not birth father: donor child -> C171
3. No, new man -> C171
4. No, partner -> C171
5. No, with family/friends (no partner) -> C171
6. No, alone with no other adults -> C171
7. No, Other (Text variable)
8. Do not know -> C171
9. Do not wish to answer -> C171

C170A. Mother and child live with: Other

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?

1. Birth father
2. Father, but not birth father: donor child
3. New man
4. other partner
5. Lived alone
6. Family/friends, no partner
7. Other (Text variable)
8. Do not know
9. Do not wish to answer

C172A. Whom mother and child have lived with for the major part of the child's life: Other

For answer ≠ 7 applies:

If C170 = 5.-9. and C172 = 5.-9. -> C178I

If C170 = 1.-4. and C172 = 5.-9. -> C175

Other combinations: -> C173

MOTHERS EXPERIENCE OF REACTION TO PARTNER

For C173 and C174 the following applies:

If C171 = 1., 3. or 4. and C170 = 1. or 2. put: child's father

If C171 = 1., 3. or 4. and C170 = 3. put: your husband

If C171 = 1., 3. or 4. and C170 = 4. put: your partner

If C171 = 2. and C172 = 1.-2. put in: child's father

If C171 = 2. and C172 = 3. put in: your husband

If C171 = 2. and C172 = 4. put in: your partner

C173. Did you and the child's father/your husband/your partner have FEW, SOME or A LOT of conflicts since the birth?

1. Few/none
2. Some
3. A lot
4. Do not know
5. Do not wish to answer

C174.1-6 Do you feel that there have troubles in the relation between child and child's father/your husband/your partner? You can answer: NO, FEW, SOME or A LOT of troubles.
(Due to errors in the asc made for more answers)

C174_1. No

C174_2. Few

C174_3. Some

C174_4. A lot

C174_5. Do not know

C174_6. Do not wish to answer

If C170 = 5.-9. -> C178I

For C175 the following applies:

If C170 = 1. or 2. put: child's father

If C170 = 3. put: your husband

If C170 = 4. put: your partner

C175.1-8 Approx. how many hours does the child's father/your husband/your partner spent actively with the child during its woken hours?

Number of possible simultaneous answers: 2 (1. with 2.- 5. or 1. with 6.)

C175_1. Shifting hours, indications from last week (except: comb/w. 6)

C175_2. Hours: ____ -> C175A

C175_3. From: ___ to ___ hours -> C175B1

C175_4. All the time -> C170I

C175_5. No time -> C170I

C175_6. He is often gone for longer periods (at least 15 days at a time)

C175_7. Do not know -> C170I

C175_8. Do not wish to answer -> C170I

If 1+2 -> C175A; 1+3 -> C175B1; 1+6 -> C176; 6 -> C176

C175A. Hours, Father time spent with child (0-99) -> C178I

C175B1. Hours, interval start. Father time spent with child (0-99)

C175B2. Hours, interval end. Father time spent with child (0-99) -> C178I

C176.1-17 During which periods of the child's life has he been at home with you?

Master list 1: Scheme of months

C176_1.	0 months
C176_2.	½ month
C176_3.	1 month
C176_4.	1 ½ months
C176_5.	2 months
C176_6.	2 ½ months
C176_7.	3 months
C176_8.	3 ½ months
C176_9.	4 months
C176_10.	4 ½ months
C176_11.	5 months
C176_12.	5 ½ months
C176_13.	6 months
C176_14.	6 ½ months
C176_15.	The entire period
C176_16.	Do not know
C176_17.	Do not wish to answer

C177. Approx. How many hours did he spend with the child last time he was home?

1. Hours: ___

2. From: ___ to ___ hours -> C177B1

3. All the time -> C178I

4. No time -> C178I

5. Do not know -> C178I

6. Do not wish to answer -> C178I

C177A. Hours (decimal figures). Father away from home: Father time spent with child (0-24) -> C178I

C177B1. Hours (decimal figures). Father away from home: Interval start: Father time spent with child (0-24)

C177B2. Hours (decimal figures). Father away from home: Interval end: Father time spent with child (0-24) -> C178I

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

C179. Housing?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

C180. Work situation?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

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

C182. Relations to family or friends?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

C183. Illness in child?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

C184. Own illness?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

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

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

C187. Other things?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

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

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

C190. Feel under constant pressure?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

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

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

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

C194. Feel that everything was effort?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

C195. Feel tense or exhausted?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

C196. Feel that the demands made were too big?

1. No
2. A little
3. A lot
4. Do not know
5. Do not wish to answer

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

SPECIAL DIFFICULTIES – PARENTS' CHILDHOOD

C198. Now, I would like to know if you ever had troubles when you went school because you were particularly troubled or restless?

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

C199. Did the child's birth father have troubles when he went to school 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

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

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

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

C203. Behavioural problems?

1. No
2. Yes, as a child
3. Yes, as an adult
4. Yes, both as a child and adult
5. Do not know
6. Do not wish to answer

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

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

C206. What other problems?

1. Problems _____ -> C206A
2. Do not know -> C207

3. Do not wish to answer -> C207

C206A. Other problems mother

If C199 = 4. -> C215

C207. Did the child's birth father – as a child or an adult - ever need support because of any of the things I mentioned.?

- Let me repeat

(First line is repeated in front of all questions from now until 213)

(If immediately, the mother answers: No, no problems, please do not repeat and make your registration in category 1.)

1. Generally: No problems -> C215
2. Do not know -> C215
3. Do not wish to answer -> C215
4. Repeat the categories

C208. Speech trouble?

1. No
2. Yes, child
3. Yes, grownup
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

C209. Troubles to read and spell?

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

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

C211. Behavioural problems?

1. No

2. Yes, as a child
3. Yes, as a 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

C212. Nervousness, anxiety or depressions?

1. No
2. Yes, as a child
3. Yes, a 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

C213. Anything else?

1. No -> 215
2. Yes, as a child
3. Yes, a 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 -> 215
9. Do not wish to answer -> 215

C214. What other problems?

1. Problems (Text variable)
2. Do not know -> C215
3. Do not wish to answer -> C215

C214. Yes, other problems, father

MOTOR AND COGNITIVE DEVELOPMENT - MILE STONES

C215. 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 mentioned earlier?

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

C216.1-8 What is the problem?

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

- C216_1. Acertained braine damage
- C216_2. A general delay in development
- C216_3. Problems hearing

- C216_4. Problems sight
- 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

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 take him/her up?

1. Yes
2. No -> C221
3. Do not know
4. Do not wish to answer

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

C219. Can he/she roll form back to stomach?

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

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

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

C222. Does he/she throw toy to the floor?

1. Yes
2. No

3. Do not know
4. Do not wish to answer

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

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

C225. Does he/she try to get hold of things that are out of reach?

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

C226. Does 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

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

C228. Does he/she show/express that there are certain thing he/she does not like+
- Here I think about hunger or pain

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

C229. Doe he/she put toy into his/her mouth?

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

C230. Does he/she like flights/playing airplane?

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

ASTHMA AND ALLERGY – QUESTIONS FOR SUB PROJECT (S)

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

s243. Have you ever had infant eczema?

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

s244. Have you ever had hay fever or allergic cold?

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

INTERVIEW IS OVER

Now the interview is over.

Thank you for participating.

When your child turns 18 months old, we will call you again to ask you similar question about his/her diseases and medicine. Therefore, it would be a great help if you could take down notes about important things, and also we kindly ask you to keep all doctor's prescriptions on the medicine that your child may have.

C247. For the interviewer:

Here you can type your comments

1. Special comments from interviewer: _____
(Text)

2. No comments -> *END*

C247TEXT. Special comments from interviewer

END.

C248.1-3 The majority of the rest of this interview is about your child. You are the one to decide if we go on or if we end the interview here.

(If the mother wishes to continue, you say:)

a. All right, here is the first question about your child

(If the mother wishes to end the interview, you say:)

b. Thank you very much for participating.

When your child turns 18 months old, we will call you again to ask you similar question about his/her diseases and medicine. Therefore, it would be a great help if you could take down notes about important things, and also we kindly ask you to keep all doctor's prescriptions on the medicine that your child may have.

(Remember always to type a comment here)

Number of possible simultaneous answers: 2 (1. combined with 2. or 3.)

C248_1. Special comments if the child does not live with the mother: _____
(Text)

C248_2. End the interview

C248_3. The mother wishes to carry through with the interview -> 001

C248TEXT. Special comments if the child does not live with the mother.

END 2