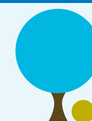
Den norske **mor- og barn**-undersøkelsen



When the child is 7 years old

The questionnaire will be processed by a computer. It is therefore important to us use a blue or black ballpoint pen and write clearly.

- In the small boxes you should put a cross in the box that is most relevant like this: ☒
- If you think that you have put a cross in the wrong box, correct it by filling in the box completely like this: ■

Specify the day, month and year when the questionnaire was completed ☐☐ day ☐☐ month ☐☐☐☐ year *(write the year in full, e.g. 2010)*

Living habits and lifestyle

1. What is the child's height and weight now at 7 years of age?

Height ☐☐☐ cm Weight ☐☐,☐ kg

2. Outside of school: Approximately how many times per week is the child physically active/takes part in sports such that he/she becomes short of breath or sweaty? *(include times with physical activity in after-school club)*

☐☐ times per week

3. Outside of school: Approximately how many hours per week does the child spend on physical activity/sports (soccer, hand-ball, skiing or gymnastics/dance or similar)? *(Include also hours with physical activity in after-school club) (Cross off for both summer and winter)*

	Summer	Winter
Less than 1 hour per week	☐	☐
1-2 hours per week	☐	☐
3-4 hours per week	☐	☐
5-7 hours per week	☐	☐
8-10 hours per week	☐	☐
11 hours or more per week	☐	☐

4. Outside of school on a regular week day: Approximately how many hours per day is the child usually outdoors? *(Include outside time in after school- club)*

Summer ☐☐ hours per day

Winter ☐☐ hours per day

5. Outside of school , on a regular week day: How many hours per day does the child usually spend watching TV, videos, , playing electronic video games, DVDs or using a computer? *(Cross off for both summer and winter)*

	Summer	Winter
Less than 1 hour per day	☐	☐
1-2 hours per day	☐	☐
3-4 hours per day	☐	☐
5 hours or more per day	☐	☐

6. How many days has the child missed school in the past three months because of illness?

☐☐ days

7. Has the child been swimming in an indoor swimming pool In the past 12 months?

☐ No

☐ Sometimes Number of hours per month ☐☐

☐ Weekly Number of hours per week ☐☐

8. When the child was 4-6 years old, approximately how often did he/she use an indoor swimming pool?

☐ Never/rarely

☐ Sometimes Number of hours per month ☐☐

☐ Weekly Number of hours per week ☐☐

9. How often does the child get to school by?

	Never	Sometimes	Usually	Always
Walking/riding a bike	☐	☐	☐	☐
Car	☐	☐	☐	☐
Public transportation	☐	☐	☐	☐

10. How far is the child's home from school?

☐ Less than 1 km
☐ 1-2 km
☐ 3-4 km
☐ More than 4 km

11. Does the child's father live together with you?

☐ Yes ☐ No

If not, how much of the time does the child live with you?

☐ Almost always
☐ Half of the time or more
☐ Less than half of the time

12. What year did you move to your current address?

Year ☐☐☐☐

13. On which floor is the child's bedroom *(write 0 for basement/lower level)?* ☐☐ floor

14. Approximately how many hours does the child usually sleep at night on a week night?

☐ 8 hours or less
☐ 9 hours
☐ 10 hours
☐ 11 hours
☐ 12 hours or more

15. How often does the child snore?

☐ Never
☐ Less than one night a week
☐ Approximately one night per week
☐ Several nights a week
☐ Almost every night

16. Has there been damage caused by dampness, visible mould or smell of mould in the child's home in the last year?

☐ No
☐ Yes, damage caused by dampness during the last year
☐ Yes, visible mould during the last year
☐ Yes, smell of mould during the last year

17. Do you smoke now? If yes, how many cigarettes?

No ☐
Yes, sometimes ☐ cigarettes per week ☐☐
Yes, daily ☐ cigarettes per day ☐☐

18. Does your partner/spouse smoke now? If yes, how many cigarettes?

No ☐
Yes, sometimes ☐ cigarettes per week ☐☐
Yes, daily ☐ cigarettes per day ☐☐

19. Did you use wood-burning heating (stove or open fire) in the child's home in the time before the child was 3 years old?

Never	Rarely	Sometimes	Often
☐	☐	☐	☐

20. During the last year, did you ever use an open fire?

Never	Rarely	Sometimes	Often
☐	☐	☐	☐

21. During the last year, has wood-burning heating been used as heating in the child's home?

☐ No ☐ Yes

If yes, is wood-burning heating the main source of heating in this home?
☐ No ☐ Yes

If yes, are you using a wood burning stove made before 1997?
☐ No ☐ Yes ☐ Don't know

22. Approximately how often do you burn candles in the home during the winter months-?

☐ Never/less then 4 times during winter months
☐ Only in December (4 times or more)
☐ 1-3 times a month
☐ 1-3 times a week
☐ 4-6 times a week
☐ Daily/almost daily
☐ Several times a day on most days

23. Are there pets in the child's home?

☐ No ☐ Yes

If yes, which?
☐ Dog ☐ Cat ☐ Other furry animals (guinea pig, rabbit or the like)
☐ Bird ☐ Other

24. Is the child in contact with farm animals at least once a week?

☐ No ☐ Yes

If yes, which?
☐ Horse ☐ Pig ☐ Sheep/goat
☐ Cattle ☐ Hens/poultry ☐ Other

The child's illnesses and health problems

25. Cross off if your child has or has had the following illnesses or conditions: *(You can cross off more than one box.)*

☐ Rheumatoid arthritis/chronic joint inflammation
☐ Cancer
☐ Diabetes
☐ Cerebral palsy
☐ ADHD
☐ Coeliac disease
☐ Fractures

☐ Epilepsy
☐ Mentally disabled
☐ Autistic characteristics/autism
☐ Aspergers syndrome
☐ Chronic Fatigue Syndrome/ME
☐ Removed tonsils

☐ Middle ear drains
☐ Other conditions, congenital syndrome, Describe

____

____

26. Does the child have or has he/she ever had, any the following illnesses or health problems? Give the child's age at the first sign of the illness. If the child no longer has the illness, state the age when he/she recovered. *(Give age in whole years, write 0 years if the child was younger than 1 year).*

	Has or has had		Confirmed by a doctor	Health problems started at		Symptoms the last year		Child no longer has the health problem	
	No	**Yes**	**Yes**	**Age**		**No**	**Yes**	**Age**	
1 Trouble sleeping	☐	☐	☐		years	☐	☐		years
2 Anaemia (low blood procent)	☐	☐	☐		years	☐	☐		years
3 Delayed motor development	☐	☐	☐		years	☐	☐		years
4 Delayed or deviating language development	☐	☐	☐		years	☐	☐		years
5 Behavioural problems (difficult and unruly)	☐	☐	☐		years	☐	☐		years
6 Emotional difficulties (sad and anxious)	☐	☐	☐		years	☐	☐		years
7 Overweight	☐	☐	☐		years	☐	☐		years
8 Asthma	☐	☐	☐		years	☐	☐		years
9 Allergy to pollen/hay fever	☐	☐	☐		years	☐	☐		years
10 Allergy to cat or dog	☐	☐	☐		years	☐	☐		years
11 Atopic eczema/dermatitis	☐	☐	☐		years	☐	☐		years
12 Allergy to milk	☐	☐	☐		years	☐	☐		years
13 Allergy to egg	☐	☐	☐		years	☐	☐		years
14 Allergy to peanuts	☐	☐	☐		years	☐	☐		years
15 Allergy to other nuts	☐	☐	☐		years	☐	☐		years
16 Allergy to fish	☐	☐	☐		years	☐	☐		years
17 Allergy to shellfish	☐	☐	☐		years	☐	☐		years
18 Allergy to fruit	☐	☐	☐		years	☐	☐		years
19 Allergy to other foods	☐	☐	☐		years	☐	☐		years

If yes, which

☐ Wheat ☐ Soy ☐ Rye ☐ Other, which: ____________________

27. During the last year, has the child used medication, spray, inhaler or other medications for treatment of asthma?

☐ No ☐ Yes

If yes, Name of medication used on a regular basis: ____________________

Name of medications used during attacks: ____________________

When did your child last use medications for asthma? ☐ Yesterday ☐ Last 7 days ☐ Last month ☐ Last year

28. Has the child ever had, or does the child have, any of the following symptoms or health problems?

	No	Yes	At what age? Before 3 years	3 years or older	Number of times last 12 months
1. Tightness/wheezing/whistling in the chest	☐	☐	☐	☐	
2. Night cough without a cold	☐	☐	☐	☐	
3. Tightness/wheezing in the chest during or after physical exercise	☐	☐	☐	☐	
4. Runny nose without a cold	☐	☐	☐	☐	
5. Itchy/runny eyes without a cold	☐	☐	☐	☐	
6. Itchy rash that has come and gone for at least 6 months	☐	☐	☐	☐	
7. Hives/urticaria	☐	☐	☐	☐	
8. Stomach pains	☐	☐	☐	☐	
9. Migraine	☐	☐	☐	☐	
10. Other headache	☐	☐	☐	☐	
11. Diarrhoea	☐	☐	☐	☐	
12. Heartburn/acid reflux	☐	☐	☐	☐	
13. Ear infection	☐	☐	☐	☐	
14. Pneumonia/ bronchitis	☐	☐	☐	☐	
15. Urinary tract infection	☐	☐	☐	☐	
16. Other, describe: ____________________	☐	☐	☐	☐	

The Child's Diet

29. Does your child take any of the following dietary supplements? *(Cross off for each line for both the number of times and the amount given. Also state the brand name.)*

	Number of times per week					Amount per time		
Liquid supplements	6-7	4-5	1-3	<1	0	1 teasp	1 childsp	1 dessertsp
Cod liver oil	☐	☐	☐	☐	☐	☐	☐	☐
Omega-3, brand ____________________	☐	☐	☐	☐	☐	☐	☐	☐
Sanasol/Biovit	☐	☐	☐	☐	☐	☐	☐	☐
Other liquid supplement, brand ____________	☐	☐	☐	☐	☐	☐	☐	☐

	Number of times per week					Amount per time		
Capsules/tablets	6-7	4-5	1-3	<1	0	1 teasp	1 childsp	1 dessertsp
Omega-3, brand ____________________	☐	☐	☐	☐	☐	☐	☐	☐
Cod liver oil	☐	☐	☐	☐	☐	☐	☐	☐
Multivitamins, brand ____________________	☐	☐	☐	☐	☐	☐	☐	☐
Fluoride tablets	☐	☐	☐	☐	☐	☐	☐	☐
Other dietary supplement, brand ____________	☐	☐	☐	☐	☐	☐	☐	☐

30. How many slices of bread/crispbread does your child usually eat per day?

	White bread	Medium refined grain bread	Whole grain	Crispbread
Number of slices:	☐☐	☐☐	☐☐	☐☐

31. How often does your child usually eat the following? *(Cross once for each line).*

	Never/ seldom	1-3 times per month	1-2 times per week	3-4 times per week	5-6 times per week	1 time or more per day
Carrot	☐	☐	☐	☐	☐	☐
Cabbage, cauliflower, broccoli	☐	☐	☐	☐	☐	☐
Lettuce	☐	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐	☐
Other vegetables	☐	☐	☐	☐	☐	☐
Oranges, clementines	☐	☐	☐	☐	☐	☐
Apple, pear, grapes	☐	☐	☐	☐	☐	☐
Banana	☐	☐	☐	☐	☐	☐
Other fresh fruit or berries	☐	☐	☐	☐	☐	☐
Ecologically grown fruits/vegetables	☐	☐	☐	☐	☐	☐
Sliced meat, liver pate, bologna or similar	☐	☐	☐	☐	☐	☐
Fish spread, including roe	☐	☐	☐	☐	☐	☐
Cheese (white/brown), cheese spread	☐	☐	☐	☐	☐	☐
Jam	☐	☐	☐	☐	☐	☐
Chocolate and nut spread	☐	☐	☐	☐	☐	☐
Peanut butter	☐	☐	☐	☐	☐	☐
Cornflakes, Honeycorn, Frosties or similar	☐	☐	☐	☐	☐	☐
Muesli/oatmeal	☐	☐	☐	☐	☐	☐
Yoghurt (all types)	☐	☐	☐	☐	☐	☐
Egg	☐	☐	☐	☐	☐	☐
Rice, spaghetti, pasta	☐	☐	☐	☐	☐	☐
Fatty fish (salmon, mackerel, herring)	☐	☐	☐	☐	☐	☐
Other fish (cod, pollack or similar)	☐	☐	☐	☐	☐	☐
Fish balls/fish pudding or similar)	☐	☐	☐	☐	☐	☐
Shellfish	☐	☐	☐	☐	☐	☐
Pure meat (chops, steak etc)	☐	☐	☐	☐	☐	☐
Pizza	☐	☐	☐	☐	☐	☐
Processed meats (beef-patties, sausages, meat balls)	☐	☐	☐	☐	☐	☐
Vegetarian dishes	☐	☐	☐	☐	☐	☐
Pancakes	☐	☐	☐	☐	☐	☐
Sweet buns/waffles/cakes	☐	☐	☐	☐	☐	☐
Ice cream and milk based desserts	☐	☐	☐	☐	☐	☐
Chocolate, sweets/candy	☐	☐	☐	☐	☐	☐
Peanuts	☐	☐	☐	☐	☐	☐
Other nuts	☐	☐	☐	☐	☐	☐
Potato crisps or similar	☐	☐	☐	☐	☐	☐

39. How often does your child usually drink the following? *(Cross off for each drink.)*

	Never/ seldom	1-3 glass per month	1-3 glass per week	4-6 glass per week	1-3 glass per day	4 glass or more per day
Whole fat milk (sweet/sour)	☐	☐	☐	☐	☐	☐
Low fat- and skimmed milk	☐	☐	☐	☐	☐	☐
Chocolate milk	☐	☐	☐	☐	☐	☐
Biola/Cultured milk	☐	☐	☐	☐	☐	☐
Orange juice, other juice	☐	☐	☐	☐	☐	☐
Apple nectar/other nectar	☐	☐	☐	☐	☐	☐
Diluting squash with added sugar	☐	☐	☐	☐	☐	☐
Artificially sweetened diluting squash	☐	☐	☐	☐	☐	☐
Sodas with sugar (Coke or similar)	☐	☐	☐	☐	☐	☐
Diet sodas	☐	☐	☐	☐	☐	☐
Water	☐	☐	☐	☐	☐	☐

The child's dental health

33. How old was the child when he/she lost his/her first milk tooth?

Age : ☐ year ☐ Don't remember ☐ Hasn't lost one yet

34. How often are the child's teeth brushed by the child or others?

☐ Twice daily or more often ☐ Sometimes
☐ Once daily ☐ Never/seldom

35. Have any cavities or early stages for cavities been found in the child's teeth?

☐ No ☐ Yes

36. Does the child get help to brush his/her teeth?

☐ Twice daily or more often ☐ Sometimes
☐ Once daily ☐ Never/seldom

37. Does the child use dental floss (with help)?

☐ Once daily ☐ Sometimes ☐ Never/seldom

The child's mother's health problems

38. Do you have, or have you ever had, any of the following illnesses or health problems?

		Confirmed by a doctor	Symptos started at	Symptoms the last year?		Used medication for this during the last 12 months
	Yes	Yes	Age	No	Yes	Yes
1 Asthma	☐	☐	years	☐	☐	☐
2 Pollen allergy/hay fever	☐	☐	years	☐	☐	☐
3 Tightness/wheezing/whistling in chest	☐	☐	years	☐	☐	☐

39. Do you have, or have you ever had,a food allergy?

☐ No ☐ Yes ☐ Don't know

40. If yes, do you have, or have you had, an allergy to the following foods?

		Age when allergy started		Spist dette siste året?		Fortsatt allergisk?	
	Yes	Before age 18	Age 18 or older	No	Yes	No	Yes
1. Allergy to milk	☐	☐	☐	☐	☐	☐	☐
2. Allergy to egg	☐	☐	☐	☐	☐	☐	☐
3. Allergy to peanuts	☐	☐	☐	☐	☐	☐	☐
4. Allergy to other nuts	☐	☐	☐	☐	☐	☐	☐
5. Allergy to shellfish	☐	☐	☐	☐	☐	☐	☐
6. Allergy to fish	☐	☐	☐	☐	☐	☐	☐
7. Allergy to fruit	☐	☐	☐	☐	☐	☐	☐
8. Allergy to other foods	☐	☐	☐	☐	☐	☐	☐

If yes, which?

☐ Wheat ☐ Soya ☐ Rye ☐ Other, which: ______________________

Did you remember to fill in the date for completion of the questionnaire on page 1?

If you have any comments regarding the questionnaire,please write these on a separate sheet and send them in with the questionnaire.

Thank you for your continued participation in the Norwegian Mother and Child Cohort Study!