

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

Contents:

D-questions:

Smoking and alcohol

Exposition/Exposure asthma and allergy

Child care

Medicine and diseases in child

Mother-child relation

Mother-child co-living conditions

Father's time with child

Special strains – mother's experience

Motoric and cognitive development – mile stones

Education – mother, birth-father or partner

Family's financial status

Anthropometry measures – birth parents

Network

Vaccinations

Anthropometry measures – child

Questions to teeth (questions for sub project)

Asthma og allergy (questions for sub project)

Master list I (MONTHS)

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

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

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

Masterliste III (ALLMONTH)

Number of simultaneously possible answers:

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

DINTROA: Interviewer ID (ikke tjekket)

DINTDATO: Interviewdato (ikke tjekket)

DVERSION: (ikke tjekket)

GRAVNR: Woman's pregnancy ID in Better Health for Mother and Child

LBNR: Serial number (woman's ID number Better Health for Mother and Child)

INTRODUCTION

Hello, you are speaking to _____ from the investigation Better Health for Mother and Child

(I would like to speak to:_____)

Is it fine with you if we make the interview right now? It will take approximately 15 minutes?
If NO make an appointment for the interview

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

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

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

D000_1. Boy

D000_2. Girl

D000_3. Child does not live with the mother on a regular basis

D000_4. Do not want to answer

If no mark in 3. -> D001

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

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

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

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

D000A_1. Type comment (obligatory): _____

D000A_2. The mother still wants to carry through with the interview

D000A_3. Make an end to the interview

D000B. Comment (If D000A=1+3 -> D201)

D001. Are you pregnant again?

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

D002. Have you given birth since the last interview?

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

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

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

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

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

1. Yes
2. No -> D009
3. Do not know
4. Do not want to answer

D004. When did you stop breast feeding?

1. Stop breast feeding: _____ months _____ weeks
2. Still breast feed (If TANDL=0 -> D009; If TANDL=1 -> R005)
3. Do not know (If TANDL=0 -> D009; If TANDL=1 -> R005)
4. Do not want to answer

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

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

For stop breast feeding <= 17 months. -> D009

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

1. No -> R007
2. Yes
3. Do not know -> R007
4. Do not want to answer -> R007

R006. Approximately how many times all together?

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

1. Number of times: _____
2. 1-5 times -> R007
3. 6-15 times -> R007
4. 16-30 times -> R007
5. Over 30 times -> R007
6. Do not know -> R007
7. Do not want to answer -> R007

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

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

1. No -> D009
2. Yes
3. Do not know -> D009
4. Do not want to answer -> D009

R008. Approximately how many times?

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

1. Number of times: _____
2. 1-5 times -> D009
3. 6-15 times -> D009
4. 16-30 times -> D009
5. Over 30 times -> D009
6. Do not know -> D009
7. Do not want to answer -> D009

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

D009. During which age periods – after the age of 6 month – did your child have breast milk substitutes or powder gruel every day?

1. Master list I (MONTHS): Months scheme

- D009_1. None
- D009_2. 6 1/2 months
- D009_3. 7 months
- D009_4. 7 1/2 months
- D009_5. 8 months
- D009_6. 8 1/2 months
- D009_7. 9 months
- D009_8. 9 1/2 months
- D009_9. 10 months
- D009_10. 10 1/2 months
- D009_11. 11 months
- D009_12. 11 1/2 months

- D009_13. 12 months
- D009_14. 12 1/2 months
- D009_15. 13 months
- D009_16. 13 1/2 months
- D009_17. 14 months
- D009_18. 14 1/2 months
- D009_19. 15 months
- D009_20. 15 1/2 months
- D009_21. 16 months
- D009_22. 16 1/2 months
- D009_23. 17 months
- D009_24. 17 1/2 months
- D009_25. 18 months
- D009_26. 18 1/2 months
- D009_27. The entire period
- D009_28. Do not know
- D009_29. Do not want to answer

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

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

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

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

[Was it: 1-2, 3-4, 5-6 or more than 6 dl?]

D010_1. Dl per day: ____.

D010_2. Less than 1 dl per day

D010_3. Uncertain, because mother does not know about quantities in child care institutions

D010_4. Child does not tolerate milk

D010_5. 1-2 dl

D010_6. 3-4 dl

D010_7. 5-6 dl

D010_8. More than 6 dl

D010_9. Do not know

D010_10. Do not want to answer

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

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

R011. Within the last month, did he/she have anything else but breast milk substitute in the bottle?

(Powder gruel, dietary supplement mixtures are here the same as breast milk substitute)

1. No -> R019

2. Yes

3. Do not know -> R019

4. Do not want to answer -> R019

R012. How many times did he/she have something else in the bottle ?

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

[Was it more than 5 times?]

1. 1 - 5 times -> R019
2. Number of times over 5: _____
3. More than 5 times -> R013
4. Do not know -> R019
5. Do not want to answer -> R019

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

R013.1-12 What was in the bottle?

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

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

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

R013A. Other in bottle 1

R013B. Other in bottle 2

R013C. Other in bottle 3

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

R014.1-4 How often was it (answer in R013:1.-4.)?

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

1. Number of times: _____
2. 1-5 times -> R014 /-> R015
3. 6-15 times -> R014 /-> R015
4. 16-30 times -> R014 /-> R015
5. More than 30 times -> R014 /-> R015
6. Do not know -> R014 /-> R015
7. Do not want to answer -> R014 /-> R015

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

R015. Have you within the last month let him/her suck on the bottle after the feeding was over and he/she dozed off?

1. No -> R019
2. Yes

3. Do not know -> R019
4. Do not want to answer -> R019

R016. How many times?

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

1. 1 - 5 times -> R019
2. Number of times over 5: _____
3. More than 5 times -> R017
4. Do not know -> R019
5. Do not want to answer -> R019

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

R017. What was in the bottle?

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

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

- R017_1. Fruit juice/lemonade
- R017_2. Juice
- R017_3. soda water/cola or the like
- R017_4. Camomile tea with honney or sugar
- R017_5. Pure camomile tea (no honney, no sugar)
- R017_6. Ordinary milk
- R017_7. Water
- R017_8. Other 1 (Text variable) *Library list*
- R017_9. Other 2 (Text variable) *Library list -> R013B*
- R017_10. Other 3 (Text variable) *Library list -> R013C*
- R017_11. Do not know
- R017_12. Do not want to answer

- R017A. Other in bottle 1
- R017B. Other in bottle 2
- R017C. Other in bottle 3

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

R018.1-4 How often was it (answer from the categories 1.-4. i R017)?

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

1. Number of times: _____
2. 1-5 times -> R018 /-> R019
3. 6-15 times -> R018 /-> R019
4. 16-30 times -> R018 /-> R019
5. More than 30 times -> R018 /-> R019
6. Do not know -> R018 /-> R019
7. Do not want to answer -> R018 /-> R019

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

R019. What do you use on his/her tooth brush?

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

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

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

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

- R019A. Other name of tooth paste 1
- R019B. Other name of tooth paste 2
- R019C. Other name of tooth paste 3
- R019D. Other than tooth pate or water

R020. Does he/she use a comforter?

- 1. Yes
- 2. No -> *D025*
- 3. Do not know -> *D025*
- 4. Do not want to answer -> *D025*

R021. Approx. How many hours, day and night, does he/she use the comforter?

- 1. All day/practically all day -> *R022*
- 2. ___ hours -> *R021A*
- 3. From ___ to ___ hours -> *R021B1*
- 4. Less than one hour per day/night -> *R022*
- 5. Do not know -> *R022*
- 6. Do not want to answer -> *R022*

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

R022. Do you ever dip the comforter into something he/she likes before giving it to him/her?

1. No -> *D025*
2. Yes
3. Do not know -> *D025*
4. Do not want to answer -> *D025*

R023. What do you dip the comforter into?

1. Honney -> *R024*
2. Sugar-> *R024*
3. Fruit juice -> *R024*
4. Other (Tekxt variable) *Library list*
5. Do not know -> *D025*
6. Do not want to answer -> *D025*

R023A. Other , dip comforter into

R024. How many times per week does that happen?

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

1. Number of times: _____
2. 1-5 times -> D025
3. 6-15 times -> D025
4. Over 15 times -> D025
5. Do not know -> D025
6. Do not want to answer -> D025

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

D025. Has he/she ever had iron drops?

1. No -> D027
2. Yes
3. Do not know -> D027
4. Do not want to answer -> D027

D026. For how many months did he/she have iron drops on a regular basis?

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

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

1. Number of months: _____
2. Under 1 months -> D027
3. 1-2 months -> D027
4. 3-6 months -> D027
5. Over 6 months -> D027
6. Do not know -> D027
7. Do not want to answer -> D027

D026A. Number of months iron drops (0-99)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SMOKING AND ALCOHOL

D030. Does anyone ever smoke in your home?

1. Yes
2. No -> D032
3. Do not know -> D032
4. Do not want to answer -> D032

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

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

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

D032. How many drinks did you have last week?

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

1. Number of drinks: ___.
2. None -> D033
3. 1-6 per week -> D033
4. 1-2 per day -> D033
5. 3-4 per day -> D033
6. 5-6 per day -> D033
7. more than 6 per day -> D033
8. Do not know -> D033
9. Do not want to answer -> D033

D032A. Number drinks (0-99)

EXPOSURE ASTHMA - ALLERGIY

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

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

Mention one animal at a time

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

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

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

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

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

CARE OF THE CHILD

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

1. The entire day/All my time -> D036
2. Time with child in hours and minutes: __. __ -> D035A1
3. From: __. __ to __. __ -> D035B1
4. Do not know -> D036
5. Do not want to answer -> D036

D035A1. Hours/minutes time spent with child, mother (0-99) -> D036

D035B1. Hours/minutes, interval start, time spent with child, mother (0-99)

D035B2. Hours/minutes, interval end, time spent with child, mother (0-99)

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

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

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

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

D036_1. No

D036_2. In day nursery

D036_3. In integrated institution

D036_4. In day-care

D036_5. With family/frineds

D036_6. Other 1 (Text variable) -> D036A

D036_7. Other 2 (Text variable) -> D036B

D036_8. Other 3 (Text variable) -> D036C

D036_09. Do not know

D036_10. Do not want to answer

D036A. Other day care 1

D036B. Other day care 2

D036C. Other day care 3

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

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

MEDICINE – DISEASE IN CHILD

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

D038. Has he /she had a cold?

1. No -> D042
2. Yes
3. Do not know -> D042

4. Do not want to answer -> D042

D039. How often did the cold last for more than 3 days in a row?

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

1. Never -> D040
2. Never, but he/she has had a cold many times -> D040
3. Number of times: _____
4. Cold is almost a constant state of health -> D040
5. 1-5 times -> D040
6. 6-10 times -> D040
7. Over 10 times -> D040
8. Do not know -> D040
9. Do not want to answer -> D040

D039A. Number of times with cold for more than 3 days in a row (0-99)

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

D040. a. Did he/she get any kind of treatment against cold?

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

1. No -> D042
2. Yes
3. Do not know -> D042
4. Do not want to answer -> D042

D041.1-18 What kind of treatment?

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

- D041_1. Asthma medicine
- D041_2. Bricanyl
- D041_3. Iliadin
- D041_4. Camomile tea bath
- D041_5. Nose spray
- D041_6. Otrivin
- D041_7. Pamol
- D041_8. Pinex
- D041_9. Penicillin
- D041_10. Salbuvent
- D041_11. Salt water/salt water drops
- D041_12. Sofradex
- D041_13. Spirocort
- D041_14. Other 1 (Text variable) *Libary list -> D041A*
- D041_15. Other 2 (Text variable) *Libary list -> D041B*
- D041_16. Other 3 (Text variable) *Libary list -> D041C*
- D041_17. Do not know
- D041_18. Do not want to answer

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

D042. Has he/she had a throat inflammation?

- 1. No -> *D046*
- 2. Yes
- 3. Do not know -> *D046*
- 4. Do not want to answer -> *D046*

D043. How often did that last for more than 3 days in a row?

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

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

- D043A. Number of times troat inflammation for more than 3 days (0-99)

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

- D044. a. Did he/she get any treatment ?

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

1. No -> D046
2. Yes
3. Do not know -> D046
4. Do not want to answer -> D046

D045.1-13 What kind of treatment?

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

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

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

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

D046. a. Constipation?

b. Has he/she been constipated?

1. No -> D048
2. Yes
3. Do not know -> D048
4. Do not want to answer -> D048

D047. 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 1-5, 6-10 or more than 10 times?]

1. Never -> D048
2. Never, but he/she has been constipated many times -> D048
3. Number of times: _____
4. Constipation has been more or less cronic -> D048
5. 1-5 times -> D048
6. 6-10 times -> D048
7. More than 10 times -> D048
8. Do not know -> D048
9. Do not want to answer -> D048

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

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

D048. a. Thin faces or diarrhoea?

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

1. No -> D060
2. Yes
3. Do not know -> D060
4. Do not want to answer -> D060

D049. 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 1-5, 6-10 or more than 10 times?]

1. Never -> D060
2. Never, but he/she has had it many times -> D060
3. Number of times: _____
4. 1-5 times -> D060
5. 6-10 times -> D060
6. More than 10 times -> D060
7. Do not know -> D060
8. Do not want to answer -> D060

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

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

D060. a. Trush or other kinds of fungus?

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

1. No -> D064
2. Yes
3. Do not know -> D064
4. Do not want to answer -> D064

D061. 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 1-3, 4-6 or more than 6 times?]

1. Never -> D062
2. Never, but he/she has had it many times -> D062
3. Number of times: _____
4. Trush or fungus has been more or less cronic -> D062
5. 1-3 times -> D062
6. 4-6 times -> D062
7. More than 6 times -> D062
8. Do not know -> D062
9. Do not want to answer -> D062

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

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

D062. a. Did he/she have any treatment?

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

1. No -> *D064*
2. Yes
3. Do not know -> *D064*
4. Do not want to answer -> *D064*

D063. What kind of treatment?

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

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

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

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

D064. a. False croup?

b. Has he/she had false croup?

- 1. No -> *D068*
- 2. Yes
- 3. Do not know -> *D068*
- 4. Do not want to answer -> *D068*

D065. How often has he/she had false croup?

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

- 1. Only once -> *D066*
- 2. Number of times more than 1: _____
- 3. 1-3 times -> *D066*
- 4. 4-6 times -> *D066*
- 5. 7-10 times -> *D066*
- 6. More than 10 times -> *D066*
- 7. Do not know -> *D066*
- 8. Do not want to answer -> *D066*

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

If D065 = 1, use wording a, otherwise b

D066. a. Did he/she get any kind of treatment?

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

1. No -> D068
2. Yes
3. Do not know -> D068
4. Do not want to answer -> D068

D067.1-6 What kind of treatment?

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

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

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

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

D068. a. Acute ear inflammation

b. Has he/she had acute ear inflammation?

1. No -> D073
2. Yes
3. Do not know -> D073
4. Do not want to answer -> D073

D069. How many times has he/she had acute ear inflammation?

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

1. Only once-> D070
2. Number of times more than 1: _____
3. 1-3 times -> D070
4. 4-6 times -> D070
5. 7-10 times -> D070
6. More than 10 times -> D070
7. Do not know -> D070
8. Do not want to answer -> D070

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

D070. How old was he/she the first time he/she had acute ear inflammation?

1. Age: _____ months. and _____ weeks
2. Age: _____ weeks -> D070B
3. Do not know -> D071
4. Do not want to answer -> D071

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

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

- D071. a. Did he/she get any treatment?
- b. Did he/she at any point get any kind of treatment?
1. No -> D073
 2. Yes
 3. Do not know -> D073
 4. Do not want to answer -> D073

D072.1-19 What treatment?

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

- D072_1. Abboticin
- D072_2. Doktacillin
- D072_3. Drain
- D072_4. Erycin
- D072_5. Flemoxin
- D072_6. operation (puncture ear drum(s))
- D072_7. Pamol
- D072_8. Pinex
- D072_9. Penicillin
- D072_10. Pondocillin
- D072_11. Primcillin
- D072_12. Rocilin
- D072_13. Spektramox
- D072_14. Vepicombin
- D072_15. Other 1 (Text variable) *Libary list -> D072A*
- D072_16. Other 2 (Text variable) *Libary list -> D072B*
- D072_17. Other 3 (Text variable) *Libary list -> D072C*
- D072_18. Do not know
- D072_19. Do not want to answer

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

S073. Has he/she had episodes with wheezing respiration?

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

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

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

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

If answer in S073 = 2, use the wording a

D075. a. How many times has he/she had episodes of wheezing respiration?

If answer in S073 = 1, 3 or 4 and answer in D074 = 2, use wording b

b. How many times has he/she had episodes with asthma bronchitis?

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

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

1. Number of episodes: _____
2. Chronic or almost chronic condition -> D076
3. 1-3 episodes -> D076
4. 4-6 episodes -> D076
5. 7-10 episodes -> D076
6. More than 10 episodes -> D076
7. Do not know -> D076
8. Do not want to answer -> D076

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

If answer in S073 = 2, use wording a

D076. a. How old was he/she when he/she had wheezing respiration?

If answer in S073 = 1, 3 or 4 and answer in D074 = 2, use wording b

b. How old was he/she when he/she had asthma bronchitis?

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

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

If D075A = 1, use wording a, otherwise b

D077. a. Did he/she get any kind of treatment?

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

1. No -> D079
2. Yes
3. Do not know -> D079
4. Do not want to answer -> D079

D078.1-18 What kind fo treatment?

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

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

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

D078A. Other treatment against asthma bronchitis or asthma 1

D078B. Other treatment against asthma bronchitis or asthma 2

D078C. Other treatment against asthma bronchitis or asthma 3

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

1. No -> D084
2. Yes
3. Do not know -> D084
4. Do not want to answer -> D084

D080. How many times has he/she had bronchitis?

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

1. Only 1 time -> D081
2. Number of times more than 1: _____

3. 1-3 times -> D081
4. 4-6 times -> D081
5. 7-10 times -> D081
6. More than 10 times -> D081
7. Do not know -> D081
8. Do not want to answer -> D081

D080A. Number of times with bronchitis (0-99)

D081. How old was he/she when he/she had bronchitis?

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

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

If D080 = 1, use wording a, otherwise b

D082. a. Did he/she get any kind of treatment?

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

1. No -> D084
2. Yes
3. Do not know -> D084
4. Do not want to answer -> D084

D083.1-15 What kind of treatment?

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

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

- D083_1. Bisolvon
- D083_2. Bricanyl spray/spacer
- D083_3. Bricanyl mixture
- D083_4. Bricur spray/spacer
- D083_5. Bricur mixture
- D083_6. cough mixture
- D083_7. Pinex
- D083_8. Pamol
- D083_9. Ventoline spray/spacer
- D083_10. Ventoline mixture
- D083_11. Other 1 (Text variable) *Libary list -> D083A*
- D083_12. Other 2 (Text variable) *Libary list -> D083B*
- D083_13. Other 3 (Text variable) *Libary list -> D083C*
- D083_14. Do not know
- D083_15. Do not want to answer

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

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

D084. a. Pneumonia?

b. Has he/she had pneumonia?

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

- 1. No -> D089
- 2. Yes
- 3. Do not know -> D089
- 4. Do not want to answer -> D089

D085. How many times has he/she had pneumonia?

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

- 1. Only 1 time -> S086
- 2. Number of times more than 1: _____
- 3. 1-3 times -> S086
- 4. 4-6 times -> S086
- 5. More than 6 times -> S086
- 6. Do not know -> S086
- 7. Do not want to answer -> S086

D085A. Number of times with pneumonia (0-99)

If D085 = 1, use wording a, otherwise b

S086. a. Was it diagnosed by a doctor?

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

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

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

1. Yes (hver gang) -> D087
2. No (never) -> D087
3. Only diagnosed by doctor ---- number of times (if not each time): _____
4. 1-3 times diagnosed by doctor (if not each time) -> D087
5. 4-6 times diagnosed by doctor (if not each time) -> D087
6. More than 6 times diagnosed by doctor (if not each time) -> D087
7. Do not know -> D087
8. Do not want to answer -> D087

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

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

D087. a. Did he/she get any treatment?

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

1. No -> D089
2. Yes
3. Do not know -> D089
4. Do not want to answer -> D089

D088.1-12 What kind of treatment?

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

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

D088A. Other treatment against pneumonia 1

D088B. Other treatment against pneumonia 2

D088C. Other treatment against pneumonia 3

D089. Has he/she ever had a temperture of fever of more than 38.5 with no other symptoms?

No rash, ...?

1. No -> D093
2. Yes
3. Do not know -> D093
4. Do not want to answer -> D093

D090. How often has he/she been like that?

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

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

1. Only 1 time -> D091
2. Number of times more than 1: _____
3. 1-5 times -> D091
4. 6-10 times -> D091
5. More than 10 times -> D091
6. Do not know -> D091
7. Do not want to answer -> D091

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

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

D091. a. Did he/she get any kind of treatment?

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

1. No -> D093
2. Yes
3. Do not know -> D093
4. Do not want to answer -> D093

D092.1-12 What kind of treatment?

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

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

D092A. Other treatment against 38.5 fever 1

D092B. Other treatment against 38.5 fever 2

D092C. Other treatment against 38.5 fever 3

D093. Hs he/she had scarlet fever?

1. No -> D097
2. Yes
3. Do not know -> D097
4. Do not want to answer -> D097

D094. How many times has he/she had scarlet fever?

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

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

1. Only 1 time-> D095

2. Number of times more than 1: _____

3. 1-3 times -> D095
4. 4-6 times -> D095
5. More than 6 times -> D095
6. Do not know -> D095
7. Do not want to answer -> D095

D094A. Number of times with scarlet fever (0-99)

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

D095. a. Did he/she get any kind of treatment?

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

1. Yes
2. No -> D097
3. Do not know -> D097
4. Do not want to answer -> D097

D096.1-12 What kind of treatment?

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

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

D096A. Other treatment against scarlet fever 1

D096B. Other treatment against scarlet fever 2

D096C. Other treatment against scarlet fever 3

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

D097. a. Fever cramps?

b. Has he/she had fever cramps?

1. No -> D099
2. Yes
3. Do not know -> D099
4. Do not want to answer -> D099

D098. How often has he/she had fever cramps?

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

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

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

D098X. How long did the longest fever cramp last?

(If the mother cannot indicate duration, please ask:)

[Did it last less than 5 minutes, from 6 to 14 minutes, from 15 to 29 minutes or did it last 30 minutes or more?]

1. Less than 5 minutes
2. 6-14 minutes
3. 15-29 minutes
4. 30 minutes or more
5. Do not know
6. Do not want to answer

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

D099. a. 3-days fever?

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

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

D100. The fifth child disease?

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

D101. Chicken pox?

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

D102. Rubella?

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

D103. Measles?

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

D104. Mumps?

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

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

1. No -> S106Q
2. Suspect it – looking into it
3. Yes
4. Do not know -> S106Q
5. Do not want to answer -> S106Q

S106.1-21 What kind of food?

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

- S106_1. Milk
- S106_2. Eggs
- S106_3. Soya
- S106_4. Rye
- S106_5. Wheat
- S106_6. Cereals in general
- S106_7. Gluten
- S106_8. Citrus fruit (oranges, lemon, lime)
- S106_9. Strawberry
- S106_10. Tomatoes
- S106_11. Peanuts
- S106_12. Nuts (other than peanuts)
- S106_13. Beans
- S106_14. Peas
- S106_15. Cod
- S106_16. Fish in general
- S106_17. Shellfish
- S106_18. Other 1 (Text variable) *Libary list -> S106A*
- S106_19. Other 2 (Text variable) *Libary list -> S106B*
- S106_20. Do not know
- S106_21. Do not want to answer

S106A. Other food 1
S106B. Other food 2

S106Q. Has he/she had pruritic skin eruption?

1. No -> D050
2. Yes
3. Do not know -> D050
4. Do not want to answer -> D050

S106R. Has it been returning skin eruption?

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

S106S. Did it last for more than two weeks?

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

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

S106T.1-41 During what periods since brith has he/she had skin eruptions?

Master list III (ALLMONTH): Months scheme

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

S106T_1.	The entire period
S106T_2.	0 months
S106T_3.	1/2 months
S106T_4.	1 months
S106T_5.	1 1/2 months
S106T_6.	2 months
S106T_7.	2 1/2 months
S106T_8.	3 months
S106T_9.	3 1/2 months
S106T_10.	4 months
S106T_11.	4 1/2 months
S106T_12.	5 months
S106T_13.	5 1/2 months
S106T_14.	6 months
S106T_15.	6 1/2 months
S106T_16.	7 months
S106T_17.	7 1/2 months
S106T_18.	8 months
S106T_19.	8 1/2 months
S106T_20.	9 months
S106T_21.	9 1/2 months
S106T_22.	10 months
S106T_23.	10 1/2 months
S106T_24.	11 months
S106T_25.	11 1/2 months
S106T_26.	12 months
S106T_27.	12 1/2 months
S106T_28.	13 months
S106T_29.	13 1/2 months
S106T_30.	14 months
S106T_31.	14 1/2 months
S106T_32.	15 months
S106T_33.	15 1/2 months
S106T_34.	16 months
S106T_35.	16 1/2 months
S106T_36.	17 months

S106T_37.	17 1/2 months
S106T_38.	18 months
S106T_39.	18 1/2 months
S106T_40.	Do not know
S106T_41.	Do not want to answer

S106U.1-19 Where was the skin eruption? (drawing in guide)

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

- S106U_1. In scalp
- S106U_2. In forehead
- S106U_3. Around eyes
- S106U_4. In cheeks
- S106U_5. Around ears
- S106U_6. Around mouth
- S106U_7. In neck
- S106U_8. In chest
- S106U_9. In back
- S106U_10. In elbows
- S106U_11. Outer side of arms
- S106U_12. In wrists
- S106U_13. In hollow of the knee
- S106U_14. In outer and inner sides of the legs
- S106U_15. In the napkin area
- S106U_16. Evenly distributed over the entire body
- S106U_17. Other places (Text variable)
- S106U_18. Do not know
- S106U_19. Do not want to answer

S106UA. Other places skin eruptions

S106V.1-16 What kind of treatment did he/she get?

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

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

S106VA. Other treatment against pruritic skin eruption 1

S106VB. Other treatment against pruritic skin eruption 2

S106VC. Other treatment against pruritic skin eruption 3

S106X. Was it infant eczema, also called asthma eczema?

1. Yes -> S051
2. No
3. No, skin eruption in connection with fever disease
4. No, skin eruption in connection with nettle fever
5. Do not know
6. Do not want to answer

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

D050. a. Has he/she had infant eczema, also called asthma eczema?

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

1. No -> D054
2. Yes
3. Do not know -> D054
4. Do not want to answer -> D054

051. Did a doctor say that he/she had infant eczema, also called asthma eczema?

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

If D050 is different from 2 -> D054

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

Master list III (ALLMONTH): Months scheme

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

S106Y_24.	11 months
S106Y_25.	11 1/2 months
S106Y_26.	12 months
S106Y_27.	12 1/2 months
S106Y_28.	13 months
S106Y_29.	13 1/2 months
S106Y_30.	14 months
S106Y_31.	14 1/2 months
S106Y_32.	15 months
S106Y_33.	15 1/2 months
S106Y_34.	16 months
S106Y_35.	16 1/2 months
S106Y_36.	17 months
S106Y_37.	17 1/2 months
S106Y_38.	18 months
S106Y_39.	18 1/2 months
S106Y_40.	Do not know
S106Y_41.	Do not want to answer

S106Z.1-19 Where was the eczema? (drawing ing guide)

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

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

S106ZA. Eczema other places

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

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

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

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

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

If s106X = 4 -> D055

D054. Did he/she have nettle fever?

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

D055. How often has he/she had nettle fever?

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

- 1. Only 1 time -> D056
- 2. Number of times more than 1: _____
- 3. 1-3 times -> D056
- 4. 4-6 times -> D056
- 5. More than 6 times -> D056
- 6. Do not know -> D056
- 7. Do not want to answer -> D056

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

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

- 1. No -> D107
- 2. Yes
- 3. Do not know -> D107
- 4. Do not want to answer -> D107

D057. How often has he/she had other kinds of eczema or skin eruptions?

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

- 1. Only 1 time -> D058
- 2. Number of times more than 1: _____
- 3. More or less a cronic condition -> D058
- 4. 1-3 times -> D058
- 5. 4-6 times -> D058
- 6. More than-> D058

7. Do not know -> D058
 8. Do not want to answer -> D058

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

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

D058. a. Did he/she get any treatment?

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

1. No -> D107
2. Yes
3. Do not know -> D107
4. Do not want to answer -> D107

D059.1-12 What kind of treatment?

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

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

D059A. Other treatment against other kinds of eczema 1

D059B. Other treatment against other kinds of eczema 2

D059C. Other treatment against other kinds of eczema 3

REDUCED HEARING

D107. Has there ever been suspicion of reduced hearing?

(If the mother answers yes, say:)

Has a doctor diagnosed reduced hearing?

1. No, never suspicion about reduce hearing -> O109M
2. Yes, suspicion but not diagnosed by doctor about reduced hearing
3. Yes, suspicion about and docotor diagnosed reduced hearing
4. Do not know ->O109M
5. Do not want to answer -> O109M

D108. How old was he/she when the 1st suspicion about reduced hearing arose?

1. Age: ____ months and ____ weeks
2. Age: ____ weeks -> D108B
3. Age: ____ days -> D108C
4. Do not know -> D109
5. Do not want to answer -> D109

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

D109. For how long – since the birth up till now – all together has there been a suspicion about reduced hearing?

1. Total duration: _____ months and _____ weeks
2. Total duration: _____ weeks -> D109B
3. Total duration: _____ days -> D109C
4. Do not know -> O109M
5. Do not want to answer -> O109M

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

REDUCED VISION/STRABISMUS

O109M. Has there ever been any suspicion about reduced vision?

1. Yes
2. No -> O109S
3. Do not know ->O109S
4. Do not want to answer -> O109S

O109N. Did a doctor diagnose reduced vision?

1. Yes
2. No -> O109R
3. Do not know -> O109R
4. Do not want to answer -> O109R

O109P. Has a doctor found the cause of reduced vision?

1. Yes
2. No -> O109R
3. Do not know -> O109R
4. Do not want to answer -> O109R

O109Q.1-12 What is the cause?

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

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

O109Q_12. Do not want to answer

O109QA. Other reason, reduced vision

O109R. Has he/she got glasses or contact lenses?

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

O109S. Has there ever been any suspicion of strabismus?

1. Yes
2. No -> O109Z
3. Do not know -> O109Z
4. Do not want to answer -> O109Z

O109T. Did a doctor diagnose strabismus?

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

O109U. Does your child still have strabismus?

1. Yes -> O109X
2. No
3. Do not know -> O109Z
4. Do not want to answer -> O109Z

O109V. When did strabismus end?

1. Age: ____ months and ____ weeks -> O109VA1
2. Age: ____ months -> O109VB
3. Do not know -> O109Y
4. Do not want to answer -> O109Y

O109VA1 Months. End strabismus (0-99)

O109VA2 Weeks. End strabismus (0-9) -> O109Y

O109VB. Months. End strabismus (0-99)

O109X. Is strabismus present constantly or only some times, e.g. when child is tired?

1. All the time
2. Some times
3. Do not know
4. Do not want to answer

O109Y. Has he/she been treated for strabismus?

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

O109Z. Has any member of child's close family strabismus or had strabismus?

1. Yes, child's father and/or mother
2. Yes, one or more sisters

3. No
4. Do not know
5. Do not want to answer

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

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

D111 only for boys (SEX=1)

D111. Are the testicles in scrotum?

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

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

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

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

D112A. Other 1 – congenial malformation

D112B. Other 2 – congenial malformation

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

- C1.1-5 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 -> *D117*
2. Yes: Name of disease (Text variable)
3. Do not know ->*D117*
4. Do not wish to answer ->*D117*

C113.1-5 Name of disease/suffering

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

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

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

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

D115.1-5 Did he/she get any kind of treatment?

1. No -> *D113* / -> *D117*
2. Yes
3. Do not know -> *D113* / -> *D117*
4. Do not want to answer ->*D113* / -> *D117*

D116.1-5 What treatment?

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

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

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

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

MOTHER – CHILD REALTION

D117. How has it been for you to take care of your child?
 You can answer very easy, fairly easy, difficult or very difficult.

1. Very easy -> C170
2. Fairly easy -> C170
3. Difficult
4. Very difficult
5. Do not know -> C170
6. Do not wish to answer -> C170

D118.1-16 Why has it been difficult?

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

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

D118_1. Difficulties with breast feeding
 D118_2. Child does not eat as supposed to
 D118_3. Sleeping difficulties child
 D118_4. Disease/handicap child
 D118_5. Difficult/unquiet child (not disease nor handicap)
 D118_6. Medical disease/handicap - mother
 D118_7. Mental illness - mother
 D118_8. General state of tiredness, strain, discontentment - mother
 D118_9. Feeling of insecurity in mother as to how to take care of the child
 D118_10. Bad contact with child
 D118_11. New pregnancy
 D118_12. Preterm born child
 D118_13. Specific external conditions not covered by the categories mentioned
 D118_14. Other (Text variable)
 D118_15. Do not know
 D118_16. Do not wish to answer

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

MOTHER – CHILD CO-HABITATION

D119. do you live with the child's birth father?

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

D119A. Other kind of co-habitation

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

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

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

D121. With whom have you and your child lived with for the major part of his/her life since he/she turned 6 months old?

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

D121A. Other kinds of co-habitation most of the time

FATHER TIME WITH CHILD

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

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

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

D122_1. Changing work hours, last week

D122_2. Hours: ____

D122_3. From: ____ to ____ hours -> D122B1

D122_4. All the time

D122_5. No time

D122_6. Is often gone for longer periods (at least 2 weeks)

D122_7. Do not know

D122_8. Do not want to answer

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

D122A Hours, Father time spent with child (0-99) -> D123

D122B1 Hours, interval start. Father time spent with child (0-99)

D122B2 Hours, interval end Father time spent with child (0-99)

SPECIAL STRAINS - MOTHER'S EXPERIENCE

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

Economy?

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

D124. Housing?

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

D125. Work?

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

D126. Relationship to partner?

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

D127. Relationship to family and friends?

1. No
2. A little
3. A lot
4. Do not know

5. Do not want to answer

D128. Disease in child?

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

D129. Own disease?

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

If D126=4 -> D131

D130. Disease in partner?

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

D131. Disease in family or close friends?

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

D132. Other things?

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

D133. How have you been feeling on average mentally from the time when the child has turned 6 months old and until now?

You can answer: Really fine, fine, fair, bad, very bad

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

MOTORIC AND COGNITIVE DEVELOPMENT – MILE STONES

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

1. No -> *INTROB*
2. Yes
3. Do not know -> *INTROB*
4. Do not want to answer -> *INTROB*

D135.1-10 What problems have been diagnosed after the child has turned 6 months old?

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

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

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

INTROA.

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

-> *D136*

INTROB.

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

CHILD'S DEVELOPMENT

Physical development:

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

1. Age: ____ month and ____ weeks
2. Still does not sit without support -> *D139*
3. Do not know -> *D137*
4. Do not want to answer -> *D137*

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

D137. When was the first time he/she could walk alone without support?

1. Age: ____ months and ____ weeks
2. Can not walk without support yet -> D139
3. Do not know -> D138
4. Do not want to answer -> D138

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

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

D138. Can he/she go up stairs with the support from a hand or a banister?

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

Self-help:

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

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

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

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

Social development:

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

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

If D136 or D137 = 2. -> D143

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

D142. Can he/she go get things and bring it to others if told to?

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

Cognitive development:

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

1. Yes

2. No
3. Do not know
4. Do not want to answer

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

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

Communication:

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

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

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

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

1. Number of words: _____
2. Less than 10 -> D147 / -> D148
3. 11-25 -> D147 / -> D148
4. 26-100 -> D147 / -> D148
5. 101-300 -> D147 / -> D148
6. More than 300 words -> D147 / -> D148
7. Do not know -> D147 / -> D148
8. Do not want to answer -> D147 / -> D148

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

D146A. Number of things he/she knows the name of (0-999) *If D145=2 -> D148 otherwise D147*

If D147 is skipped, the programme automatically makes a mark in category 2

D147. Does he/she use sentences of 2 words?

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

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

Is he/she restless in his/her sleep?

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

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

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

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

D150. Is he/she a happy child?

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

D151.1-6 Is he/she a cautious and guarded child?
Number of possible simultaneous answers: 2 (combination of the categories 1.-3. with 4.)

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

EDUCATION: MOTHER, BIRTH FATHER/PARTNER

MOTHER

Now for some questions about school and education

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

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

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

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

Answer 9-16 alone or with 17 -> D154

D152A. Other class end of school (Mother)

D153. Have you taken a basic vocational training course?

- 1. No
- 2. Yes, EGU, end
- 3. Yes, EGU, on-going
- 4. Yes, EFG, end
- 5. Yes, EFG, on-going
- 6. Yes, FUU, end

7. Yes, FUU, on-going
8. Do not know
9. Do not want to answer

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

1. Education (Text variable) *Libary list*
2. does not have any professional education -> *D155*
3. Do not know -> *D155*
4. Do not want to answer -> *D155*

D154A. Education, mother

BIIRTH FATHER

Now the same questions about education for the birth father

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

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

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

- D155_1. 6th class or less
- D155_2. 7th class
- D155_3. 8th class
- D155_4. 9th class without certificate
- D155_5. 9th class with certificate
- D155_6. 10th class without certificate
- D155_7. 10th class with certificate
- D155_8. Lower secondary school leaving examination
- D155_9. Higher Preparatory Examination, end -> *D154*
- D155_10. Higher Preparatory Examination, on-going -> *D154*
- D155_11. General Certificate of Education, end -> *D154*
- D155_12. General Certificate of Education *on-going*-> *D154*
- D155_13. Technical A-Level College, end -> *D154*
- D155_14. Technical A-Level College, on-going -> *D154*
- D155_15. Commercial A-Level College, end -> *D154*
- D155_16. Commercial A-Level College, on-going -> *D154*
- D155_17. Foreign school
- D155_18. Other (Text variable) -> *D152A*
- D155_19. Do not know
- D155_20. Do not want to answer

Answer 9-16 alone or with 17 -> D154

D155A. Other class end of school (Birth father)

D156. Has he taken a basic vocational training course?

1. No
2. Yes, EGU, end
3. Yes, EGU, on-going
4. Yes, EFG, end

5. Yes, EFG, on-going
6. Yes, FUU, end
7. Yes, FUU, on-going
8. Do not know
9. Do not want to answer

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

1. Education (Text variable) *Libary list*
2. does not have any professional education -> *D155*
3. Do not know -> *D155*
4. Do not want to answer -> *D155*

D157A. Education, birth father

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

PARTNER

For D158 the following appies:

If D119 = 2.-3. og D120 = 1. el. 3.-4. your husband

If D119 = 4. og D120 = 1. el. 3.-4. your partner

If D119 = 2.-3. og D120 = 2. og D121 = 1. your husband

If D119 = 4. og D120 = 2. og D121 = 1. your partner

If D119 = 1. el. 3.-4. og D120 = 2. og D121 = 2. your ex-husband

If D119 = 1.-2. el. 4. og D120 = 2. og D121 = 3. your ex-husband

If D119 = 1.-3. og D120 = 2. og D121 = 4. your ex partner

If D155 = 18. use wording b, otherwise a

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

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

At what level did he end school?

(If the mother answers 9thn or 10 th class, ask:)

[With/without certificate?]

Number of possible simultaneous answers: 2 (combination of 17. with 1.-16. and 18.

References to D160 have priority)

D158_1. 6th class or less

D158_2. 7th class

D158_3. 8th class

D158_4. 9th class without certificate

D158_5. 9th class with certificate

D158_6. 10th class without certificate

D158_7. 10th class with certificate

D158_8. Lower secondary school leaving examination

D158_9. Higher Preparatory Examination, end -> *D154*

D158_10. Higher Preparatory Examination, on-going -> *D154*

- D158_11. General Certificate of Education, end -> D154
 D158_12. General Certificate of Education *on-going*-> D154
 D158_13. Technical A-Level College, end -> D154
 D158_14. Technical A-Level College, on-going -> D154
 D158_15. Commercial A-Level College, end -> D154
 D158_16. Commercial A-Level College, on-going -> D154
 D158_17. Foreign school
 D158_18. Other (Text variable) -> D152A
 D158_19. Do not know
 D158_20. Do not want to answer

Answer 9-16 alone or with 17 -> D154

D158A. Other class end of school (Birth father)

D159. Has he taken a basic vocational training course?

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

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

1. Education (Text variable) *Libary list*
2. does not have any professional education -> D155
3. Do not know -> D155
4. Do not want to answer -> D155

D160A. Education, birth father

FAMILY'S ECONOMIC LEVEL

Now questions about your incomes

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

1. Total annual income: _____ kr.
2. Do not know -> *INTRO161*
3. Do not want to answer -> *INTRO161*

D161A. Gross income DKK (0-99.999.999)

ANTROPHOMETRY MEASURES – BIRTH PARENTS

INTRO161. *If D155_18 = 1 use wording b*

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

b. The following questions are about your weight

If D001 = 2. -> D164

D162. What is your weight?

1. _____.____ kilos
2. Do not know -> D163
3. Do not want to answer -> D163

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

D163. What is your waist measurement?

1. Waist measurement: _____
2. Do not know -> D166
3. Do not want to answer -> D166

D163A. Waist measurement, cm mother (0-500)

-> D166

D164. What was your weight before the present pregnancy?

1. _____.____ kilos
2. Do not know -> D165
3. Do not want to answer -> D165

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

D165. Waist measurement before present pregnancy?

1. Waist measurement: _____ cm
2. Do not know -> D166, unless D155=18: -> D169
3. Do not want to answer -> D166, unless D155=18: -> D169

D165A. Waist measurement before present pregnancy (0-999)

If D155 = 18. -> D169

D166. What does the birth father weigh?

1. _____.____ kilos
2. Do not know -> D167
3. Do not want to answer -> D167

If D155 = 18. -> D169

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

D167. How tall is he?

1. Height: _____ cm
2. Height: _____.____ m -> D167B
3. Do not know -> D168
4. Do not want to answer -> D168

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

D168. What is his waist measurement?

1. Waist measurement: _____ cm
2. Do not know -> D169
3. Do not want to answer -> D169

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

NETWORK

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

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

1. None -> D170
2. Number of persons: _____
3. 1-3 persons -> D170
4. 4-8 persons -> D170
5. More than 8 persons -> D170
6. Do not know -> D170
7. Do not want to answer -> D170

D169A. Number of persons, support (0-99)

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

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

1. None -> D171
2. Number of persons: _____
3. 1-3 persons-> D171
4. 4-8 persons -> D171
5. More than 8 persons -> D171
6. Do not know -> D171
7. Do not want to answer -> D171

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

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

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

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

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

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

1. Number of visits: _____
2. 1-4 visits -> D173
3. 5-8 visits -> D173
4. more than 8 visits -> D173
5. Do not know -> D173
6. Do not want to answer -> D173

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

VACCINATIONS

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

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

- D173_1. All 7
- D173_2. Di-Te-Ki-Pol 1 (3 mdr.)
- D173_3. HIB 1 (3 mdr.)
- D173_4. Di-Te-Ki-Pol 2 (5 mdr.)
- D173_5. HIB 2 (5 mdr.)
- D173_6. Di-Te-Ki-Pol 3 (12 mdr.)
- D173_7. HIB 3 (12 mdr.)
- D173_8. MFR 1 (15 mdr.)
- D173_9. None
- D173_10. Do not know
- D173_11. Do not want to answer

D174. Has he/she had other vaccinations?

1. No -> D177
2. Yes
3. Do not know -> D177
4. Do not want to answer -> D177

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

1. Name of vaccine (Text variable) *Libary list*
2. Do not know -> D176
3. Do not want to answer -> D177

D175A.1-5 Name of other vaccinations

D176.1-5 Other vaccinations?

1. No -> D177
2. Yes -> D175
3. Do not know -> D177
4. Do not want to answer -> D177

ANTROPHOMETRY MEASURES CHILD

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

GP

The date of five-months examination

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

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

D178. Child height

1. Height: ____
2. not measured -> *D179*
3. Do not know -> *D179*
4. Do not want to answer -> *D179*

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

D179. Weight

1. weight: ____ grams
2. not measured -> *D180*
3. Do not know -> *D180*
4. Do not want to answer -> *D180*

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

D180. Cranical circumference

1. Cranical circumference: ____ cm
2. not measured -> *D181*
3. Do not know -> *D181*
4. Do not want to answer -> *D181*

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

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

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

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

1. Date: DD/MM/YYYY
2. child not examined at 12 months. -> *D185*
3. child examined, but I do not have the information -> *D185*
4. do have the information but not the date -> *D182*
5. Do not know -> *D185*
6. Do not want to answer -> *D185*

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

D182. Height

1. Height: _____
2. not measured -> *D183*
3. Do not know -> *D183*
4. Do not want to answer -> *D183*

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

D183. Og weight

1. Weight: _____ grams
2. not measured -> *D184*
3. Do not know -> *D184*
4. Do not want to answer -> *D184*

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

D184. Cranial circumference

1. Cranial circumference: _____ cm
2. Not measured-> *D185*
3. Do not know -> *D185*
4. Do not want to answer -> *D185*

D184A. Cranial circumference at 12 months (1-150)

If answer in D180=1 -> INTRO1

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

.

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

D186. When was the last measurement?

1. Date: DD/MM/YYYY
2. Do not know -> *D187*
3. Do not want to answer -> *D187*

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

D187. What was the cranial circumference?

1. cranial circumference :_____ cm
2. Do not know -> *INTRO1*
3. Do not want to answer -> *INTRO1*

D187A. Last cranial circumference (0-999)

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

SUB PROJECT 2 DENTIST (LBC)

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

T188. How old was he/she when he/she had his/her first tooth?

1. Age: ____ month and ____ weeks
2. Do not know -> T189
3. Do not want to answer -> T189

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

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

T189. Any symptoms with the cutting of teeth?

1. No -> T191
2. Yes
3. Do not know -> T191
4. Do not want to answer -> T191

T190.1-8 What symptoms?

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

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

T190A. Other symptoms with cutting of teeth 1

T190B. Other symptoms with cutting of teeth 2

T190C. Other symptoms with cutting of teeth 3

T191. Has he/she ever hurt his/her teeth?

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

T192. Caries in teeth?

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

T193. Any bleedings from or pain in gums?

1. No

2. Yes
3. Yes, only in connection with a knock on teeth
4. Yes, only in connection with cutting of teeth
5. Do not know
6. Do not want to answer

T194. How often do you brush his/her teeth?

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

T195. Would he/she need to see a dentist?

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

ASTHMA AND ALLERGY – SUB PROJECT QUESTIONS (S)

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

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

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

S197. Have you ever had infant eczema yourself?

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

S198. Have you ever had hay fever or allergic cold?

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

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

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

S200. Has he ever had hay fever or allergic cold?

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

THE INTERVIEW IS OVER

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

D201. For the interviewer

Your comments.

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

D201A. Special comments

END. << Tryk en tast >

