

# The Norwegian Mother and Child Study

## Questionnaire - Father

*This questionnaire will be processed by a computer. It is therefore important that you follow these instructions:*

- Please use a blue or black ballpoint pen.
- Put a cross in the box that is most relevant like this: X
- Should you put a cross in the wrong box correct it by filling in the box completely like this: ■
- In the large green boxes write a *number* or a *capital letter*

*It is important that you only write in the white area of each box like this:*

Number:

- When filling in a single figure in boxes containing two or more squares please use the square to the right. For example: 5 is written like this:
- Boxes for dates are divided in three parts. The first box is for the day, the second for the month and the last for the year. For example: 6 May 2002 is written like this: day/month/year
- Specific information concerning medication should be written on the lines provided. Please write clearly in CAPITAL LETTERS.

*Please return the completed questionnaire in the stamped addressed envelope provided.*

Date on which the questionnaire was completed: Day, month and year (write the year with 4 numbers, ex. 2001)

Question	Answer
<b>Marital status, education and profession</b>	
1. What is your date of birth?	Day/month/year
2. What is your marital status?	Married/ Cohabitant/ Single/ Divorced/separated/ Widower/ Other
3. What is your education? ( <i>Fill in the highest level of education you have completed and current studies if you are still in school.</i> )	<p><i>Education Completed/ Ongoing</i></p> <p>1. 9-year secondary school/ 2. 1-2 year high school / 3. Vocational high school/ 4. 3-year high school general studies, junior college/ 5. Regional technical college, 4-year university degree (Bachelor's degree, nurse, teacher, engineer)/ 6. University, technical college, more than 4 years (Master's degree, medical doctor, PhD)/ 7. Other education</p>
4. What is your profession at present? ( <i>Fill in all that apply.</i> )	<p>1. Student/ 2. At home/ 3. Intern/apprentice/ 4. Military duty/. 5. Unemployed/laid off/ 6. Rehabilitation/disabled/ 7. Employed in public sector/ 8. Employed in private sector/ 9. Self-employed/ 10. Family member without steady income in family company (ex. farming, business)/ 11. Other: _____</p>
5. Describe your activity at your current place of work or service as accurately as possible. ( <i>Write for example, farming with grain and swine, body shop at a garage for diesel automobiles, insurance company, junior college.</i> )	
6. Occupation/title at your workplace. ( <i>Write for example, automobile agency, foreman, teacher, student, special service, cleaning assistant, farmer, at home.</i> )	
7. Have you been in contact with the following during the last 6 months before your partner became pregnant? ( <i>Fill in each line.</i> ) ( <i>This applies to both work and leisure.</i> )	<p>Chemicals, gasses, etc.  <i>No/ Yes</i>  <i>If yes, number of days (daily = 180 days)/ Fill in if you have used a hood for gases or breathing protection/ Fill in if you have used protective gloves</i></p> <p>1. Lead vapors, lead dust, lead particles or lead alloys/ 2. Chrome, arsenic, cadmium or combinations of these/ 3. Gasoline or exhaust (does not apply to filling gasoline in your own car)/ 4. Mercury vapors, mercury or work with</p>

	<p>amalgam fillings (does not apply to your own dental treatment)/ 5. Disinfectants, vermin poisons/ 6. Agents for protecting plants (weed killers, insecticides, fungicides)/ 7. Oil-based paint/ 8. Water-based or latex paint/ 9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride)/ 10. Industrial dyes or ink/ 11. Motor oil, lubrication oil or other types of oil/ 12. Photographic chemicals (fixatives or developers)/ 13. Substances used in welding/ 14. Substances used in soldering/ 15. Formalin/formaldehyde/ 16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment)/ 17. Laughing gas or other anesthetic gases (does not apply to you own treatment as a patient)/ 18. Other substances and conditions, describe: _____</p>
8. How often have you worked with radio transmitters or radar during the last 6 months before your partner became pregnant?	Infrequently/never/ A few times a week/ Daily/ On average more than 1 hour daily
9. How often did you use a cell phone during the last 6 months before your partner became pregnant?	Infrequently/never/ A few times a week/ Daily/ On average more than 1 hour daily
10. How often did you work with x-ray equipment (at a distance of less than 2 meters) during the last 6 months before your partner became pregnant? <i>(Does not apply to your own medical treatment.)</i>	Infrequently/never/ A few times a week/ Daily/ On average more than 1 hour daily
11. How often did you work with a data screen, laser printer or photocopy machine (at a distance of less than 2 meters) during the last 6 months before your partner became pregnant? <i>(Fill in each line.)</i>	<p><i>Infrequently/never/ A few times a week/ Daily/ On average more than 1 hour daily</i></p> <p>Data screen/ Laser printer/ Photocopy machine</p>
<b>Illnesses and health problems</b>	
12. Do you have or have you had any of the following illnesses or health problems?	<p><i>If yes, fill in/ If yes, do you remember how old you were when you first noticed the illness or problem? year/ How old were you when you recovered? year</i></p> <p>1. Hay fever/ 2. Hives (urticaria)/ 3. Asthma/ 4. Childhood eczema/atopic dermatitis/ 5. Psoriasis/ 6. Other dermatitis/skin problem/ 7. Migraine/ 8. Other frequent headaches/ 9. Continuous pain or burning in the upper stomach/ 10. Intestinal catarrh (diarrhea, constipation, sporadic pain)/ 11.</p>

	Sleep problems/ 12. Diabetes/ 13. Cancer/ 14. Coronary disease/ 15. Epilepsy/ 16. Recurring neck and shoulder pain/ 17. Pain in the small of the back/lumbar region/ 18. Chronic muscle pain/ 19. Bechterews/ rheumatoid arthritis/ 20. High blood pressure/ 21. Psychological problems (ex. depression, anxiety)/ 22. Other chronic diseases or health problems/ If yes, describe:_____
13. Did you take medicine(s) during the last 6 months before your partner became pregnant?	No/ Yes
14. If yes, give the name of the medicine(s).	<i>Name of the medicine (For example Valium, Rohypnol, Paracetamolamol)_____</i> <i>How long did you take the medicine?</i> Less than 1 week/ 1 week -1 month/ More than month
15. Have you taken vitamins, minerals or other nutritional supplements during the last 6 months before your partner became pregnant?	No/ Yes
16. If yes, give the complete name of the product for all vitamins, minerals or nutritional supplements. Include alternative and herbal remedies. ( <i>Write clearly in CAPITAL LETTERS.</i> )	Ex. VITAPLEX WITH IRON
17. Do you have a birth defect?	No/ Yes
18. If yes, which? _____	
19. Did you have any X-ray pictures taken during the last 6 months before your partner became pregnant?	No/ Yes
20. If yes, fill in where the X-ray was taken and how many times X-rays were taken.	<i>Number of times</i> Teeth/ Lungs/ Arms and legs/ Pelvis/stomach/back/ Other
<b>Life style and habits</b>	
21. Have you ever smoked?	No (proceed to question 25)/ Yes
22. Did you smoke during the last 6 months before your partner became pregnant?	No/ Yes, sometimes    Number of cigarettes/week/ Yes, daily    Number of cigarettes/week
23. Have you smoked since your partner became pregnant?	No/ Yes, sometimes    Number of cigarettes/week/ Yes, daily    Number of cigarettes/week

24. If yes, where do you smoke?	Only outside/ Outside and inside/ Only inside
25. Have you ever used any of the following substances? ( <i>Fill in each line.</i> )	<i>Never/ Previously/ The last 6 months before your partner became pregnant/ Currently</i> Hash/ Ecstasy/ Cocaine/ Heroin/ Central nervous system stimulants (Ephedrine, Amphetamine, Caffeine)
26. Have you ever consumed alcohol?	No (proceed to question 30)/ Yes
27. Did you consume alcohol during the last 6 months before your partner became pregnant?	1. Approx. 6-7 times a week/ 2. Approx. 4-5 times a week/ 3. Approx. 2-3 times a week/ 4. Approx. once a week/ 5. Approx. 1-3 times a month/ 6. Less than once a month/ 7. Never
28. Have you consumed alcohol since your partner became pregnant?	1. Approx. 6-7 times a week/ 2. Approx. 4-5 times a week/ 3. Approx. 2-3 times a week/ 4. Approx. once a week/ 5. Approx. 1-3 times a month/ 6. Less than once a month/ 7. Never
Alcohol units are used to compare the different types of alcoholic beverages. 1 alcohol unit (= 1.5 cl. pure alcohol) is equivalent to: 1 bottle/can energy drink or cider 1 glass (1/3 liter) of beer 1 wine glass red or white wine 1 wine glass sherry or other fortified wine 1 snaps glass spirits or liqueur	
29. How many units of alcohol do you usually consume when you drink alcohol?	10 or more / 7-9 / 5-6 / 3-4 / 1-2 / Less than 1
30. How often are you currently so physically active in your leisure and/or at work that you get out of breath or sweat? ( <i>Fill in for both leisure and work.</i> )	<i>Leisure/ At work</i> Never/ Less than once a week/ Once a week/ 2-3 times a week/ 4-6 times a week/ Almost every day
31. Have you ever used any of the following substances? ( <i>Fill in each line.</i> )	<i>Never/ Previously/ The last 6 months before your partner became pregnant/ Currently</i> Anabolic steroids/ Testosterone products/ Growth hormones (ex. Genotropin/Somatropin)

<b>You and your feelings now</b>	
32. Have you been bothered with any of the following during the past 2 weeks? <i>(Fill in each line.)</i>	<i>Not bothered/ A little bothered/ Quite bothered/ Very bothered</i> Constantly frightened or anxious/ Nervous, inner turmoil/ Feeling of hopelessness with regard to the future/ Depressed, sad/ Frequently worried or uneasy/ Feeling of hardship/ Feel tense or stressed/ Sudden fear without reason
33. Have you ever experienced the following for a period of 2 weeks or more? <i>(Fill in each line.)</i>	Felt depressed, sad/ Had problems with appetite or eaten too much/ Been bothered by lack of energy/ Blamed yourself and felt worthless/ Had problems with concentration or making decisions/ Had at least 3 of the problems named above simultaneously
34. How do you feel about yourself? <i>(Fill in each line.)</i>	<i>Agree completely/ Agree/ disagree/ Disagree completely</i> I have a positive attitude toward myself/ I feel completely useless at times/ I feel that I do not have much to be proud about/ I feel that I am a valuable person, as good as anyone else
35. Do you agree or disagree with the following statements? <i>(Fill in each line.)</i>	<i>Disagree completely/ Disagree/ Disagree somewhat/ Don't agree or disagree/ Agree somewhat/ Agree/ Agree completely</i> My life is largely what I wanted it to be/ My life is very good/ I am satisfied with my life/ To date, I have achieved what is important for me in my life/ If I could start all over, there is very little I would do differently
36. How often do you experience the following in your everyday life? <i>(Fill in each line.)</i>	<i>Never/ Infrequently/ Sometimes/ Frequently/ Very often</i> Feel happy about something/ Feel lucky/fortunate/ Feel optimistic, as though everything falls in place for you/ Feel that you will scream at someone or break something/ Feel angry, irritated or annoyed/ Feel furious with someone
37. Have you experienced any of the following during the last 12 months? <i>(Fill in each line.)</i>	<i>No/ Yes</i> Problems at work or where your study/ Financial problems/ Divorced, separated or ended your relationship with your partner/ Problems or conflicts with your family, friends or neighbors/ Serious accident or illness among relatives, close friends or yourself/ Lost someone close to you/ Other
38. Do you agree or disagree with these statements about you and your relationship. <i>(Fill in each line.)</i>	<i>Agree completely/ Agree/ Agree somewhat/ Disagree somewhat/ Disagree/ Disagree completely</i>

	My husband/partner and I have a close relationship/ My partner and I have problems in our relationship/ I am very happy with our relationship/ My partner is usually understanding/ I often think about ending our relationship/ I am satisfied with my relationship with my partner/ We often disagree about important decisions/ I have been lucky in my choice of a partner/ We agree about how our child should be raised/ I think my partner is satisfied with our relationship
<b>We would be grateful if you would write anything else you would like to tell us on the next page.</b>	
<b>Comments</b>	

**Thank you very much for your help!**

**Please return the completed questionnaire in the stamped addressed envelope provided.**