den norske **Mor & barn undersøkelsen**

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: ☒
- 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: 0 1 2 3 4 5 6 7 8 9

Please do not use this questionnaire. Contact us at morbarn@fhi.no or phone + 47 53 20 40 40 if you need a questionnaire.

- Datobokser er delt opp i tre deler, den første for dag i må... skrives slik:

0 6 (day) 0 5 (month) 2 0 0 5 (year)

- When filling in a single figure in boxes containing two or more squares, please use the square to the right. Example: 0 5
- Specific information concerning, for example, medication or profession should be written in the boxes or on the lines provided. Please write clearly in CAPITAL LETTERS.

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

Thank you in advance

Give the date you filled in the questionnaire ☐☐ day ☐☐ month ☐☐☐☐ year *(Write the year with 4 digits, e.g. 2005)*

1. Date of birth?

☐☐ day ☐☐ month ☐☐☐☐ year

2. Marital status?

- ☐ Married
- ☐ Co-habiting
- ☐ Single
- ☐ Divorced/separated
- ☐ Widower
- ☐ Other

3. How tall are you? ☐☐☐ cm

4. What weight are you? ☐☐☐,☐ kg

5. What is the heaviest you have weighed since you were 18 years old? ☐☐☐,☐ kg

6. What is the lightest you have weighed since you were 18 years old? ☐☐☐,☐ kg

7. Have you ever dieted or limited your food intake? ☐ No ☐ Yes

8. If yes, how old were you the first time you dieted or limited your food intake? ☐☐ years

9. Are you the type of person who can eat as much as you want without gaining weight? ☐ No ☐ Yes

Sp.skj. Far Engelsk - MB - 1.000 - 05.08 - Bording

Education and work

10. What level of education do you have?

(only tick for the highest level of education you have completed and any ongoing education you are taking.)

Education	Completed	Ongoing
Secondary education	☐	☐
Further education 1-2 years	☐	☐
Further education - vocational	☐	☐
Further education 3 years – (general studies, sixth form)	☐	☐
Higher Education (university/college), up to and including 4 years	☐	☐
Higher Education (university/college), over 4 years	☐	☐
Other education	☐	☐

11. What is your work situation now? *(tick all that apply.)*

1. ☐ Pupil/student
2. ☐ At home
3. ☐ Intern/apprentice
4. ☐ Military service
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 (e.g. Farming, business)
11. ☐ Other _____

12. Describe the business at your place of work/service as accurately as possible.
(e.g. farming of grain and pigs, body shop at garage for diesel cars, insurance company, college).

13. Job title at this workplace?
(e.g. panel beater, foreman, lecturer, student, cleaning assistant, farmer, homemaker/at home).

14. How many hours of paid labour do you do per week?

☐☐,☐ hours

15. What was your gross income (before tax) last year?
(Incl. child benefit, unemployment benefit, cash support etc)

1. ☐ No income
2. ☐ Under 150.000 kr.
3. ☐ 150.000–199.999 kr.
4. ☐ 200.000–299.999 kr.
5. ☐ 300.000–399.999 kr.
6. ☐ 400.000–499.999 kr.
7. ☐ Over 500.000 kr

16. In the last 12 months have you been on sick leave?

	No	Yes
Without medical certificate (self-notification)	☐	☐
With medical certificate from doctor	☐	☐

17. If yes, how long in total?

Less than 1 week	1-2 weeks	2-8 weeks	More than 8 weeks
☐	☐	☐	☐

18. Are you currently receiving any of the following benefits?

	No	Yes	If yes, from when? Month	Year
Sick pay/ rehabilitation money	☐	☐	☐☐	☐☐☐☐
Benefits for vocational rehabilitation	☐	☐	☐☐	☐☐☐☐
Disability pension/ limited disability pension	☐	☐	☐☐	☐☐☐☐
Social security payments	☐	☐	☐☐	☐☐☐☐
Unemployment benefit	☐	☐	☐☐	☐☐☐☐
Other benefits	☐	☐	☐☐	☐☐☐☐

19. Could you/your household cover an unexpected expense of 10,000 kroner in the course of a month without having to take out a loan or ask for financial help?
(including use of saved funds)

- ☐ No
- ☐ Yes
- ☐ Don't know

20. Have you been exposed to any of the following in the six months before your partner became pregnant?
(during work and leisure) (Tick every line)

Chemicals, gases etc	No	Yes	If yes, no. of days (daily = 180 days)	Tick if you have used extractor fan or breathing protection	Tick if you have used protective gloves
1. Lead vapours, lead dust, lead particles or lead alloys	☐	☐		☐	☐
2. Chromium, arsenic, cadmium or combinations of these	☐	☐		☐	☐
3. Petrol/gasoline or exhaust fumes (not including filling your own car)	☐	☐		☐	☐
4. Mercury vapours, mercury or work with amalgam-fillings (not including treatment as a patient)	☐	☐		☐	☐
5. Disinfectants, vermin poison	☐	☐		☐	☐
6. Plant care substances (weedkiller, insecticides fungicides, rodent poison)	☐	☐		☐	☐
7. Oil-based paint	☐	☐		☐	☐
8. Water-based or latex paint	☐	☐		☐	☐
9. Paint thinner, paint-, varnish/lacquer- or glue-remover or other solvents (e.g. Lynol®, white spirit, toluene, carbon tetrachloride)	☐	☐		☐	☐
10. Industrial dyes or inks	☐	☐		☐	☐
11. Motor oil, lubricating 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. Chemotherapy substances/ treatments (not including your own medical treatment)	☐	☐		☐	☐
17. Chemotherapy (taken in treatment as a patient)	☐	☐		☐	☐
18. Nitrous oxide (laughing gas) or other anaesthetic gases (not including your own medical treatment)	☐	☐		☐	☐
19. Other substances and conditions, describe: _____	☐	☐		☐	☐

21. How often have you worked with radio transmitters or radar in the last six months before your partner became pregnant?

- ☐ Seldom/never
- ☐ Few times per week
- ☐ Daily
- ☐ On average more than 1 hour per day

22. How often have you worked with X-ray equipment in the last six months (less than 2 metre's distance) before your partner became pregnant?
(Not including treatment as a patient)

- ☐ Seldom/never
- ☐ Few times per week
- ☐ Daily
- ☐ On average more than 1 hour per day

23. Do you use a mobile phone? ☐ Nei ☐ Ja

24. If yes, how old were you when you got your first mobile phone? ☐☐ years

25. Do you use "hands-free"?

☐ Seldom/never
☐ Only for longer conversations
☐ As a rule

26. If/when you use "hands-free", where is the phone usually during the conversation?

☐ In front trouser pocket
☐ On a belt in front of the body
☐ Other places on the body
☐ Away from the body

27. How often did you talk on a mobile phone in the six months before your partner became pregnant?

☐ Less than once a week
☐ 1-2 times per week
☐ 3-6 times per week
☐ 1-4 times per day
☐ More than 5 times per day

28. How long on average do you talk in total on the days you use your mobile phone?

☐ Less than 1 minute
☐ 1-10 minutes
☐ 11-30 minutes
☐ 31-60 minutes
☐ More than 60 minutes

29. How often did you work with a computer, laser printer or copying machine (at a distance of less than two meters) in the six months before your partner became pregnant? *(tick every line)*

	Seldom/never	Few times per week	Daily	On average more than 1 hour per day
1. Computer screen	☐	☐	☐	☐
2. Laser printer	☐	☐	☐	☐
3. Copying machine	☐	☐	☐	☐

Illnesses and health problems

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

	If yes, tick	If yes, do you remember how old you were at the first sign of illness/ problem?	If you became well or the problem stopped, at what age did this happen?
1. Hay fever, pollen allergy	☐	☐☐ years	☐☐ years
2. Urticaria (hives)	☐	☐☐ years	☐☐ years
3. Asthma	☐	☐☐ years	☐☐ years
4. Atopic dermatitis (childhood eczema)	☐	☐☐ years	☐☐ years
5. Psoriasis	☐	☐☐ years	☐☐ years
6.Other eczema/skin problem	☐	☐☐ years	☐☐ years
7. Chlamydia	☐	☐☐ years	☐☐ years
8. Herpes	☐	☐☐ years	☐☐ years

Question continues next page

	If yes, tick	If yes, do you remember how old you were at the first sign of illness/ problem?	If you became well or the problem stopped, at what age did this happen?
9. Genital warts	☐	years	years
10. Gonorrhea	☐	years	years
11. Migraine	☐	years	years
12. Other frequent headaches	☐	years	years
13. Constant aches or discomfort in the upper abdomen	☐	years	years
14. Crohn's disease/ulcerative colitis (diarrohea, constipation intermittent pain	☐	years	years
15. Sleep problems	☐	years	years
16. Diabetes	☐	years	years
17. Cancer	☐	years	years
18. Cardiovascular disease	☐	years	years
19. Epilepsy	☐	years	years
20. Repeated neck and shoulder pain	☐	years	years
21. Lower back pain	☐	years	years
22. Prolonged muscle pain	☐	years	years
23. Bechterew's disease/rheumatoid arthritis	☐	years	years
24. High blood pressure	☐	years	years
25. ADHD	☐	years	years
26. Anorexia/bulimia/eating disorders	☐	years	years
27. Manic depressive illness	☐	years	years
28. Schizophrenia	☐	years	years
29. Other long-term mental illnesses or health problems	☐	years	years
30. Other long-term physical illnesses or health problems	☐	years	years

If other long-term illnesses, please describe:

_____

31. Do you have a congenital malformation/birth defect? ☐ No ☐ Yes

32. If yes, which? _____

33. Did you use medicines in the six months before your partner became pregnant? ☐ No ☐ Yes

34. If yes, please give the name of the medicine(s)

Name of medicine *(e.g. Valium, Rohypnol, Paracetamol)*	**How long did you use the medicine?**		
	Less than 1 week	**1 week – 1 month**	**More than 1 month**
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

35. Did you have any X-rays taken in the six months before your partner became pregnant? ☐ No ☐ Yes

36. If yes, what were the X-rays taken of, and how many times?

1. ☐ Teeth ☐ times
2. ☐ Lungs ☐ times
3. ☐ Pelvis/stomach/back ☐ times
4. ☐ Arms and legs ☐ times
5. ☐ Other ☐ times

37. How many children do you have from before? ☐☐

38. How many of these are with your present partner? ☐☐

Diet and eating habits

BREAD / CRISPBREAD / BISCUITS

39. How many slices of bread do you eat on average every day? ? *(Combine all meals)*

1. White bread (incl. bread rolls, baguettes, pitta, ciabatta and similar) . . . . . ☐☐
2. Medium coarse-grain bread (incl. rolls) . . . . . ☐☐
3. Coarse-grain bread . . . . . ☐☐
4. Crispbread/biscuits . . . . . ☐☐

40. Do you use butter, margarine or oil on bread?

☐ No, almost never
☐ Yes, sometimes
☐ Yes, daily

41. How often do you add these to bread? *(Tick per line)*

	Seldom/ never	1-2 times per week	3-4 times per week	5-7 times per week	Several times per day
1. Reduced fat cheese	☐	☐	☐	☐	☐
2. Regular cheese (yellow/brown)	☐	☐	☐	☐	☐
3. Prawns/Italian salad or similar	☐	☐	☐	☐	☐
4. Lean meat	☐	☐	☐	☐	☐
5. Servelat sausage, salami or similar	☐	☐	☐	☐	☐
6. Liver pate or similar	☐	☐	☐	☐	☐
7. Fish	☐	☐	☐	☐	☐
8. Preserves (jam/jelly), other sweet spreads	☐	☐	☐	☐	☐
9. Egg (boiled, fried, scrambled)	☐	☐	☐	☐	☐

DRINK

42. How often do you drink the following? *(Tick each line)*

	Seldom/ never	1-6 glass per week	1 glass per day	2-3 glass per day	4 glass or more per day
1. Whole milk,buttermilk, yoghurt	☐	☐	☐	☐	☐
2. Low-fat and skimmed milk	☐	☐	☐	☐	☐
3. Fruit juice	☐	☐	☐	☐	☐
4. Coca Cola/Pepsi with sugar	☐	☐	☐	☐	☐
5. Coca Cola/Pepsi sugar-free	☐	☐	☐	☐	☐
6. Other sugar-free fizzy drinks	☐	☐	☐	☐	☐
7. Energy drinks, Battery or similar	☐	☐	☐	☐	☐
8. Filter- and instant coffee	☐	☐	☐	☐	☐
9. Boiled/Cafetiere coffee	☐	☐	☐	☐	☐
10. Other coffee, espresso or similar	☐	☐	☐	☐	☐
11. Tea	☐	☐	☐	☐	☐

DINNER

43. How often do you eat these meals? *(Tick each line)*

	Seldom/ never	1-2 times per month	3-4 times per month	2-3 times per week	4 times or more per week
1. Sausages, hamburger	☐	☐	☐	☐	☐
2. Kebab	☐	☐	☐	☐	☐
3. Pizza	☐	☐	☐	☐	☐
4. Meals with minced meat	☐	☐	☐	☐	☐
5. Pure meat	☐	☐	☐	☐	☐
6. Chicken/turkey	☐	☐	☐	☐	☐
7. Lean fish (cod, pollock, haddock etc.)	☐	☐	☐	☐	☐
8. Fatty fish (trout, salmon, mackerel, herring)	☐	☐	☐	☐	☐
9. Fish balls/fish cakes	☐	☐	☐	☐	☐
10. Vegetarian meals	☐	☐	☐	☐	☐
11. Other	☐	☐	☐	☐	☐

VEGETABLES / FRUIT

44. How often do you eat vegetables and fruit? *(Tick per line)*

	Seldom/ never	1-3 times per month	1-2 times per week	3-4 times per week	5 times or more per week
1. Raw vegetables/salads	☐	☐	☐	☐	☐
2. Cooked vegetables in stews	☐	☐	☐	☐	☐
3. Cooked vegetables	☐	☐	☐	☐	☐
4. Fruit	☐	☐	☐	☐	☐

EATING PATTERNS

45. How often do you eat food bought from these places? *(Tick per line)*

	Seldom/ never	1-3 times per month	1-4 times per week	5-7 times per week	Several times per day
1. Canteen/cafeteria/lunch bar	☐	☐	☐	☐	☐
2. Restaurant	☐	☐	☐	☐	☐
3. Kiosk/snack bar	☐	☐	☐	☐	☐
4. Petrol/gasoline station	☐	☐	☐	☐	☐
5. McDonalds, Burger King etc.	☐	☐	☐	☐	☐

46. How would you describe your diet?

1. I have a varied diet	☐
2. I do not eat fish	☐
3. I do not eat meat	☐
4. I am a vegetarian	☐

47. Do you use any form of dietary supplement? ☐ No ☐ Yes

48. If yes, which type? *(Tick all that apply)*

1. Multivitamin-/mineral supplement	☐
2. Cod-liver oil/fish oil	☐
3. Protein supplement	☐

Lifestyle

49. Have you ever smoked?

☐ No (go to question 53)
☐ Yes

50. Did you smoke in the six months before your partner became pregnant?

☐ No
☐ Yes, sometimes ☐☐ Number cigarettes/week
☐ Yes, daily ☐☐ Number cigarettes/day

51. Do you smoke <u>now</u> after your partner became pregnant?

☐ No
☐ Yes, sometimes ☐☐ Number cigarettes/week
☐ Ja, daglig ☐☐ Number cigarettes/day

52. If yes, where do you smoke?

☐ Only outside
☐ Both inside and outside
☐ Only inside

53. Have you ever used smokeless/chewing tobacco ("snus")?

- ☐ No (go to question 57)
- ☐ Yes

54. If yes, did you use smokeless /chewing tobacco in the six months before your partner became pregnant?

- ☐ No
- ☐ Yes, daily
- ☐ Yes, many times per week, but not daily
- ☐ Less often than weekly

55. What type of smokeless/chewing tobacco do you usually use?

- ☐ Normal (loose)
- ☐ Pouche
- ☐ Mini-pouches
- ☐ About the same of each type

56. How much smokeless /chewing tobacco do you use per week?

- ☐ Whole box ☐ Number of boxes
- ☐ Half box
- ☐ Quarter box
- ☐ Less than a quarter box

57. Have you ever used any of the following narcotic substances? *(Tick for every line)*

	Never	Earlierer	Six months before your partner became pregnant	Now
Cannabis/hash	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐
Heroin	☐	☐	☐	☐
Amphetamine	☐	☐	☐	☐
Other, which: _____	☐	☐	☐	☐

58. Have you ever drunk alcohol?

- ☐ No (go to question 62)
- ☐ Yes

59. How often did you drink alcohol in the six months before your partner became pregnant and how often do you drink now that your partner is pregnant?

	Before	Now
Approximately 6-7 times per week	☐	☐
Approximately 4-5 times per week	☐	☐
Approximately 2-3 times per week	☐	☐
Approximately once per week	☐	☐
Approximately 1-3 times per month	☐	☐
Less than once per month	☐	☐
Never	☐	☐

Units of alcohol
To compare different types of alcohol, we ask about what we call alcohol units (= 1,5 cl pure alcohol). An alcohol unit corresponds to:

1 bottle alcopop/cider
1 glass (1/3 litre) beer
1 wine glass red wine or white wine
1 sherry glass of sherry or other fortified wine
1 glass with a single measure of spirit or liquer

60. How many alcohol units did you normally drink in the six months before your partner became pregnant and how many alcohol units now that your partner is pregnant?
(Tick both boxes for weekends and everyday, total 4 ticks)
(see the explanation of alcohol units on this page)

	Before		Now	
	Week-end	Every-day	Week-end	Every-day
10 or more	☐	☐	☐	☐
7-9	☐	☐	☐	☐
5-6	☐	☐	☐	☐
3-4	☐	☐	☐	☐
1-2	☐	☐	☐	☐
Fewer than 1	☐	☐	☐	☐

61. Have you drunk 5 alcohol units or more on at least one occasion in the six months before your partner became pregnant or now after your partner became pregnant?

	Before	Now
Several times per week	☐	☐
Once per week	☐	☐
1-3 times per month	☐	☐
Less than once per month	☐	☐
Never	☐	☐

62. How often are you now so physically active that you become out of breath or sweat? *(one tick for leisure time and one for work.)*

	In leisure time	At work
Never	☐	☐
Less than once per week	☐	☐
Once per week	☐	☐
2 – 3 times per week	☐	☐
4 – 6 times per week	☐	☐
Approximately every day	☐	☐

63. How has your physical activity in leisure time been in the last year? *(Think of a weekly average for the year. Getting to work counts as leisure time. Answer both questions)*

	Hours per week			
	None	Less than 1	1-2	3 or more
1. Light physical activity (not sweating/out of breath)	☐	☐	☐	☐
2. Heavy physical activity (sweating/out of breath)	☐	☐	☐	☐

64. Describe your exercise and physical exertion in your leisure time. If the activity varies a lot, e.g. between summer and winter, take an average. The question relates to the last year *(tick the most appropriate box).*

Read, watch TV or other sedentary occupation? ☐

Walking, cycling or other motion, at least 4 hours per week? *(Here you should also include walking/cycling to work, Sunday walks etc)* ☐

Take part in sports/athletics, heavy garden work etc at least 4 hours per week? *((Note that the activity should take at least 4 hours per week).* ☐

Hard training or take part in competitive sport regularly and several times a week. ☐

65. Have you ever use any of the following substances? *(Tick for every line.)*

	Never	Previously	Six months before your partner became pregnant	Now
1. Anabolic steroids	☐	☐	☐	☐
2. Testosterone medications	☐	☐	☐	☐
3. Growth hormone (e.g.. Genotropin/Somatropin)	☐	☐	☐	☐

How are you now?

66. Have you been bothered by any of the following feelings during the past 2 weeks? *(Enter a cross in a box for each item.)*

	Not bothered	A little bothered	Quite bothered	Very bothered
1. Feeling fearful	☐	☐	☐	☐
2. Nervousness or shakiness inside	☐	☐	☐	☐
3. feeling hopeless about the future	☐	☐	☐	☐
4. Feeling blue	☐	☐	☐	☐
5. Worrying too much about things	☐	☐	☐	☐
6. Feeling everything is an effort	☐	☐	☐	☐
7. Feeling tense or keyed up	☐	☐	☐	☐
8. Suddenly scared for no reason	☐	☐	☐	☐

67. Have you ever experienced the following for a period of 2 weeks or more earlier in life? *(Tick for each line)*

	No	Yes
1. Felt depressed, sad	☐	☐
2. Had problems with appetite or eaten too much	☐	☐
3. Been bothered by feeling weak or lack of energy	☐	☐
4. Really blamed yourself and felt worthless	☐	☐
5. Had problems with concentration or had problems making decisions	☐	☐
6. Had at least 3 of the problems named above simultaneously	☐	☐

68. If you have had 3 or more of these problems at the same time:

How many times has it occurred? ☐☐ times

How many weeks did the longest period last? ☐☐ weeks

69. What kind of perception do you have of yourself? *(Tick for each line.)*

	Strongly agree	Agree	Disagree	Strongly disagree
1. I have a positive attitude towards myself	☐	☐	☐	☐
2. I feel really useless at times	☐	☐	☐	☐
3. I feel that I don't have much to be proud of	☐	☐	☐	☐
4. I feel that I'm a valuable person, on an equal footing with anyone else, at any rate	☐	☐	☐	☐

70. Describe yourself as you usually are: *(Tick for every line)*

	Strongly disagree	Disagree somewhat	Neither Nor	Agree somewhat	Strongly agree
1. Liven up in a party	☐	☐	☐	☐	☐
2. Care little about others	☐	☐	☐	☐	☐
3. Am always well prepared	☐	☐	☐	☐	☐
4. Become easily stressed	☐	☐	☐	☐	☐
5. Have a rich vocabulary	☐	☐	☐	☐	☐
6. Do not say much	☐	☐	☐	☐	☐
7. Am interested in other people	☐	☐	☐	☐	☐
8. Leave things lying around	☐	☐	☐	☐	☐
9. Am usually relaxed	☐	☐	☐	☐	☐
10. Have problems understanding abstract ideas	☐	☐	☐	☐	☐
11. Feel at ease with other people	☐	☐	☐	☐	☐
12. Offend people	☐	☐	☐	☐	☐
13. Am attentive to detail	☐	☐	☐	☐	☐
14. Worry about many things	☐	☐	☐	☐	☐
15. Have a lively imagination	☐	☐	☐	☐	☐
16. Stay in the background	☐	☐	☐	☐	☐
17. Have empathy with other people	☐	☐	☐	☐	☐
18. Mess things up	☐	☐	☐	☐	☐
19. Rarely feel in low spirits	☐	☐	☐	☐	☐
20. Am not interested in abstract ideas	☐	☐	☐	☐	☐
21. Initiate conversations	☐	☐	☐	☐	☐
22. Am not interested in other peoples' problems	☐	☐	☐	☐	☐
23. Complete tasks at once	☐	☐	☐	☐	☐
24. Am easily interrupted	☐	☐	☐	☐	☐
25. Have excellent ideas	☐	☐	☐	☐	☐
26. Have little to say	☐	☐	☐	☐	☐
27. Am good-natured	☐	☐	☐	☐	☐
28. Often forget to put things back	☐	☐	☐	☐	☐
29. Become easily upset	☐	☐	☐	☐	☐
30. Do not have a good imagination	☐	☐	☐	☐	☐

continues next page

	Strongly disagree	Disagree somewhat	Neither Nor	Agree somewhat	Strongly agree
31. Talk to many people at a party	☐	☐	☐	☐	☐
32. Am not interested in other people	☐	☐	☐	☐	☐
33. Like order and tidiness	☐	☐	☐	☐	☐
34. Lot of mood changes	☐	☐	☐	☐	☐
35. Am quick to understand things	☐	☐	☐	☐	☐
36. Do not like to attract attention	☐	☐	☐	☐	☐
37. Take time to help others	☐	☐	☐	☐	☐
38. Shirk from responsibilities	☐	☐	☐	☐	☐
39. Often have mood swings	☐	☐	☐	☐	☐
40. Often use difficult words	☐	☐	☐	☐	☐
41. Have nothing against being the centre of attention	☐	☐	☐	☐	☐
42. Am sensitive to other peoples' feelings	☐	☐	☐	☐	☐
43. Perform according to plan	☐	☐	☐	☐	☐
44. Become easily irritated	☐	☐	☐	☐	☐
45. Use time to think things over	☐	☐	☐	☐	☐
46. Am quiet in company with strangers	☐	☐	☐	☐	☐
47. Put others at their ease	☐	☐	☐	☐	☐
48. Am thorough in my work	☐	☐	☐	☐	☐
49. Often feel down	☐	☐	☐	☐	☐
50. Am full of ideas	☐	☐	☐	☐	☐

71. Do you agree or disagree with the following statements? *(Tick only one box per line)*

	Disagree completely	Disagree	Disagree somewhat	Neither Nor	Agree somewhat	Agree	Agree completely
1. My life is largely what I wanted it to be	☐	☐	☐	☐	☐	☐	☐
2. My life is very good	☐	☐	☐	☐	☐	☐	☐
3. I am satisfied with my life	☐	☐	☐	☐	☐	☐	☐
4. To date, I have achieved what is important for me in my life	☐	☐	☐	☐	☐	☐	☐
5. If I could start all over, there is very little I would do differently	☐	☐	☐	☐	☐	☐	☐

72. Feeling of anxiety and restlessness in the last six months. *(Tick for every line)*

	Never	Seldom	Sometimes	Often	Very often
1. How often do you have problems completing the final aspects of a task when the challenging part is already done?	☐	☐	☐	☐	☐
2. How often do you have problems putting things in the right order when you are involved in tasks that require organisation?	☐	☐	☐	☐	☐
3. When you have a task which requires a great deal of careful preparation, how often do you avoid or put off starting it?	☐	☐	☐	☐	☐
4. How often do you have problems remembering appointments or duties?	☐	☐	☐	☐	☐
5. When you have to sit still for a long time, how often do you move your hands and feet in an agitated and restless way?	☐	☐	☐	☐	☐
6. How often do you feel hyperactive and obliged to do things, as if you are being driven by an machine?	☐	☐	☐	☐	☐

73. Have you experienced any of the following during the last 12 months? *(Tick for every line)*

	No	Yes
1. Problems at work/study place	☐	☐
2. Financial problems	☐	☐
3. Got divorced, separated or ended a relationship	☐	☐
4. Problems or conflicts with family, friends or neighbours	☐	☐
5. Serious concerns that something is wrong with the baby we are expecting	☐	☐
6. Serious personal illness or injury	☐	☐
7. Close relative has been seriously ill or injured	☐	☐
8. Involved in a serious traffic accident, fire or robbery	☐	☐
9. Have lost someone close to me	☐	☐
10. Forced into sexual activity	☐	☐
11. Exposed to physical violence	☐	☐
12. Other, describe: _____	☐	☐

74. How much do you agree with these descriptions of your relationship with your wife/partner? *(Tick one box in each line)*

	Completely agree	Agree	Agree somewhat	Disagree somewhat	Disagree	Disagree completely
1. My partner and I have problems in our relationship	☐	☐	☐	☐	☐	☐
2. I am very happy in my relationship	☐	☐	☐	☐	☐	☐
3. My partner is usually understanding	☐	☐	☐	☐	☐	☐
4. I am satisfied with my relationship to my partner	☐	☐	☐	☐	☐	☐
5. We agree about how children should be raised	☐	☐	☐	☐	☐	☐

75. Do you have anyone other than your wife/partner you can ask for advice in a difficult situation?

- ☐ No
- ☐ Yes 1-2 people
- ☐ Yes more than 2 people

76. How often do you meet or talk on the telephone with your family (other than your wife/partner and children) or close friends?

- ☐ Once a month or less
- ☐ 2-8 times a month
- ☐ More than twice a week

77. Do you often feel lonely?

- ☐ Almost never
- ☐ Seldom
- ☐ Sometimes
- ☐ Usually
- ☐ Almost always

78. How often do you experience the following in your everyday life? *(Tick only one box per item)*

	Never	Seldom	Sometimes	Often	Very often
1. Feel pleased about something	☐	☐	☐	☐	☐
2. Feel happy	☐	☐	☐	☐	☐
3. Feel joyful as though everything is going your way	☐	☐	☐	☐	☐
4. Feel that you will scream at someone or hit something	☐	☐	☐	☐	☐
5. Feel angry, irritated or annoyed	☐	☐	☐	☐	☐
6. Feel mad with someone	☐	☐	☐	☐	☐

If there is something else you would like to tell us, please write it on the next page.

Comments

Thank you very much for your help!

Please return the completed questionnaire in the stamped addressed envelope provided to:

The Norwegian Mother and Child Study
Norwegian Institute for Public Health
Dept. for Medical Birth Registry
Kalfarveien 31
5018 Bergen