



Questionnaire when your child is 8 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:

ABOUT YOUR CHILD

Child's friends and leisure time

1. What grade is your child in? 2nd grade 3rd grade 4th grade

2. Outside school hours: Approximately how many hours per week is your child physically active / takes part in sports (football, handball, skiing, gymnastics / dance, etc.)? (Also include hours of physical activity in afterschool (SFO)) (Please mark for both summer and winter)

	Summer	Winter
Less than 1 hour per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
5-7 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
8-10 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
11 hours or more per week	<input type="checkbox"/>	<input type="checkbox"/>

3. Approximately how many close friends does your child have? (not including siblings) None 1 friend 2-3 friends 4+friends

4. Outside of school / afterschool (SFO) – approximately how many days per week ...

	Never/ seldom	1 day	2-3 days	4-5 days	6-7 days
... does the child participate in various organized activities (including sports / music / drama group / other)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... does the child spend with friends / peers (outside organized activities)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How many hours on a typical weekday ...

	Never/ seldom	Less than 1 hour	1-2 hours	3-4 hours	5 hours or more
...does the child watch TV / DVD movies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...does the child play video games, computer games, or handheld video games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In the course of the past 12 months...

	Never	Seldom	2-3 times per month	Once a week	Many times per week
...has your child been teased or bullied by other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has your child teased or bullied other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has your child been subjected to hitting, kicking or other violence by other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has your child been subjected to hitting, kicking or other violence by adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your child's health

7. What is your child's height and weight now at 8 years of age?

Height cm Weight kg

8. Has your child ever had any of the following health problems?

- Rheumatoid arthritis/chronic joint inflammation Epilepsy Accidental injury with subsequent medical treatment
 Diabetes Cancer Cerebral palsy
 Chronic fatigue syndrome / ME Coeliac disease Other conditions / congenital syndromes, describe:

9. Has your child ever had any of the following health problems? (Please mark for each item.)

If yes, has your child been referred to a specialist?

	No	Yes, currently	Yes, in the past	No	Yes
1. Delayed psychomotor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Delayed or abnormal language development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Concentration or attention difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Autistic traits / autism / Asperger's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Behavioral problems (difficult and unruly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Emotional difficulties (sad or anxious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your child's behavior

10. The questions below concern how your child has felt or behaved recently.

Mark how true each item has been for your child during the two last weeks. (Mark one box per line.)

	Not true	Sometimes true	True
1. Was miserable or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Felt so tired he/she just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Felt he/she was no good anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hated him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Thought he/she could never be as good as other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Thought that nobody really loved him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Felt he/she was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Thought he/she did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Think back over the last year. How well do these statements apply to your child's behavior over the past year?

(Mark one box per line.)

	Not typical	Not very typical	Quite typical	Typical	Very typical
1. Is easily caught up in problems (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a broad range of interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Makes an all-out effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Obeys without protests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Takes himself/herself into consideration first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is quick to worry about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Forgets anything and everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is constantly on the move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Prefers to leave work to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Talks to people easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does everything to get his/her own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Derives pleasure from creating things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is not very thorough (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Doubt himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Finishes tasks to the very end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Imposes her or his will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is readily discouraged by imminent failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is chatty (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Enjoys life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is quick to understand things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is easily incensed by things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is quick to doubt his/her own capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has an infectious laugh (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has a rich imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Talks about own feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Carries out work to the last detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Has confidence in own abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Doesn't envy others (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is interested in all that is new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Can express himself/herself well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Mark the box that best describes your child's behavior during the last 12 months / last year.

(Mark one box per line.)

	Never	Seldom	Sometimes	Often
1. Bullies, threatens or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Initiates physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has been physically cruel to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4. Has harassed or injured animals physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has stolen items of nontrivial value without confronting a victim (e.g. shoplifting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has deliberately destroyed other's property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has been truant from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has used an object that can cause serious physical harm to others (e.g. a bat, stone, knife, heavy toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Mark the box that best describes your child's behavior over the past 6 months

(Mark one box per line.)

	Never/ seldom	Some- times	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty sustaining attention in tasks or play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through on instructions and fails to finish schoolwork, tasks or duties (do not include difficulties due to defiance or lack of understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing or planning tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes or is reluctant to start tasks that require mental effort (such as schoolwork / homework, other assignments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (pencils, books, toys)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fidgets with hands or feet and / or squirms in seat (sits uneasily)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected (e.g. at the table or in group gathering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs excessively in situations in which it is inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is "on the go" or acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty awaiting his/her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes on others, such as in conversation or play (*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Loses temper (tantrums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Actively defies or refuses to comply with adults' requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Deliberately annoys people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Blames others for his/her mistakes or misbehaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is touchy or easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is angry and resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is spiteful or vindictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. The questions below are about how your child has felt or behaved recently.

(Mark one box per line.)

	Not true	Sometimes true	Often true
1. My child gets really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My child is afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People tell my child that he/she worries too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child is scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child is shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About your child's ability to communicate and interest in others

15. Your child's use of language with others

(Mark one box for each question whether you think it applies for your child or not)

	Ja	Nei
1. Is he/she now able to talk using short phrases or sentences?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a to and fro "conversation" with her/him that involves taking turns or building on what you have said?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does she/he ever use odd phrases or say the same thing over and over in almost exactly the same way (either phrases that she/he hears other people use or ones that she/he makes up)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child ever use socially inappropriate questions or statements? For example, does your child ever regularly ask personal questions or make personal comments at awkward times?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child ever get his/her pronouns mixed up (i.e. saying "you" or "he/she" instead of "I")?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child ever use words that he/she seems to have invented or made up himself/herself, put things in odd, indirect ways or use metaphorical ways of saying things? (e.g. saying "hot rain" for "steam")	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child ever say the same thing over and over in exactly the same way or insist that you say the same thing over and over again?	<input type="checkbox"/>	<input type="checkbox"/>

16. Your child's behavior

(Mark one box for each question whether you think it applies for your child or not)

	Ja	Nei
8. Does your child ever have things that he/she seems to have to do in a very particular way or order, or rituals that the child insists that you go through?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child's facial expression usually seem appropriate to the particular situation, as far as you can tell?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child ever use your hand like a tool or as if it were part of his/her own body (e.g. pointing with your finger or putting your hand on a doorknob to get you to open the door)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your child ever have any interests that preoccupy him/her and might seem odd to other people (e.g. traffic lights, drainpipes or timetables)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your child ever seem to be more interested in parts of a toy or an object, rather than in using the object as it was intended (e.g. spinning the wheels of a car)?	<input type="checkbox"/>	<input type="checkbox"/>

	Ja	Nei
13. Does your child ever have any special interests that are unusual in their intensity, but otherwise appropriate for his/her age and peer group (e.g. trains or dinosaurs)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your child ever seem to be unusually interested in the sight, feel, sound, taste or smell of things or people?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your child ever have any mannerisms or odd ways of moving his/her hands or fingers, such as flapping or moving his/her fingers in front of his/her eyes?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does your child ever have any complicated movements of his/her whole body, such as spinning or repeatedly bouncing up and down?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your child ever injure himself/herself deliberately, such as by biting his/her arm or banging his/her head?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your child ever have any objects that he/she has to carry around (other than a soft toy or comfort blanket)?	<input type="checkbox"/>	<input type="checkbox"/>
17. About social development and interest in others		
<i>(Mark <u>one box</u> for each question whether you think it applies for your child or not)</i>		
	Ja	Nei
19. Does your child have any particular friends or a best friend?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your child ever talk with you just to be friendly (rather than to get something)?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does your child ever spontaneously copy you (or other people) or what you are doing (such as vacuuming, gardening or mending things)?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does your child ever spontaneously point at things around him/her just to show you things (not because he/she wants them)?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your child ever use gestures, other than pointing or pulling your hand, to let you know what he/she wants?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your child nod his/her head to indicate yes?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does your child shake his/her head to indicate no?	<input type="checkbox"/>	<input type="checkbox"/>
26. Does your child usually look at you directly in the face when doing things with you or talking with you?	<input type="checkbox"/>	<input type="checkbox"/>
27. Does your child smile back if someone smiles at him/her?	<input type="checkbox"/>	<input type="checkbox"/>
28. Does your child ever show you things that interest him/her to engage your attention?	<input type="checkbox"/>	<input type="checkbox"/>
29. Does your child ever offer to share things other than food with you?	<input type="checkbox"/>	<input type="checkbox"/>
30. Does your child ever seem to want you to join in his/her enjoyment of something?	<input type="checkbox"/>	<input type="checkbox"/>
31. Does your child ever try to comfort you when you are sad or hurt?	<input type="checkbox"/>	<input type="checkbox"/>
32. If your child wants something or wants help, does he/she look at you and use gestures with sounds or words to get your attention?	<input type="checkbox"/>	<input type="checkbox"/>
33. Does your child show a normal range of facial expressions?	<input type="checkbox"/>	<input type="checkbox"/>
34. Does your child ever spontaneously join in and try to copy the actions in social games, such as "The Mulberry Bush" or "London Bridge is Falling Down"?	<input type="checkbox"/>	<input type="checkbox"/>
35. Does your child play any pretend or make-believe games?	<input type="checkbox"/>	<input type="checkbox"/>
36. Does your child seem interested in other children of approximately the same age whom he/she does not know?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does your child respond positively when another child approaches him/her?	<input type="checkbox"/>	<input type="checkbox"/>
38. If you come into a room and start talking to your child without calling his/her name, does he/she usually look up and pay attention to you?	<input type="checkbox"/>	<input type="checkbox"/>
39. Does your child ever play imaginative games with another child in such a way that you can tell that each child understands what the other is pretending?	<input type="checkbox"/>	<input type="checkbox"/>
40. Does your child play cooperatively in games that need some form of joining in with a group of other children, such as hide-and-peek or ball games?	<input type="checkbox"/>	<input type="checkbox"/>

About your child's eating habits

18. How well does this apply to your child?

	Never	Seldom	Some- times	Often	Always
1. The child enjoys tasting new food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The child gets full up easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The child eats more when he/she is happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Given the choice, the child would eat most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The child eats slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The child eats more when worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The child takes more than 30 minutes to finish a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The child gets full before his/her meal is finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The child enjoys a wide variety of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The child is interested in tasting food he/she has not tasted before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If given the chance, the child would always have food in his/her mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The child eats more when anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If allowed to, he/she would eat too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The child eats less when he/she is upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The child leaves food on his/her plate at the end of a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The child eats less when he/she is angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The child eats more and more slowly during the course of a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The child eats more when annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Consider whether this applies to your child during the last 6 months

	No	Yes		
1. Has your child ever eaten what most people would think was a really big amount of food?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Did you have the impression that the child could not stop eating or that the child could not control what or how much he/she was eating?	<input type="checkbox"/>	<input type="checkbox"/>		
	2 times a week or more	1 time a week	More seldom	Never
3. How often has your child eaten a really big amount of food when you at <u>the same time</u> had the impression that he/she was out of control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About language and school

20. How often you think this is typical for your child

	Never or rarely	Some- times	Often	Very often
1. Forgets words s/he knows – e.g. instead of “rhinoceros” may say “you know, the animal with the horn on its nose...”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Uses terms like “he” or “it” <u>without</u> making it clear what s/he is talking about. For instance, when talking about a film, might say “he was really great” without explaining who “he” is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Misses the point of jokes and puns (though may be amused by nonverbal humour such as slapstick).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can be hard to tell if s/he is talking about something real or make-believe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sjelden eller aldri	En gang i blant	Regelmessig	Ofte eller bestandig
5. Leaves out past tense – ed endings on words, May for instance say “John kick the ball” instead of “John kicked the ball”, or “Eva buy soda” instead of “Eva bought soda”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Takes in just 1-2 words in a sentence, and so misinterprets what has been said. E.g. if someone says “I want to go skating next week”, s/he may think they’ve been skating, or want to go now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gets the sequence of events muddled up when trying to tell a story or describe a recent event. E.g. if describing a film, might talk about the end before the beginning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Doesn’t explain what s/he is talking about to someone who doesn’t share his/her experiences; for instance, might talk about “Jon” without explaining who he is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It is hard to make sense of what s/he is saying, even though the words are clearly spoken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Uses appropriate language to talk about what s/he plans to do in the future (e.g. what s/he will do tomorrow, or plans for going on holiday).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. You can have an enjoyable, interesting conversation with him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Produces long and complicated sentences such as: “When we went to the park I had a go on the swings”; “I saw this man standing on the corner”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Uses words that refer to whole classes of objects, rather than a specific item. E.g. refers to a table, chair and drawers as “furniture”, or to apples, bananas and pears as “fruit”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Speaks fluently and clearly, producing all speech sounds accurately and without hesitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Explains a past event clearly (e.g. what s/he did at school or what happened at a football game).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When answering a question, provides enough information without being over-precise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Mark each statement according to how well you think it fits your child.

Try to answer all, even if you are not completely sure. Mark a number between 1 and 5 depending on how well you think it fits your child, even if the statement is only partially right.

Does not fit/ completely wrong
1 2 Both yes and no
3 4 Fits well/ absolutely right
5

1. Mixes up words with similar meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty understanding what ordinary words mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has difficulty answering questions as quickly as others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is often searching for the right words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty in using complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is using short sentences when s/he is responding to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has difficulty in retelling a story s/he has heard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Forgets words s/he knows the meaning of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How is your child enjoying school?

Very poor Poor Ok Well Very well

23. How is the school organized?

- Open classrooms
- Set classrooms

How many students are there in the child's class?

24. Does your child have a place in an afterschool program?

- No Yes, the child spends approximately hours per week at an afterschool program.

25. All children take mandatory tests at school: reading in 1st grade and reading and arithmetic in 2nd grade.

Parents are usually informed of the results during parent-teacher discussions.

What feedback have you gotten about your child?	Has mastered subject well	Must work more but teacher is not concerned	Teacher is concerned	Don't know not discussed with teacher
...Reading skills in 1st grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Reading skills in 2nd grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Arithmetic skills in 2nd grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Has an administrative decision been made about your child need for special education?*(Cross off for each line.)*

			If yes, how much help has been allocated?		
	No	Yes	Minimal (less than 3 h/week)	Some (3-5 h/week)	A lot (6 h/week or more)
In Norwegian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In arithmetic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In other subjects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child receive any other educational support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child get extra help (e.g., an assistant) at school because of a disability or a developmental problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. About homework

Approximately how many hours per week...	No homework	0 hour	1-2 hours	3-4 hours	5-6 hours	7 hours or more
...does your child spend doing homework at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...does your child get help doing homework at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...does your child get help doing homework at school or afterschool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Enter a cross indicating what your child masters:

	Yes	Partially	Not yet
1. Reads simple stories aloud, with ease, when asked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identifies all lowercase printed letters (i.e. a,b,c) and uppercase (i.e. A,B,C) of the alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reads (aloud or covertly) and understands texts suitable for 7-8 year olds (e.g. simple children's books, cartoon strips).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Writes simple information/messages at least three sentences long (for example, notes, e-mail, SMS etc.) May make small errors in spelling or sentence structure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Writes reports, papers, or essays at least one page long; may use computer. May make small errors in spelling or sentence structure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. About your child's language skills

	Very difficult 1	2	3	4	Very easy 5
1. How easy is it for <u>you</u> to understand what your child is saying to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How easy is it for <u>strangers</u> to understand what your child is saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very poor	Poor	Average	Good	Very good
3. How do you rate your child's ability to tell a story?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate your child's ability to communicate his/her own needs in a way understandable to adults and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How often do you read to your child? Never 1-2 times a week 3-4 times a week 5-6 times a week Every day

31. a) How long does your child like to sit still and be read to? (Mark only one)

- Is never read to
- 5 minutes or less
- 6-15 minutes
- 16-45 minutes
- More than 45 minutes

31. b) How long does your child sit still and read by him/herself?

- Never reads by him/herself
- 5 minutes or less
- 6-15 minutes
- 16-45 minutes
- More than 45 minutes

31. c) What types of books does your child like to read by him/herself? (Mark only the one that is most usual)

- Does not like to read by him/herself
- Picture books (only a few words)
- Simple stories, both images and text on each page
- Books with chapters (almost text only)
- Do not know

32. Consider these statements about cooperation and communication between parents and school

	Very true	Quite true	Not very true	Not true at all
I/we are well informed about our child's curriculum at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we get sufficient information about how our child is enjoying and coping at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we are not well included in discussions about our child's social development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we get little information about how our child learns his/her subjects at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. About how many hours does the child usually sleep on weeknights?

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

34. On the whole, do you think the child currently has problems in one or more of the following areas?

- | | No | Yes |
|---------------------------|--------------------------|--------------------------|
| Concentration | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotions | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting along with others | <input type="checkbox"/> | <input type="checkbox"/> |
| Language | <input type="checkbox"/> | <input type="checkbox"/> |

- | | No | Yes, a little | Yes, a lot |
|---|--------------------------|--------------------------|--------------------------|
| 1. If yes, is the child disturbed or bothered by these problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do these problems affect the child's daily life in any of the following areas? | | | |
| - At home/with the family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - In relationships with friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Learning at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ABOUT YOU

Work, household

35. Are you currently in paid employment?

- Yes
 Yes, but I am on partial sick leave
 Yes, but I am on full sick leave
 No

36. What is your highest level of completed education?

- 9-year elementary education
 1 – 2 years in high school
 Vocational high school
 General studies, 3-year high school
 College, university up to 4 years
 College, university more than 4 years

37. How many children (under 20) live in your household?

Number of children

38. Who do you live with, other than your own child?

- Spouse Partner Other children Other people No one

39. Do you live with the child's father?

- Yes No, we have separated No, I have never lived with the child's father

If you have separated, how old was your child when you split up? The child was years

About exercise, weight and eating

40. How physically active are you? Here we ask about how long you do activities in which you become short of breath or sweat. Include activities both at home and at work. (Mark one box per line.)

Duration of activity where you become breathless or sweaty (Cross off for each line)	How often?					
	Never	Less than once per week	Once per week	2 times per week	3-4 times per week	5 times or more per week
Less than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 30-60 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 60 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. What is your current height and weight?

Height cm Weight kg

42. Have you ever had a period of time where you weighed much less than others thought you should?

No, go to question 43

Yes, I was years old, weighed kg, and was cm high

- | | Not at all | A little | Vert much |
|--|--------------------------|--------------------------|--------------------------|
| 1. During that time, did you feel fat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. During that time, were you afraid that you might gain weight or become fat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. When was the last time you weighed so little, and yet felt fat and/or were afraid about gaining weight?

I was years old ...Is this still the case? No Yes

43. During the last year, have you ever had eating binges when you ate what most people would regard as an unusually large amount of food in a short period of time?

No (go to question 44)

Yes

In the period when you had the most number of eating binges, how many times did this happen in the course of one month?

--	--

Did you feel that your eating was out of control?

- No
 Yes, somewhat out of control
 Yes, absolutely out of control

How upset or distressed did binge eating usually make you feel?

- Not at all
 Somewhat
 Very much

44. During the last year, have you used any of the following methods to control your shape or weight?

	Never	Some-times	Weekly	Several times per week
Make yourself vomit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use laxatives or diuretic pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast or not eat for 24 hours or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use diet pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise more than two hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. In general, how important is shape and weight for your self-esteem?

	1	2	3	4	5	
Not important at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The most important thing

Pregnancy and illness

46. Are you pregnant now? No Yes

47. Have you given birth in the past year? No Yes

48. Do you have/ have you had any of the following disorders/ illnesses?

	No, never	Not now, but in the past	Yes, now	Have you been treated for the problem/illness?	
				No	Yes
1. ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reading and writing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have or have you had any other serious illness or health problem?

No Yes If yes, what was the name of the illness (es)? _____

A little more about how you are now

49. How much have the following problems bothered you during the past week? (Mark one box per line.)

	Not at all	A little bit	Some-what	Very much	Ekstre-mely
1. Fear of embarrassment cause me to avoid doing things or speaking to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I avoid activities in which I am the centre of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Being embarrassed or looking stupid are among my worst fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. How much do you agree with these descriptions? ()***(Mark one box per line.)*

	Strongly dis-agree	Dis-agree	Slightly dis-agree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
1. In most ways my life is close to my ideal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The conditions of my life are excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. So far I have gotten the important things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If I could live my life over, I would change almost nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. In the past 6 months have you experienced any of the following?

	Yes	No
1. A spell or attack when all of sudden you felt frightened, anxious or very uneasy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Spells or attacks when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath?	<input type="checkbox"/>	<input type="checkbox"/>
3. If you have had such attacks, did they ever happen in a situation where you were not in danger or not the center of attention?	<input type="checkbox"/>	<input type="checkbox"/>

52. During the last 2 weeks have you been bothered by any of the following? ()***(Mark one box per line.)*

	Not at all	A little	Quite a bit	Extremely
1. Constantly fearful or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling that everything is an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Do you have anyone other than your spouse / partner who you can ask advice from in a difficult situation?

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

54. How often do you meet or talk on the telephone with family (outside the household) or close friends?

- Several times per week
 1-4 times per month
 Less often

55. Below are a number of statements about your family. The statements may not describe how you are in your family. Nonetheless, please rate each item according to how often it typically occurs in your home.*(Mark one box per line.)*

	Never	Almost never	Some-times	Often	Always
1. You let your child know when he / she is doing a good job with something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You threaten to punish your child and then do not actually punish him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your child fails to leave a note or let you know where he /she is going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your child talks you out of being punished after he/she has done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Your child stays out in the evening after the time he / she is supposed to be home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You compliment your child after he / she has done something well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. You praise your child if he / she behaves well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Your child is out with friends you do not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You let your child out of a punishment early (like lift restrictions earlier than you originally said)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol and smoking

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

Do not smoke

Smokes sometimes,
no. of. cigarettes per week:

Smoke daily, no. of. cigarettes daily:

57. Does the child's father smoke? If yes, how many cigarettes?

Does not smoke

Smokes sometimes,
no. of. cigarettes per week:

Smoke daily, no. of. cigarettes daily:

58. How often do you drink alcohol now?

About 6-7 times per week

About 1-3 times per month

About 4-5 times per week

Less than once a month

About 2-3 times per week

Never

About once per week

Units of alcohol

In order to compare amounts of different types of drinks, we ask you about consumption of what is called alcohol units (= 1,5cl pure alcohol). In practice that means:

1 glass (1/3 litre) of beer = 1 unit

1 glass of red or white wine = 1 unit

1 small glass of sherry or other fortified wine = 1 unit

1 drink of liquor or liqueur = 1 unit

1 bottle of alcopops or cider = 1 unit

59. How many alcohol units do you have on a typical day when you are drinking?

10 or more 7-9 5-6 3-4 1-2 Less than 1

60. How often during the last year

	Never	Less than monthly	Monthly	Weekly	Daily/ almost daily
....have you had 6 or more drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....have you failed to do what was normally expected from you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....have you had a feeling of guilt or remorse after drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....have you been unable to remember what happened the night before because you had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No		Yes, but not i the last year		Yes, during the last year
Have you or someone else been injured as a result of you drinking?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has a relative, friend or doctor (or other health worker) been concerned about your drinking or suggested that you cut down?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Notes:

(*): The phrasing differs somewhat from the official English version of the instrument. Please see further explanation in the documentation report.

(**): In this questionnaire we have included the original English instrument on which the Norwegian version of the instrument was built. In the earlier questionnaires (pregnancy to 5 years) an English version was created by translating the Norwegian instrument back into English. This is the explanation for some differences between the original and the translated English versions of the instrument. The Norwegian version of the instrument is unchanged.