Questions documentation
7-year Questionnaire (Q-7aar)
when the child is 7 years old

The Norwegian Mother, Father and Child Cohort Study (MoBa)

Mother questionnaire

Version 1.0 March 2016 by Fufen Jin

Please note:
This document describes the instruments used in the questionnaire. It has not yet undergone final quality control and may contain minor inaccuracies. The document is subject to revision. If you have any comments or suggestions for improvement, please contact mor.barndata@fhi.no

Version	Date/responsible	Changes
1.0	3.2016/Fufen Jin	First version
1.1	10.2021/mobadata	Added variable names. Corrected two tables; 40 Food allergy, and A-version table related to 28. “Illnesses/Health problems”

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MODEL STRUCTURE OF WHAT IS PRESENTED PER INSTRUMENT / SECTION

Instrument

1. **Name of original instrument/question:**
   Original name of scale (*no name* if only single question)
   List wording of questions included in the section (with number from questionnaire in front) and write response categories (with values used in the dataset)

2. **Description of original scale or selection of items used**
   Description of analytical approaches for selecting just a sample of items from a scale
   If single question. NOT RELEVANT
   If selection of established short version, make referral to literature and/or use
   Where does the Q/scale come from, what is it meant to measure. Description of number of items, subscales. Where the Q/scale has been used and any information that give insight into what instrument this is.
   Primary references of the instrument as well as important secondary publications if relevant.

3. **Rationale for choosing the instrument:**
   What is it meant to measure and IF RELEVANT: Why this is a good measure.

4. **Modifications:**
   Describe modifications during the study from one version to another.
   Write if omitted or added from one version to another

NOTE 1:
Q-7aar has 3 versions (A, B, and C). This instrument documentation is based on version C.

NOTE 2:
Questions to which the answers are written into open text fields are annotated with two variable names. The first indicates whether or not there is text; the second contains the actual text. In the case of medication, there is an additional variable name with a "k" at the end, to indicate how the name of medicine has been coded.

NOTE 3:
Version A contains 3 sections in the order of: Illness and Health Problems, Living Habits and Lifestyle, The Child's Diet. In version B & C, the order of the sections is: Living Habits and Lifestyle, Illness and Health Problems, The Child's Diet, The Child's Dental Health, The Child's Mother's Health Problems.

Living habit s and lifestyle

1. Height and weight

1. **Name of original questions:** Questions about the child's height and weight at age 7

Q		Response options	Variable name
1	**What is the child's height and weight now at 7 years old?**		
	Height	_ _ _ cm	JJ408
	Weight	_ _, _kg	JJ325
Only in version A	Date of measurement	Day, month, year	JJ326, JJ327, JJ328
	Measured self		JJ329
	Measured by doctor/nurse		

2. **Description of original scale:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the instrument:**
   By using measures of weight and length, Body Mass Index (BMI) can be estimated. BMI is a reliable indicator of body fatness for most children and teens (cf. Center for Disease Control and Prevention: **http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html#How%20is%20BMI%20used%20with%20children%20and%20tGGns**).

4. **Revision during the data collection period:**
   The date of measurement and who made the measurement were asked to be reported in version A (see table above). They were deleted in version B and C.

2-4. Physical activities

1. **Name of original questions:** Questions about the child's physical activities

Q		Response options	Variable name
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?**		
	_ _ times per week	Number 0-99	JJ409
3	**Outside of school: Approximately how many times per week does the child spend on physical activity/sports (soccer, handball, skiing or gymnastics/dance or similar)?**		
	Summer	1) Less than 1 hour per week 2) 1-2 hours per week 3) 3-4 hours per week 4) 5-7 hours per week 5) 8-10 hours per week 6) 11 hours or more per week	JJ281
	Winter		JJ282
4	**Outside of school on a regular week day: approximately how many hours per day is the child usually outdoors?**		
	Summer	Number 0-99	JJ283
	Winter		JJ284

2. **Description of original scale:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the instrument:**
   The questions can be used as a brief measure of the child's physical activities.

4. **Revision during the data collection period:**
   No revisions have been made.

5. Time in front of screen

1. Name of original question: one question about how much time the child spends in front of a TV/video/computer in summer and winter, respectively

Q		Response options	Variable name
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?**		
	Summer	1) Less than 1 hour 2) 1-2 hours per day 3) 3-4 hours per day 4) 5 hours or more per day	JJ285
	Winter		JJ286

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Hours of TV/video viewing has been shown to be significantly positively associated with the acceleration of BMI growth from preschool to school age (Danner, 2008), and language delay (Weerasak & Pruksananonda, 2008).

4. **Revision during the data collection period:**
   No revisions have been made.

Added references:

Danner, F.W. (2008). A National Longitudinal Study of the Association Between Hours of TV Viewing and the Trajectory of BMI Growth Among US Children, *Journal of Pediatric Psychology*, Vol. 33 (10), pp 1100-1107.

Weerasak, C. & Pruksananonda, C. (2008). Television viewing associates with delayed language development. *Acta Pædiatrica*, Vol 97 (7), pp 9777-982.

6. Absence from school

1. **Name of original questions:** One question about the child's absence from school

Q		Response options	Variable name
6	**How many days has the child missed school in the past three months because of illness?**		
		Number 0-99	JJ279
Only in version A	Number of days of interruption from play and leisure activities	Number 0-99	JJ280

2. **Description of original scale:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the instrument:**
   This question was developed to get information about the child's absence from school.

4. **Revision during the data collection period:**
   In version A, there is an additional question about the number of days of interruption from play and leisure activities (see table above).

7-8. Indoor swimming

1. **Name of original questions:** Two questions about the frequency and the time child spend on indoor swimming pool between age 6-7 and 4-6, respectively

Q		Response options	Variable name
7	**Has the child been swimming in an indoor swimming pool in the past 12 months?**		
		1-No 2-Sometimes 3-Weekly	JJ410
	If sometimes, number of hours per month	Number 0-99	JJ289
	If weekly, number of hours per week		JJ291
8	**When the child was 4-6 years old, approximately how often did he/she use an indoor swimming pool?**		
		1-Never/rarely 2-Sometimes 3-Weekly	JJ411
	If sometimes, number of hours per month	Number 0-99	JJ412
	If weekly, number of hours per week		JJ413

2. **Description of original scale:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the instrument:**
   This question was developed to get information about the frequency and the time child spent on indoor swimming pool between age 6-7 and 4-6, respectively.

4. **Revision during the data collection period:**
   No revisions have been made.

9-10. Means of transportation to school

1. **Name of original questions:** One question about the child's means of transportation to school; one question about the distance from the child's home to school

Q		Response options	Variable name
9	**How often does the child get to school by?**		
	Walking/riding a bike		JJ292
	Car		JJ293
	Public transportation		JJ294
10	**How far is the child's home from school?**		
		1) Less than 1km 2) 1-2 km 3) 3-4 km 4) More than 4 km	JJ295

2. **Description of original scale:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the instrument:**
   This question was developed to get information about the child's means of transportation to school, and the distance from the child's home to school.

4. **Revision during the data collection period:**
   No revisions have been made.

11-13. Living with the father/mother

1. **Name of original questions:** Questions about the time the child lives with the father/mother

Q		Response options	Variable name
11	**Does the child's father live together with you?**		
		1-Yes 2-No	JJ414
	If not, how much of the time does the child live with you?	1-Almost always 2-Half of the time or more 3-Less than half of the time	JJ415
Only in version A	If not, how much of the time does the child live with you and his/her father, respectively?		
	Mother	1-Almost always 2-Half of the time or more 3-Less than half of the time	JJ298
	Father		JJ299
12	**What year did you move to your current address?**		
		Number 0-9999	JJ416
13	**On which floor is the child's bedroom?**		
		Number 0-99	JJ417

2. **Description of original scale:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the instrument:**
   These questions can be used as a measure of stability of the child's life.

4. **Revision during the data collection period:**
   Version A contains an additional question about the time the time spend with his/her father. This question was deleted in version B & C. Questions 12 &13 are not included in version A.

14-15. Sleeping habits

1. **Name of original questions:** Two questions about sleeping habits at night

Q		Response options	Variable name
14	**Approximately how many hours does the child usually sleep on a week nights?**		
		1) 8 hours or less 2) 9 hours 3) 10 hours 4) 11 hours 5) 12 hours or more	JJ418
15	**How often does the child snore?**		
		1) Never 2) Less than one night a week 3) Approximately one night per week 4) Several night per week 5) Almost every night	JJ419

2. **Description of original instrument**: MoBa specific questions

Psychometric Information (sample, reliability, validity):
Not relevant.

Base Reference/Primary Citation:
Not relevant.

3. **Rationale for choosing the questions:**
The question was developed to get information about the child's sleeping habit at night.

4. **Revision during the data collection period:**
Question 15 is not included in version A. No further revisions have been made.

16. Damp/mould in the child's home

1. **Name of original questions:** One questions about damage caused by damp/mould

Q		Response options	Variable name
16	**Has there been any damage caused by damp, any visible mould growth or smell of mould in the child's home during the last year?**		
	No		JJ420
	Yes, damage caused by damp during the last year		JJ421
	Yes, visible mould during the last year		JJ422
	Yes, smell of mould during the last year		JJ423

2. **Description of original instrument**: MoBa specific questions

Psychometric Information (sample, reliability, validity):
Not relevant.

Base Reference/Primary Citation:
Not relevant.

3. **Rationale for choosing the questions:**
The question was developed to get information whether the child's home has been damaged by damp/mould.

4. **Revision during the data collection period:**
This question is not included in Version A. No further revisions have been made.

17-18. Smoking

1. **Name of original questions:** Questions about maternal and paternal smoking habits

Q		Response options	Variable name
17	**Do you smoke now? If yes, how many cigarettes?**		
		1-Do not smoke 2- Smoke sometimes 3- Smoke daily	JJ300
	If smoke sometimes, number of cigarettes per week	Number 0-99	JJ302
	If smoke daily, number of cigarettes daily	Number 0-99	JJ301
18	**Does the child's father smoke? If yes, how many cigarettes?**		
		1-Do not smoke 2- Smokes sometimes 3- Smokes daily	JJ303
	If smokes sometimes, number of cigarettes per week	Number 0-99	JJ305
	If smokes daily, number of cigarettes daily	Number 0-99	JJ304

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed to get information about maternal and paternal smoking habits.

4. **Revision during the data collection period:**
   In version A, maternal and paternal smoking habits are asked in a single question. In version B and C, the questions are separated, and each appears as an individual question.

19-22. Heating and candles

1. **Name of original questions:** Questions about sources of heating and the use of candles at home

Q		Response options	Variable name
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?**		
		1- Never 2-Rarely 3- Sometimes 4-Often	JJ424
20	**During the last year, did you ever use an open fire?**		
		1- Never 2-Rarely 3- Sometimes 4-Often	JJ425
21	**During the last year, has wood-burning heating been used as heating in the child's home?**		
		1- No 2-Yes	JJ306
	1. If yes, is wood-burning heating the main source of heating in this home?	1- No 2-Yes	JJ307
	2. If yes, are you using a wood burning stove made before 1997?	1- No 2-Yes 3-Don't know	JJ615
22	**Approximately how often do you burn candles in the home during the winter months?**		
		1) Never/less than 4 times 2) Only in December (4 times or more) 3) 1-3 times a week 4) 4-6 times a week 5) Daily/almost daily 6)Several times a day on most days	JJ426

2. **Description of original instrument**: MoBa specific questions

Psychometric Information (sample, reliability, validity):
Not relevant.

Base Reference/Primary Citation:
Not relevant.

3. **Rationale for choosing the questions:**
The question was developed to survey the sources of heating and the use of candles in the child's home.

4. **Revision during the data collection period:**
For question 19, the response options are 'yes' or 'no' in version A. For question 20, the response options are 'never' 'sometimes' 'often' and 'daily'. Item 2 of question 21 is not included in version B, and the response options are 'yes' or 'no' in version A. Question 22 is not included in version A.

23-24. Pets/animals

1. **Name of original questions:** Questions about the child's contact with pets/farm animals

Q		Response options	Variable name
23	**Are there pets in the child's home?**		
		1-No 2- Yes	JJ311
	If yes, which?		
	Dog		JJ312
	Cat		JJ314
	Other furry animals (guinea pig, rabbit or the like)		JJ316
	Bird		JJ313
	Other		JJ315
24	**Is the child in contact with farm animals at least once a week?**		
		1-No 2- Yes	JJ317
	If yes, which?		
	Horse		JJ318
	Pig		JJ319
	Sheep/goat		JJ321
	Cattle		JJ322
	Hens/poultry		JJ320
	Other		JJ323

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed to get information about the child's contact with pets and farm animals.

4. **Revision during the data collection period:**
   No revisions have been made.

The child's illnesses and health problems

25. Illnesses or conditions

1. **Name of original questions:** Questions about the child's illnesses or conditions at age 7

Q		Response options	Variable name
25	**Cross off if your child has or had the following illnesses or conditions.**		
	1. Rheumatoid arthritis/chronic joint inflammation		JJ427
	2. Cancer		JJ428
	3. Diabetes		JJ429
	4. Cerebral palsy		JJ430
	5. ADHD		JJ431
	6. Coeliac disease		JJ432
	7. Fractures		JJ433
	8. Epilepsy		JJ434
	9. Mentally disabled		JJ435
	10. Autistic characteristics/autism		JJ436
	11. Asperger's syndrome		JJ437
	12. Chronic Fatigue Syndrome/ME		JJ438
	13. Removed tonsils		JJ439
	14. Middle ear drains		JJ440
	15. Other conditions, congenital syndrome		JJ441
	16. Other conditions, congenital syndrome, describe		JJ442

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed for MoBa to survey the occurrence of the above-mentioned illnesses or conditions among 7-year-old children.

4. **Revision during the data collection period:**
   This section is not included in version A. No further revisions have been made.

26. History of illnesses/health problems

1. Name of original questions: Questions about the child's illnesses or conditions at age 7

Q		Response options / Variable name				
26	**Does the child have or has he/she ever had, any of 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.**					
	In version B & C	Has or has had **1-No 2-Yes**	Confirmed by a doctor? **Yes**	Health problems started at **Age**	Symptoms the last year? **1-No 2-Yes**	Child no longer has the health problems **Age**
	1. Trouble sleeping	JJ616	JJ51	JJ48	JJ443	JJ49
	2. Anaemia (low blood percent)	JJ617	JJ101	JJ98	JJ444	JJ99
	3. Delayed motor development	JJ618	JJ111	JJ108	JJ445	JJ109
	4. Delayed or deviating language development	JJ619	JJ116	JJ113	JJ446	JJ114
	5. behavioural problems (difficult and unruly)	JJ620	JJ136	JJ133	JJ447	JJ134
	6. Emotional difficulties (sad and anxious)	JJ621	JJ141	JJ138	JJ448	JJ139
	7. Overweight	JJ622	JJ41	JJ38	JJ449	JJ39
	8. Asthma	JJ623	JJ16	JJ13	JJ450	JJ14
	9. Allergy to pollen/hay fever	JJ624	JJ452	JJ453	JJ454	JJ455
	10. Allergy to cat or dog	JJ625	JJ457	JJ458	JJ459	JJ460
	11. Atopic eczema/dermatitis	JJ626	JJ26	JJ23	JJ461	JJ24
	12. Allergy to milk	JJ627	JJ146	JJ143	JJ462	JJ144
	13. Allergy to egg	JJ628	JJ151	JJ148	JJ463	JJ149
	14. Allergy to peanuts	JJ629	JJ465	JJ466	JJ467	JJ468
	15. Allergy to other nuts	JJ630	JJ470	JJ471	JJ472	JJ473
	16. Allergy to fish	JJ631	JJ156	JJ153	JJ474	JJ154
	17. Allergy to shellfish	JJ632	JJ476	JJ477	JJ478	JJ479
	18. Allergy to fruit	JJ633	JJ481	JJ482	JJ483	JJ484
	19. Allergy to other foods	JJ634	JJ161	JJ158	JJ485	JJ159
	If yes, which? (In all versions)					
	Wheat					JJ486
	Soy					JJ487
	Rye					JJ488
	Other					JJ489
	Other, describe					JJ490

Version A contains a list of illnesses that differ from that in version B &C. The response columns are slightly different as well. See the table below:

Q		Response options / Variable name				
26	**Does the child have or has he/she ever had, any of 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.**					
	In version A	**Yes**	If yes, the first sign of illness started at **Age**	Child no longer has the illness **Age**	Yes, still have the illness	The illness is diagnosed by a doctor
	1. Asthma	JJ12	JJ13	JJ14	JJ15	JJ16
	2. Allergy to pollen/hay fever	JJ17	JJ18	JJ19	JJ20	JJ21
	3. Atopic eczema/dermatitis	JJ22	JJ23	JJ24	JJ25	JJ26
	4. Hearing loss	JJ27	JJ28	JJ29	JJ30	JJ31
	5. Impaired vision	JJ32	JJ33	JJ34	JJ35	JJ36
	6. Overweight	JJ37	JJ38	JJ39	JJ40	JJ41
	7. Too little weight gain	JJ42	JJ43	JJ44	JJ45	JJ46
	8. Trouble sleeping	JJ47	JJ48	JJ49	JJ50	JJ51
	9. Rheumatoid/arthritis	JJ52	JJ53	JJ54	JJ55	JJ56
	10. Heart defects	JJ57	JJ58	JJ59	JJ60	JJ61
	11. Crohn disease	JJ62	JJ63	JJ64	JJ65	JJ66
	12. Ulcerative colitis	JJ67	JJ68	JJ69	JJ70	JJ71
	13. Chronic fatigue syndrome	JJ72	JJ73	JJ74	JJ75	JJ76
	14. Celiac Disease	JJ77	JJ78	JJ79	JJ80	JJ81
	15. Diabetes	JJ82	JJ83	JJ84	JJ85	JJ86
	16. Epilepsy	JJ87	JJ88	JJ89	JJ90	JJ91
	17. Cerebral palsy	JJ92	JJ93	JJ94	JJ95	JJ96
	18. Anaemia	JJ97	JJ98	JJ99	JJ100	JJ101
	19. Cancer	JJ102	JJ103	JJ104	JJ105	JJ106
	20. Delayed motor development	JJ107	JJ108	JJ109	JJ110	JJ111
	21. Delayed or deviate language development	JJ112	JJ113	JJ114	JJ115	JJ116
	22. Hyperactivity/ADHD	JJ117	JJ118	JJ119	JJ120	JJ121
	23. Autistic characteristics/autism	JJ122	JJ123	JJ124	JJ125	JJ126
	24. Asperger syndrome	JJ127	JJ128	JJ129	JJ130	JJ131
	25. Behavioural problems (difficult and unruly)	JJ132	JJ133	JJ134	JJ135	JJ136
	26. Emotional difficulties (sad and anxious)	JJ137	JJ138	JJ139	JJ140	JJ141
	27. Allergy to milk	JJ142	JJ143	JJ144	JJ145	JJ146
	28. Allergy to egg	JJ147	JJ148	JJ149	JJ150	JJ151
	29. Allergy to fish	JJ152	JJ153	JJ154	JJ155	JJ156
	30. Allergy to other foods	JJ157	JJ158	JJ159	JJ160	JJ161
	If yes, which? (In all versions)					
	Rye					JJ162
	Citrus fruits					JJ163
	Wheat					JJ164
	Soy					JJ165
	Shell fish					JJ166
	Peanuts					JJ167
	Other nuts					JJ168

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base Reference/Primary Citation:
Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed for MoBa to survey the history of the above-mentioned illnesses or health problems among 7-year-old children. Whether the child's illness has been confirmed by a doctor is meant as an indicator of reliability of the mothers' response.

4. **Revision during the data collection period:**
   Version A contains a list of illnesses that differ from that in version B &C. The response columns are slightly different as well (see tables above).

27. Asthma

1. **Name of original questions:** Questions concerning asthma

Q		Response options	Variable name
27	**During the last year, has the child used medication, spray, inhaler or other medications for treatment of asthma?**		
		1-No 2- Yes	JJ169
	If yes…		
	Name of medication used on a regular basis		JJ403
	Name of medication used during attacks		JJ404
	When did your child last use medications for asthma?	1-Yesterday 2-Last 7 days 3-Last month 4-Last year	JJ172

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed to get information whether the child has been treated for asthma; if yes, names of medication and the time the child last used medication were asked to be provided.

4. **Revision during the data collection period:**
   This section is not included in version A. No further revisions have been made.

Q			Response options / Variable name

28. Illnesses/health problems of acute nature

1. **Name of original questions:** Questions about the child's illnesses or health problems of acute nature

Q		Response options / Variable name			
28	**Has the child ever had, or does the child have, any of the following symptoms or health problems?**				
	In version B & C	Has or has had **1-No** **2-Yes**	Before 3 years	3 years or older	Number of times last 12 months Number 0-99
	1.Tightness/wheezing/whistling in the chest	JJ635	JJ492	JJ493	JJ494
	2. Night cough without a cold	JJ636	JJ184	JJ495	JJ187
	3. Tightness/wheezing in the chest during or after physical exercise	JJ637	JJ189	JJ496	JJ192
	4. Runny nose without a cold	JJ638	JJ194	JJ497	JJ197
	5. Itchy/runny eyes without a cold	JJ639	JJ199	JJ498	JJ202
	6. Itchy rash that has come and gone for at least 6 months	JJ640	JJ204	JJ499	JJ207
	7. Hives/urticaria	JJ641	JJ501	JJ502	JJ503
	8. Stomach pains	JJ642	JJ209	JJ504	JJ212
	9. Migraine	JJ643	JJ214	JJ505	JJ217
	10. Other headache	JJ644	JJ219	JJ506	JJ222
	11. Diarrhoea	JJ645	JJ508	JJ509	JJ510
	12. Heartburn/acid reflux	JJ646	JJ512	JJ513	JJ514
	13. Ear infection	JJ647	JJ239	JJ515	JJ242
	14.Pneumonia/bronchitis	JJ648	JJ517	JJ518	JJ519
	15. Urinary tract infection	JJ649	JJ254	JJ520	JJ257
	16. Other	JJ650	JJ274	JJ521	JJ277
	Other, describe	JJ278			

Version A contains a list of illnesses that differ in some way from that in version B &C. The response columns are slightly different as well. See the table below:

6		Does the child have or has he/she ever had any of the following illnesses or health problems?				
			If yes, at what age			
	A	Had symptoms Yes.	Before 3 years old	3-5 year	6-7 year	Number of times in the last 12 months Number 0-99
	1.Wheezing/whistling in the chest	JJ173	JJ174	JJ175	JJ176	JJ177
	2. Tightness in the chest	JJ178	JJ179	JJ180	JJ181	JJ182
	3. Night cough without a cold	JJ183	JJ184	JJ185	JJ186	JJ187
	4. Tightness/wheezing in the chest during or after physical exercise	JJ188	JJ189	JJ190	JJ191	JJ192
	5. Runny nose without a cold	JJ193	JJ194	JJ195	JJ196	JJ197
	6. Itchy/runny eyes without a cold	JJ198	JJ199	JJ200	JJ201	JJ202
	7. Itchy rash that has come and gone for at least 6 months	JJ203	JJ204	JJ205	JJ206	JJ207
	8. Stomach pains	JJ208	JJ209	JJ210	JJ211	JJ212
	9. Migraine	JJ213	JJ214	JJ215	JJ216	JJ217
	10. Other headache	JJ218	JJ219	JJ220	JJ221	JJ222
	11. Vomiting or diarrhoea	JJ223	JJ224	JJ225	JJ226	JJ227
	12. Fever cramps	JJ228	JJ229	JJ230	JJ231	JJ232
	13. Throat infection	JJ233	JJ234	JJ235	JJ236	JJ237
	14. Ear infection	JJ238	JJ239	JJ240	JJ241	JJ242
	15. Bronchitis	JJ243	JJ244	JJ245	JJ246	JJ247
	16. Pneumonia	JJ248	JJ249	JJ250	JJ251	JJ252
	17. Urinary tract infection	JJ253	JJ254	JJ255	JJ256	JJ257
	18. Bone fractures	JJ258	JJ259	JJ260	JJ261	JJ262
	19. Other injuries	JJ263	JJ264	JJ265	JJ266	JJ267
	20. Meningitis	JJ268	JJ269	JJ270	JJ271	JJ272
	21. Other symptoms or illnesses (diseases?)	JJ273	JJ274	JJ275	JJ276	JJ277
	Other, describe	JJ278				

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed for MoBa to survey the occurrence of the illnesses or health problems of more acute nature among 7-year-old children.

4. **Revision during the data collection period:**
   Version A contains a list of illnesses that differ from that in version B &C. The response columns are slightly different as well (see tables above).

The child's diet

29. Food supplements

1. Name of original questions: Questions about the child's food supplements

Q	Response options / Variable name			
29	**Does your child take any of the following dietary supplements?** (Enter a cross for each line, for both frequency, amount and write brand name)			
	Liquid supplements		*No. of times per week* 1) 6-7 2) 4-5 3)1-3 4) <1 5) 0	*Amount per time* 1)1tsp 2)1childsp 3)1dessertsp
	1. Cod liver oil		JJ522	JJ523
	2. Omega 3,		JJ524	JJ525
	Omega 3, brand name:		JJ611	
	3. Sanasol/Biovit		JJ527	JJ528
	4. Other liquid dietary supplement		JJ529	JJ530
	Other liquid dietary supplement, brand name:		JJ612	
	Capsules/tablets			
	1. Omega 3		JJ532	JJ533
	Omega 3, brand name:		JJ613	
	2. Cod liver oil		JJ535	JJ536
	3. Multivitamins		JJ537	JJ538
	Multivitamins, brand name:		JJ406	
	4. Fluoride tablets		JJ539	JJ540
	5. Other dietary supplements		JJ541	JJ542
	Other dietary supplements, brand name:		JJ407	

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base Reference/Primary Citation:
Not relevant.

3. Rationale for choosing the questions:
These questions were developed for the purpose of surveying what dietary supplements are used among 7-year-old children.

4. Revision during the data collection period:
No revisions have been made.

30. Bread/crisp bread

1. **Name of original questions:** Questions about the child's consumption of bread/crisp bread

Q		Response options	Variable name
30	**How many slices of bread/crisp bread does your child usually eat per day?**		
	White bread	Number 0-99	JJ339
	Medium refined grain bread		JJ340
	Whole grain		JJ341
	Crisp bread		JJ342

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed to get information about the child's consumption of bread/crisp bread per day.

4. **Revision during the data collection period:**
   No revisions have been made.

31. Food items

1. **Name of original questions:** Questions about the child's consumption of food items

Q		Response options	Variable name
31	**How often does your child usually eat the following?**		
	Carrot	1) Never/seldom 2) 1-3 times per month 3) 1-2 times per week 4) 3-4 times per week 5) 5-6 times per week 6) 1 time or more per day	JJ376
	Cabbage, cauliflower, broccoli		JJ378
	Lettuce		JJ543
	Potatoes		JJ374
	Other vegetables		JJ381
	Oranges, clementine		JJ382
	Apple, pear, grapes		JJ544
	Banana		JJ383
	Other fresh fruit or berries		JJ386
	Ecologically grown fruits/vegetables		JJ387
	Sliced meat, liver pate, bologna or similar		JJ344
	Fish spread, including roe		JJ345
	Cheese (white/brown), cheese spread		JJ343
	Jam		JJ545
	Chocolate and nut spread		JJ348
	Peanut butter		JJ546
	Cornflakes, Honeycorn, Frosties or similar		JJ349
	Muesli/oatmeal		JJ547
	Yogurt (all types)		JJ548
	Egg		JJ346
	Rice, spaghetti, pasta		JJ375
	Fatty fish (salmon, mackerel, herring)		JJ364
	Other fish (cod, Pollock or similar)		JJ365
	Fish balls/fish pudding or similar		JJ366
	Shell fish		JJ549
	Pure meat (chops, steak etc.)		JJ550
	Pizza		JJ371
	Processed meats (beef-patties, sausages, meat balls)		JJ551
	Vegetarian dishes		JJ373
	Pancakes		JJ372
	Sweet buns/waffles/cakes		JJ388
	Ice cream and milk based desserts		JJ389
	Chocolate, sweets/candy		JJ390
	Peanuts		JJ391
	Other nuts		JJ552
	Potato crisps or similar		JJ392

2. **Description of original questions:** MoBa specific single questions based on Diet History Questionnaire (DHQ), which uses an embedded question approach directed by Fran Thompson and Amy Subar at the National Cancer Institute, USA (http://appliedresearch.cancer.gov/archive/#dhq2--dhq2_pastyear.pdf).

   Psychometric Information:
   Not relevant.

Base Reference/Primary Citation:
Not relevant.

3. **Rationale for choosing the questions:**
   These questions can be used as a measure of children's intake for nutrients through food consumption.

4. **Revision during the data collection period:**
   In version A, the food items are put into different categories (i.e. Topping and Cereals; Dinner; Vegetables and Fruits; Candy and snacks). Each category appears as an individual question. In addition, the food items 'Swedes' 'Spinach, green beans' 'peas' that are in version A are deleted in version B&C. Foot item 'Lettuce' is added in version B&C. The two food items 'Apple, pear' 'Grapes, melon' in version A are put into one item, namely 'Apple, pear, grapes.'

32. Beverage

1. **Name of original questions:** Questions about the child's beverage consumption

Q		Response options	Variable name
32	**How often does your child usually drink the following?**		
	Whole fat milk (sweet/sour)	1) Never/seldom 2) 1-3 glasses per month 3) 1-3 glasses per week 4) 4-6 glasses per week 5) 1-3 glasses per day 6) 4 glasses or more per day	JJ353
	Low fat-and skimmed milk		JJ354
	Chocolate milk		JJ355
	Biola/Cultured milk		JJ356
	Orange juice, other juice		JJ357
	Apple nectar/other nectar		JJ358
	Diluting squash with added sugar		JJ359
	Artificially sweetened diluting squash		JJ360
	Sodas with sugar (Coke or similar)		JJ361
	Diet sodas		JJ362
	Water		JJ363

2. **Description of original questions:** MoBa specific single questions based on Diet History Questionnaire (DHQ), which uses an embedded question approach directed by Fran Thompson and Amy Subar at the National Cancer Institute, USA (http://appliedresearch.cancer.gov/archive/#dhq2--dhq2_pastyear.pdf).

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   These questions can be used as a measure of children's intake for nutrients through beverage consumption.

4. **Revision during the data collection period:**
   The food item 'Diet sodas' in version B & C replaces 'Sodas artificial sweetened (Pepsi max or similar)' in version A. No further revisions have been made.

33-37. The child's dental health

1. **Name of original questions:** Five questions about the child's dental health

Q		Response options	Variable name
33	**How old was the child when he/she lost his/her first milk tooth?**		
		1- Age: ____	JJ332
		2- Don't remember	JJ333
		3- Hasn't lost one yet	JJ334
	How old was the child when he/she got his/her first milk tooth?		
Only in version A		1- Age: ____	JJ330
		2- Don't remember	JJ331
34	**How often are the child's teeth brushed by the child or others?**		
		1- Twice daily or more often 2- Once daily 3- Sometimes 4- Never/seldom	JJ335
35	**Have any cavities or early stages for cavities been found in the child's teeth?**		
In B & C		1- No 2- Yes	JJ553
	Has the child got filling in some of his/her teeth?		
In version A		1- No 2- Yes	JJ337
36	**Does the child get help to brush his/her teeth?**		
		1- Twice daily or more often 2- Once daily 3- Sometimes 4- Never/seldom	JJ554
37	**Does the child use dental floss (with help)?**		
In B & C		1- Once daily 2- Sometimes 3- Never/seldom	JJ555
	Does the child use fluoride tablets?		
In version A		1-No 2-Yes 3-Sometimes	JJ338

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed to get information about the child's dental health.

4. **Revision during the data collection period:**
   Some revisions have been made from version A to versions B&C (see table above). In addition, question 36 has three response options in version A: 'Daily', 'many times per week', 'Never/seldom,' whereas in B&C it has four response options.

The child's mother's health problems

38. History of illnesses/health problems

1. **Name of original questions:** Questions about the woman's illnesses or health problems

Q		Response options / Variable name				
38	Do you or have you ever had, any of the following illnesses or health problems?					
		Yes	Confirmed by a doctor? **Yes**	Symptoms started at **Age**	Symptoms the last year? **1-No 2-Yes**	Used medication for this during the last 12 months? **Yes**
	1. Asthma	JJ556	JJ557	JJ558	JJ559	JJ560
	2. Pollen allergy/hay fever	JJ561	JJ562	JJ563	JJ564	JJ565
	3. Tightness/wheezing/whistling in chest	JJ566	JJ567	JJ568	JJ569	JJ570

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed for MoBa to survey the history of the asthma, pollen allergy/hay fever, and tightness/wheezing/whistling in chest among the mothers. Whether the women's illness has been confirmed by a doctor is meant as an indicator of reliability of her response.

4. **Revision during the data collection period:**
   This section is not included in version A. No further revisions have been made.

39-40. Food allergy

1. **Name of original questions:** Questions about the woman's food allergy

Q		Response options / Variable name			
39	**Do you have, or have you ever had, a food allergy?**				
		1-No 2-Yes 3-Don't know			JJ571
40		**If yes, have you had an allergy to the following foods?**			
	B & C	Yes	Age when allergy started 1- Younger than 18 years old 2- Older than 18 years old	Eaten this last year? 1- No 2- Yes	Still allergic?
	1. Allergy to milk	JJ572	JJ573	JJ574	JJ575
	2. Allergy to egg	JJ576	JJ577	JJ578	JJ579
	3. Allergy to peanuts	JJ580	JJ581	JJ582	JJ583
	4. Allergy to other nuts	JJ584	JJ585	JJ586	JJ587
	5. Allergy to shellfish	JJ588	JJ589	JJ590	JJ591
	6. Allergy to fish	JJ592	JJ593	JJ594	JJ595
	7. Allergy to fruit	JJ596	JJ597	JJ598	JJ599
	8. Allergy to other foods	JJ600	JJ601	JJ602	JJ603
	If yes, which?				
	Wheat	JJ604			
	Soy	JJ605			
	Rye	JJ606			
	Other	JJ607			
	Other, describe	JJ608			

2. **Description of original questions:** MoBa specific single questions

   Psychometric Information:
   Not relevant.

   Base Reference/Primary Citation:
   Not relevant.

3. **Rationale for choosing the questions:**
   Questions were developed to get information about the mother's food allergy.

4. **Revision during the data collection period:**
   This section is not included in version A. No further revisions have been made.