
The Norwegian Mother and Child study

Questionnaire 6 – Child aged 36 months

Some of the questions in this questionnaire you may recognize from earlier questionnaires. This is because we want to follow up on your and your child's progress.

To make it easier for you we suggest that you have your child's health card at hand when you fill out this questionnaire. If you think any of the questions are difficult to answer go on to the next question.

A computer will process this questionnaire and 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, thus
- Should you put a cross in the wrong box correct it by filling in the box completely, thus
- 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, thus:

- The boxes contain two or more squares. When filling in a single figure, please use the square to the right; e.g. 5 is written like this:
- Specific information e.g. medication or profession should be written in the box on the corresponding line

Please write clearly in CAPITAL LETTERS

Please return the form in the stamped addressed envelope provided.

Date: - Day month year

Question	Answer
Development, medication and health	Please have your baby's health card available when filling in the following questions
1. Please fill in the child's length and weight at about 18 months, about 2 years, and about 3 years	<p><i>Date ____/Weight____/Height ____</i> About 18 months/About 2 years/About 3 years</p>
2. When did your child walk without support?	<p><i>____months/Does not walk without support</i></p>
3. Does your child have, or has it had any of the following health problems during the last 18 months?	<p><i>No/Yes, now/Yes, used to have/If yes has he/she been referred to a specialist</i> <i>No__ Yes__</i> 1. Reduced hearing / 2. Reduced vision / 3. Delayed motor development (e.g. sits, stands, or walks late) 4. Cerebral palsy / 5. Joint problems / 6. Diabetes/Endocrine disorders / 7. Too slow increase in weight / 8. Too fast increase in weight / 9. Cardiac failure / 10. Undescended testes / 11. Asthma / 12. Allergies in eyes or nose / 13. Atopic (child) eczema / 14. Other eczema / 15. Often diarrhea / 16. Often stomachache / 17. Food allergy/intolerance / 18. Other column/stomach problems / 19. Delayed or aberrant language / 20. Sleep problems / 21. Contact problems / 22. Hyperactivity / 23. Autistic traits / 24. Other behavioral problems / 25. Other long term diseases/conditions. Please specify _____</p>

4. If your child has been further examined, what did the examination show?	<i>Everything was all right/ Further examination/ Has not been examined yet/ Diagnosis 1____/ Diagnosis 2____/ Diagnosis 3_____</i>
5. Does your child have a serious or long lasting illnesses? Please describe	
6. Has your child been involved in any serious accidents?	<i>No / Yes</i>
7. If yes, please describe	
8. Do you think that this has affected your child's behavior or development?	<i>No / Yes</i>
9. Has your child had any of the following sicknesses/health problems during the last 18 months	<i>No / Yes / Number of time____ / If yes, has your child been admitted or examined at a hospital No / Yes</i> 1. Cold / 2. Throat infection confirmed from strep (PANDA strep) / 3. Other throat infections / 4. Ear infection / 5. Laryngitis / 6. Bronchitis / 7. Flu / 8. Diarrhea / 9. Urinary tract infection / 10. Encephalitis / meningitis / 11. Fever seizures / 12. Other seizures (without fever) / 13. Accident or injury / 14. Other illnesses
10. If your child has been examined or admitted to hospital, please write the name of the hospital(s)	Name of hospital_____ Name of hospital_____ Name of hospital_____
11. Has your child been referred to (Please mark each line)	Child habilitation unit / School psychology services / child psychiatric services

12. Has your child been given medicines (including alternative or herbal products) during the last 12 months?	<i>No / Yes</i>
13. If yes, please write the name of the medication and for how long the child has taken it	<i>If yes please write the name of the medication/Duration of use 0-2 weeks / 3-4 weeks / 1-2 months / 3-6 months / 7-12 months /Does he/she use the medication now? No/ yes</i>
14. Have your child been vaccinated during the last year?	<i>No / Yes</i>
15. If yes, please write the types of vaccines and the date they were given	<i>Which vaccines _____ / day, month, year _____</i>
16. Do you give the child cod liver oil, vitamins, iron or other nutritional supplements?	<i>Yes, daily / Sometimes / No</i> 1. Cod liver oil / 2. Fluor tablets / 3. Vitamins; which ____ / 4. Iron supplement; which _____ / Other nutritional supplements; which _____
The child's development and social competence	
17. About the child's motory development	<i>Yes / Sometimes / Not yet</i> 1. Without support, can the child kick a ball by swinging the leg in a forward motion? / 2. Can the child catch a big ball with both hands? / 3. When the child is drawing, does he/she hold the crayon/pencil between the fingers and thumb like adults do? / 4. Can the child button and unbutton one or more buttons?
18. Language complexities (please mark each line)	<i>Yes / Sometimes / Not yet</i> Not yet talking / He/she is talking but unintelligible / Talking in one-word phrases such as "milk" or "down" / Talking in 2 to 3 word phrases, such as "me got ball" or "give doll" / Talking in fairly complete sentences, such as "I got ball" or "I have a doll" / Talking in long complicated sentences, such as " when I went to the park, I went on the swings" or "I saw a man standing on the corner"

<p>19. About the child's body language (please mark each line)</p>	<p><i>Yes usually/ Very rarely / Not yet</i></p> <p>1. When you enthusiastically say "Where is the ball?" <or other toy>, will your child point towards the toy even if it is more than 3 feet away? / 2. When you look at a distant object and surprised and excited say "Whaoo...what's that?", does he/she turn his/her head in the same direction as you? / 3. Does your child use sounds or words together with gestures? (f.ek uses sounds when pointing or reaching towards toys or objects) / 4. Does your child show you toys by looking at you and holding a toy up towards you? (from a distance just so you can look at it)</p>
<p>20. About the child's social competence (please mark each line)</p>	<p><i>Not true/ Somewhat or sometimes true / Very true or often true</i></p> <p>1. Shares readily with other children (treats, toys, pencils etc) / 2. Helpful if someone is hurt, upset or feeling ill / 3. / 4. Generally liked by other children / 5. Kind to younger children / 6. Pays careful attention when thought something new</p>
<p>21. To understand others and the child's ability to express himself/herself (please mark each line)</p>	<p><i>Yes / Sometimes / Not yet</i></p> <p>1. Without showing her first, does your child point to the correct picture when you say: "Show me the kitty" or ask "Where is the dog?" She needs only to identify only one picture correct / 2. When you ask her to point to her nose, eyes, hair, feet, ears and so forth, does your child correctly point to at least seven body parts? (She can point to parts of herself, or a doll) / 3. Does your child make sentence that are three or four words long? / 4. Without giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions: a) put the toy on the table b) close the door, c) bring me a towel d) find your coat e) take my hand f) get your book / 5. When looking at a picture book, does your child tell you what is happening or what actions is taking place in the picture? E.g. "Barking", "Running", "Eating" and "Crying". You may ask "What is the dog (or boy) doing?" / 6. Can your child tell you at least two things about familiar objects? E.g. if you say "Tell me about your ball", will the child then answer something like "It is round, I can throw it, It is big"?</p>

<p>22. About body language and different ways of communicating with others</p>	<p><i>Yes / No</i></p> <p>1. Does your child respond on one of the two first times you call his/her name? / 2. Does your child, on his/her own accord, ever bring objects over to you or show you something / 3. Does your child imitate you? (e.g., you make a face—will your child imitate it?) / 4. Does your child ever use his/her index finger to point, to indicate interest in something? / 5. Does your child take an interest in other children? / 6. If you point at a toy across the room, does your child look at it? / 7. Is it easy to make eye contact with your child? / 8. Does your child react when spoken to, for instance, by looking, listening, smiling, speaking or babbling? / 9. Does your child ever seem oversensitive to noise? (e.g., plugging ears) / 10. Does your child pick out a few, specific toys even though you try to get him/her interested in other things? / 11. Does your child wave to great people or to say goodbye / 12. Can your child get hurt without him/she seem to care (show a high threshold for pain).</p>
<p>23. About the use of language together with others (please mark each line)</p>	<p><i>Yes / Sometimes / Not yet</i></p> <p>1. Does he/she talk using short phrases or sentences? / 2. Can you now have a to and fro "conversation" with him that involves taking turns or building on what you have said? / 3. Has he/she ever used odd phrases or said the same thing over and over in almost exactly the same way? That is, either phrases he/she has heard other people use or the ones he/she has made up? 4. / Has he/she ever used socially inappropriate questions or statements? For example, has he/she ever regularly asked personal questions or made personal comments at awkward times? / 5. Does he/she ever get his pronouns the wrong way round, (i.e., saying "you" or "he" for "I")? / 6. Has he/she ever used words that he/she seems to have invented or made up himself, or ever put things in odd, indirect ways, or metaphorical ways of saying things? For example, saying "hot rain" for "steam" / 7. Has he/she ever said the same thing over and over in exactly the same way, or insist on you saying the same things over and over again? / 8. Has he/she ever had things that he/she seemed to have to do in a very particular way or order, or rituals that he/she has to have you do?</p>

<p>24. About the child's behavior and special things a child might do (please mark each line)</p>	<p><i>Yes/No</i></p> <p>9. Does his/her facial expression usually seem appropriate to the particular situation, as far as you can tell? / 10. Has he/she ever used you hand like a tool, or as if it were part of his own body (e.g., pointing with your finger, putting your hand on a doorknob to get you to open the door)? / 11. Has he/she ever had any interests that preoccupy him/her and might seem odd to other people (e.g., traffic lights, drainpipes or timetables)? / 12. Has he/she ever seemed to be more interested in a certain part of a toy (e.g., spinning the wheels of a car) or an object than using the object as it was intended? / 13. Has he/she ever had any special interests that were unusual in their intensity by otherwise appropriate for his/her age and peer group (e.g., trams, dinosaurs)? / 14. Has he/she ever seemed to be unusually interested in the sight, feel, sound, taste or smell of things or people? / 15. Has he/she ever had any mannerisms or odd ways of moving his/her hands or fingers, such as flapping or moving his/her fingers in front of his eyes? / 16. Has he/her ever had any complicated movements of his whole body, such as spinning or repeatedly bouncing up an own? / 17. Does he/her ever injure him-/herself deliberately, such as by biting his/her arm or banging his/her head? / 18. Does he/her ever have any objects (other than a soft toy or comfort blanket) that he/her has to carry around with him/her?</p>
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<p>25. About social development and interest for others (please mark each line)</p>	<p><i>Yes/No</i></p> <p>19. Does he have any particular friend, or a best friend? / 20. Does he/she ever talk with you just to be friendly (rather than to get something)? / 21. Does he/she ever spontaneously copy you (or other people), or what you are doing (such as vacuuming, gardening, mending things)? / 22. Does he ever spontaneously point at things around him just to show you things (not because he wants them) / 23. Does he/she ever use gestures, other than pointing or pulling your hand, to let you know what he/she wants? / 24. Does he/she nod his head to mean "yes"? / 25. Does he/she shake his head to mean "no"? / 26. Does he/she usually look at your directly in the face when doing things with you or talking with you? / 27. Does he/she smile back if someone smiles at him/her? / 28. Does he/she ever show you things that interest him/her to engage your attention? / 29. Does he/she ever offer to share things other than food with you? / 30. Does he/she ever seem to want</p>
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	<p>you to join in his/hers enjoyment of something? / 31. Does he/she ever try to comfort you if you were sad or hurt? / 32. When he/she wants something or wants help, does he/she look at you and use gestures with sounds or words to get your attention? / 33. Does he/she show a normal range of facial expression? / 34. Does he/she ever spontaneously join in and try to copy actions in social games -such as The Mulberry Bush or The Farmer's in His Den? / 35. Does he/she play any pretend or make-believe games? / 36. Does he/she seem interested in other children of approximately the same age whom he/she does not know? / 37. Does he/she respond positively when another child approaches him/her? / 38. If you came into a room and started talking to him/her without calling his/hers name, does he/she usually look up and pay attention to you? / 39. Does he/she ever play imaginative games with another child in such a way that you can tell they understood what each other is pretending? / 40. Does he/she play cooperatively in games that need some form of joining in with a group of other children, such as hide and seek or ball games?</p>
26. Loss of skills (please mark each line)	<p><i>No / Yes / Not sure</i></p> <p>1. Has your child lost some language skills? (Ex used single words or sentences for a period and stopped using the words) / 2. Has your child lost some social skills? (Ex. Did wave goodbye or point, but has lost this skill) / 3. Has your child developed to be less social? (Ex. More difficult to get eye contact with, less interested in other people) / 4. Has your child lost motor skills? (Ex. Able to run and jump skilful, but are falling much more often now)</p>

Temperament and behavior	
<p>27. Here is a list of items that describes children. For each item that describes the child <i>now or within the past 2 months</i>, please answer all items as well as you can, even if some do not seem to apply to the child.</p>	<p><i>Very typical / Quite typical / Both-and / Not very typical / Not typical</i></p> <p>1.The child cries easily /2. The child is always on the go /3. The child prefers to play with others rather than by him-/herself /4. The child is off running as soon as he/she wakes up /5. The child is very sociable /6. The child takes a long time to warm up with strangers /7. The child gets upset easily/8. The child prefers quiet, inactive games to more active ones. /9. The child likes to be with people /10. The child reacts intensely when upset /11. The child is very friendly with strangers/12. The child thinks that other</p>

	<p>people are more fun than anything else / 13. Prefers certain clothing or complains that certain garments are too tight or scratchy /14. Is distressed by having face or hair washed</p>
<p>28. Below is a list of items that describe children. For each item please circle what best describes your child for the last two months (please mark each line)</p>	<p><i>Not true / Somewhat or Sometimes True / Very True or Often True</i> 1. Afraid to try new things / 2. Can't concentrate, can't pay attention for long / 3. Can't sit still, restless, or hyperactive / 4. Can't stand waiting; wants everything now / 5. Clings to adults or too dependent / 6. Constipated, doesn't move bowels (when not sick) / 7. Defiant / 8. Demands must be met immediately / 9. Disturbed by any change in routine / 10. Doesn't want to sleep alone / 11. Doesn't eat well / 12. Doesn't seem to feel guilty after misbehaving / 13. Eats or drinks things that are not food - don't include sweets / 14. Gets in many fights / 15. Gets into everything / 16. Gets too upset when separated from parents / 17. Hits others / 18. Poorly coordinated of clumsy / 19. Punishment doesn't change his/her behaviour / 20. Quickly shifts from one activity to another / 21. Resist going to bed at night / 22. Stomach aches or cramps (without medical cause) / 23. Rapid shifts between sadness ad excitement / 24. Too fearful or anxious / 25. Vomiting, throwing up (without medical cause) / 26. Does not seem to enjoy eating.</p>

<p>29. More on the child's development. How well do the following statements describe your child's behavior the last two months? <i>(Please mark each line)</i></p>	<p><i>Not true / Somewhat or Sometimes True / Very True or Often True</i> 1. Is distracted by external stimuli (sounds or events) / 2. Difficulties in waiting for his turn / 3. Have difficulties in being attentive/ keeping focus on tasks or activities / 4. Is overly talkative / 5. Do not differentiate between adults, behaves the same towards all / 6. Will wander off with other adults even if they were strangers / 7. Doesn't seem to listen when spoken to / 8. Has a habit of tilting the head of making humming sounds / 9. Is very variable in mood from day to day / 10. Too passive, needs help to get going / 11. "Tests" other children to see if they will get angry / 12. Act aggressive when frustrated / 13. Has a body tic of twitch he/she seems unable to</p>
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	<p>control. F.eks eyes, mouth, nose or legs twitch / 14. Hits, shoves, kicks or bites children (not including brother/sister) / 15. Is very worried about getting dirty / 16. Needs things to be clean or neat / 17. Puts things in special order, over and over / 18. Wakes up at night and needs help to fall asleep again / 19. Gets upset when left with a familiar babysitter or relative / 20. Misbehaves to get attention from adults / 21. Has less fun than other children / 22. Is very loud. Shouts and or screams a lot / 23. Is disobedient or defiant. F.eks refuses to do as you ask / 24. The child is moving closer to you when things happens that makes him/her worried / uneasy / 25. Runs away in public places / 26. Seems to have no energy / 27. Is a picky eater / 28. Seems very unhappy, sad or depressed / 29. Wakes up several times during the night</p>
<p>30. About the child's eating and how you relate to his/her eating habits.</p>	<p><i>Disagree/ Disagree somewhat/ Both and- / Agree somewhat/ Agree</i> 1. I have to be sure that my child does not eat too many sweets (candy, ice cream, cake or pastries). / 2. I have to be sure that my child does not eat too many high fat foods. / 3. I have to be sure that my child does not eat too much of his/her favorite foods. / 4. I intentionally keep some foods out of my child's reach. / 5. I offer sweets (candy, ice cream, cake, pastries) to my child as a reward for good behavior. / 6. If I did not guide or regulate my child's eating he/she would eat too much of his/her favorite foods. / 7. My child should always eat all the food on her plate. / 8. I have to be especially careful to make sure my child eats enough. / 9. If my child says "I'm not hungry", I try him/her to eat anyway. / 10. If I did not regulate my child's eating, she would eat much less than she should.</p>
<p>31. About worries</p>	<p><i>No / Yes</i> 1. Are you worried because your child is difficult to handle? / 2. Have you ever wondered if your child has reduced hearing? / 3. Do other (relatives kindergarten, well-baby nurse) communicate concerns about child's behaviour? / 4. Are you worried because your child shows very little interest in playing with other children 5. Do you have other worries about your child's health? If yes, please describe: _____</p>

Your child's everyday life	
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32. Do you and the child live together with the child's father?	Yes / no
33. If your child does not live with his/her father, how much time do the two of them spend together?	<i>Mother /Father More than half the time/ At least half the time / At least once a week / At least once a month / More rarely than once a month / Never</i>
34. How often do you brush your child's teeth?	<i>Twice a day or more often / Once a day / Sometimes / Never</i>
35. Do you brush with fluoride toothpaste?	<i>No / Sometimes / Yes, usually</i>
36. Is there any smoking in the room(s) where your child spends his/her day?	<i>Yes, daily / Number of hours per day / Yes, several times per week / Yes, once in a while / Not sure / No</i>
37. How much time does the child spend outdoors these days?	<i>Rarely any / Often, but less than one hour per day / 1-3 hours per day / More than 3 hours per day</i>
38. How many hours daily - on average - does the child spend in front of the television/video?	<i>4 hours or more / 3 hours / 1-2 hours / Less than 1 hour / Rarely/Never</i>
39. Where is the child looked after during daytime? (you may mark more than one line)	<i>Home with mother/ Home with father / Home with baby minder/au pair / At baby minder's home /Family day care / Kindergarten / Day care</i>
40. How many hours per week is the child looked after by others than the mother or father?	_____
Nutrition	
41. How often does the baby eat any of the following foods now?	<i>Rarely/less than 1 time a week / 1-3 times a week / 4-6 times a week / 1 time in 24 hours / 2 times in 24 hours / 3 times in 24 hours / 4 or more times in 24 hours</i> 1. Full cream milk /2. Semi skimmed, extra skimmed milk, skimmed milk / 3. Yogurt natural / 4. Yogurt with fruit / 5. Biola (Lactobacillus fermented) / 6. Juice / 7. Soda/soda

	pops/cordial, with sugar / 8. Soda/soda pops/cordial, with artificial sweetener / 9. Meat for bread / 10. Fish for bread / 11. Brown cheese, prim / 12. Other types of cheese / 13. Jam, honey, chocolate spread, other sweet spread / 14. Egg, boiled, fried, scrambled / 15. Other spread _____ / 16. Fruit / 17. Raisins / 18. Ice, Ice cream / 19. Ice, Popsicle / 20. Sweetened crackers / 21. Cakes, waffles, buns / 22. Chocolate / 23. Sweets / 24. Chips
42. How many slices of bread does your child eat daily (altogether)?	<i>Number _____ ; How many are extra fibers _____</i>
43. How often does your child eat the following nowadays? (Choose the answer that on average seems to fit your child best)	<i>Rarely/less than 1 time a week / 1-3 times a week / 4-6 times a week / 1 time in 24 hours / 2 times in 24 hours / 3 times in 24 hours / 4 or more times in 24 hours</i> 1. Meat, sausage, meatball etc. / 2. Fat fish (salmon, herring etc.) / 3. Lean fish (Cod, coalfish etc.) / 4. Fish products, fish ball etc. / 6. Soup / 6. Pancakes / 7. Potatoes / 8. Pasta, spaghetti, noodles / 9. Pizza / 10. Rice / 11. Boiled vegetables / 12. Raw vegetables, salad
About yourself	
44. How is your marital status at the moment?	<i>Married / Live-in boyfriend / Single / Separated/divorced / Widow / Other</i>
45. Do you have paid work at the moment?	<i>No / Yes Number of working hours per week _____</i>
46. What kind of working arrangement do you have?	<i>Regular day job / Shift work Regular afternoon/evening job / No regular job(temporary work, deputy etc.) /Regular night job</i>
47. How many days have you been absent from work in the last year (except for holidays and time off as compensation for unpaid overtime)	<i>_____ days</i>
48. What caused your absence from work?	<i>Leave of absence / Illness Which _____ /Sick child / Other</i>
49. Are you often feeling lonely?	<i>Almost never/ seldom / now and then / usually/ nearly always</i>

50. Is there anybody apart from your husband/partner that you could consult if you find yourself in a difficult situation?	No / Yes, 1-2 persons / Yes, more than 2 persons
51. How often do you meet or talk on the telephone to your family (apart from your household) or close friends?	<i>Once a month or less / 2-8 times a month / More than twice a week</i>
52. Have you ever since you became pregnant with this child experienced any of the following emotions for a continuous period of 2 weeks or more?	<i>No/ Yes, during pregnancy / Yes, during the first year after childbirth / Yes, during the last 2 years</i> 1. Felt depressed, sad, or down? / 2. Had problems with you appetite or eaten too much? / 3. Been feeling powerless or felt lack of surplus energy / 4. Blamed yourself and felt valueless? / 5. Had problems to concentrate or to make decisions? / 6. Had at least 3 of the problems mentioned above at the same time?
53. Are you pregnant at the moment?	<i>No / Yes</i>
54. Have you had any long lasting illnesses or health problems starting the last 3 years?	Physical problems: <i>No / Yes, used to have. Please describe_____ / Yes, now. Please describe_____</i> Psychological problems: <i>No / Yes, used to have. Please describe_____ / Yes, now. Please describe_____</i>
55. Have you been examined at a hospital the last 3 years?	<i>No / Yes Which hospital_____</i>
56. Have you, at present, any of the following problems? (<i>fill out each line</i>)	Problems: 1.Urine leakage when you cough, sneeze or laugh /2. Urine leakage during physical activity (running jumping) /3. Sudden need to urinate (difficulty in reaching the bathroom in time) /4. Problems with stool leakage /5. Problems with passing gas. How often have you had problems? / Never / 1-4 times a month / 1-6 times a week/ Once a day/ More than once a day/ How much at a time? Drops/ Small amounts/ Large amounts
57. How often, at present, do you take part in physical activity that makes you sweat and	<i>Never / Less than once a week / Once a week / Twice a week / 3-4 times a week / 5 times or more a week</i>

breath heavily? (<i>fill in for both work and leisure</i>)	How long does the activity(ies) last? 1 Less than 30 minutes / 2. 30-60 minutes / 3. More than 60 minutes
58. Generally, how would you characterize your physical health?	<i>Very good/ Good / Bad / Very bad</i>
59. Do you smoke now?	<i>No / Sometimes Number of cigarettes per week _____ / Daily Number of cigarettes per day_____</i>
60. Do you use?	<i>Quid, chew tobacco, snuff / Nicotine gum /Nicotine plaster / Nicotine inhalator</i>
61. How often do you drink alcohol now?	<i>Approx. 6-7 times a week / 4-5 times a week / 2-3 times a week / Once a week /1-3 times a month / Less than once a month / Never</i>
62. How many units of alcohol do you normally consume when you drink? (both during the week and in weekends) (<i>see explanation of alcohol units below</i>)	<i>In the weekend / During the week 10 or more / 7-9 / 5-6 / 3-4 / 1-2 / Less than 1</i>
In order to compare the different types of alcohol, we ask about what we call alcohol units (= 1.5 cl. pure alcohol). 1 alcohol unit means: 1 beer glass of beer = 1 alcohol unit 1 wine glass red or white wine = 1 alcohol unit 1 wine glass sherry or other fortified wine = 1 alcohol unit 1 snaps glass spirits or liqueur = 1 alcohol unit 1 bottle/can energy drink or cider = 1 alcohol unit	
63. Have you experienced any of the following during the last 3 years?	<i>No / Yes</i> Have you been hit, kicked or experienced other forms of physical violence? / Have you been forced to do sexual actions?
64. Has any of the following happened during the last 18 months – or any time in life? (<i>Please mark each line</i>)	<i>No/ Yes</i> 1. You found yourself overweight? /2. You were very concerned not to gain weight or to be fat /3. Others said you were to thin, but yourself, you felt too fat /4. You felt it most important for

	your self esteem to keep a certain weight
65. Has any of the following happened during the last 18 months – for a period of more than 3 months – And if so, how often did it happen? (Please mark each line)	<i>At least 2 times a week / 1-4 times a month/ rarely/never</i> 1. You lost control while eating, and could not stop until you had eaten far too much /2. You vomited in order to control your weight gain /3. You used laxatives in order to control your weight gain /4. You used fasting in order to control your weight gain /5. You used hard physical exercise in order to control your weight gain
66. During the last 18 months, or earlier in life, have you ever experienced a period of at least 3 months without your period (without being pregnant or in a period with childbirth/breastfeed) in connection with eating disorders?	<i>No / Yes</i>
67. What is your weight these days? How tall are you?	___kg ___cm
68. Feeling of restlessness (Please mark the alternative that corresponds to your situation the last 6 months)	<i>Never / Seldom / Sometimes / Often / very often</i> 1. How often do you have trouble wrapping up in the final details of a project, once the challenging parts have been done / 2. How often do you have difficulty getting things in order when you have to do a task that requires organization? / 3. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? / 4. How often do you have problems remembering appointments of obligations? / 5. How often do you fidget or squirm with your hands and feet when you have sit down for a long time? / 6. How often do you feel overly active and compelled to do things, like you were driven by a motor?
69. If you have partner/husband, how much do you agree with these statements about your relationship with your partner (fill in each line)	<i>Agree completely/ Agree/ Agree somewhat/ Disagree somewhat/ Disagree/ Disagree totally</i> 1. My partner and I have problems in our relationship / 2. I am very happy in my relationship with my partner /3. My partner is

	generally very understanding /5. I am satisfied with my relationship with my partner /6. We agree on how to bring up children
70. Have you been bothered by any of the following during the last two weeks?	<i>Not bothered/ A little bothered/ Quite bothered/ Very bothered</i> 1. Frightened or anxious /2. Nervous, inner turmoil /3. Feeling of hopelessness with regard to the future /4. Depressed, sad /5. Frequently worried or uneasy /6. Feeling of hardship /7. Feeling tense or stressed /8. Sudden fear without a reason
71. Have you experienced any of the following during the last 18 months? If yes, how painful of difficult did it feel? (<i>Fill in each line</i>)	<i>No / Yes / If yes / Not too serious / Painful/difficult / Very painful/difficult</i> 1. Have you had problems at work or where you study? /2. Have you had economic problems? /3. Have you been divorced, separated or ended the relationship with your partner? /4. Have you had any problems or conflicts with your family, friends or neighbors? /5. Have you had serious worries that something is wrong with your child /6. Have you been seriously ill or injured? /7. Have any of those closest to you been seriously ill or injured? /8. Have you been involved in a serious traffic accident, house fire or robbery? /9. Have you lost someone close to you? /10. Other:
72. How often do you experience any of the following in your everyday life? (<i>Fill in each line</i>)	<i>Seldom/never / Quite seldom / Sometimes / Often / Very often</i> 1. Feel pleased about something /2. Feel happy /3. Feel in high spirits, as if everything goes your way /4. Feel like screaming at somebody or hit out /5. Feel angry, irritated or annoyed /6. Feel furious with somebody
73. Indicate whether or not you agree with the following statements	<i>Completely disagree/ Disagree / Disagree somewhat / Indifferent / Agree somewhat / Agree / Agree completely</i> In most respects, my life is everything I want it to be / My life circumstances are fantastic / I am happy with my life / So far, I have achieved the things that are important to me in life / If I could live my life again I would change very little
74. How do you feel about yourself? (<i>Fill in each line</i>)	<i>Agree totally / Agree / Disagree / Disagree totally</i> 1. I have a positive attitude to myself /2. I feel useless at times

	/3. I do not feel as if I have much to be proud of /4. I feel that I am as good as anyone else
75. About raising your child	<p><i>Completely disagree/Partly Disagree / Both and / Partly agree / Agree completely</i></p> <p>1. What I do have little effect on my child's behavior / 2. My child usually get what he/she wants anyway, so there is no point in deny him/her anything / 3. Hugging and cuddling is an important way of showing my child that I love him/her / 4. If my child and I have a conflict it is usually easy to distract him/her / 5. My life is mostly controlled by my child / 6. it is important to me that my child learns to deal with the fact that he/she cannot always get his/her will in everything / 7. it is often easier to let the child have his/her will than to experience a fit of rage / 8. Sometimes when I am tired, I let my child do things that I normally would not allow / 9. The strategies you use to raise children is not important as long as you love the children and they develop in a good way</p>
Comments:	