Den norske **mor og barn**-undersøkelsen

Questionnaire for Fathers

This form will be read by a machine. It is therefore important that you write clearly using a blue or black ballpoint pen:

- In the small checkboxes, put **a cross** in the box for the answer you consider most appropriate, e.g.: [X]
- If you put a cross in the wrong box, you can correct it by filling in the box completely, e.g.: ■
- The boxes for numbers often consist of two or more boxes. Use the right-hand box to enter a single-digit number. *For example, "5" should be entered as:* [| 5]

State the date on which you complete this form [ ][ ] day [ ][ ] month [ ][ ][ ][ ] year *(state years using four digits, e.g. 2015)*

HEALTH

1. What is your health like at the moment?

Poor	Fair	Good	Excellent
☐	☐	☐	☐

2. Do you currently have or have you ever had any of the following diseases/ailments? *(Insert one cross per line.)*

	No	Yes	If Yes, how old were you the first time?
1. Heart attack	☐	☐	[ ][ ] years old
2. Angina pectoris (angina)	☐	☐	[ ][ ] years old
3. Heart failure	☐	☐	[ ][ ] years old
4. Other heart disease	☐	☐	[ ][ ] years old
5. Seizures with wheezing or difficulty breathing	☐	☐	[ ][ ] years old
6. High blood pressure	☐	☐	[ ][ ] years old
7. Stroke/brain haemorrhage	☐	☐	[ ][ ] years old
8. Kidney disease	☐	☐	[ ][ ] years old
9. Asthma	☐	☐	[ ][ ] years old
10. Chronic bronchitis, emphysema, COPD	☐	☐	[ ][ ] years old
11. Type 1 diabetes	☐	☐	[ ][ ] years old
12. Type 2 diabetes	☐	☐	[ ][ ] years old
13. Diabetes, other type or unknown	☐	☐	[ ][ ] years old
14. Psoriasis	☐	☐	[ ][ ] years old

Continued on next page

FHI

Do you currently have or have you ever had any of the following diseases/ailments? *(Insert one cross per line.)*

	No	Yes	If Yes, how old were you the first time?
15. Epilepsy	☐	☐	years old
16. Multiple sclerosis (MS)	☐	☐	years old
17. Parkinson's disease	☐	☐	years old
18. Rheumatoid arthritis	☐	☐	years old
19. Prolapsed disc	☐	☐	years old
20. Ankylosing spondylitis (AS)	☐	☐	years old
21. Osteoporosis	☐	☐	years old
22. Fibromyalgia	☐	☐	years old
23. Chronic fatigue syndrome (ME)	☐	☐	years old
24. Tension headache	☐	☐	years old
25. Migraine	☐	☐	years old
26. Gout	☐	☐	years old
27. Coeliac disease	☐	☐	years old
28. Loss of hearing	☐	☐	years old
29. Osteoarthritis (arthrosis)	☐	☐	years old
30. Alcohol/drug abuse	☐	☐	years old
31. Severe depression	☐	☐	years old
32. Anxiety disorder	☐	☐	years old
33. Bipolar disorder	☐	☐	years old
34. Mental disorders for which you have sought help	☐	☐	years old
35. Cancer	☐	☐	years old
If Yes, please specify _____			
36. Other serious illness	☐	☐	years old
If Yes, please specify _____			

3. Do you have any parents or siblings who either currently have or have had the following diseases?
(Insert one cross per line.)

	No	Yes	Don't know
1. Stroke or brain haemorrhage before the age of 60	☐	☐	☐
2. Myocardial infarction before the age of 60	☐	☐	☐
3. Cancer before the age of 60	☐	☐	☐

4. Have you been admitted to hospital during the past 12 months?

☐ No ☐ Yes

5. How tall are you?

☐☐☐ cm

6. How much do you currently weigh?

☐☐☐ kg

7. Approximately how much did you weigh when you were 18?

☐☐☐ kg ☐ Don't remember

PAIN

If you are experiencing several types of pain, please answer for the pain that causes you the most trouble.

8. Have you experienced any pain during the past four weeks?

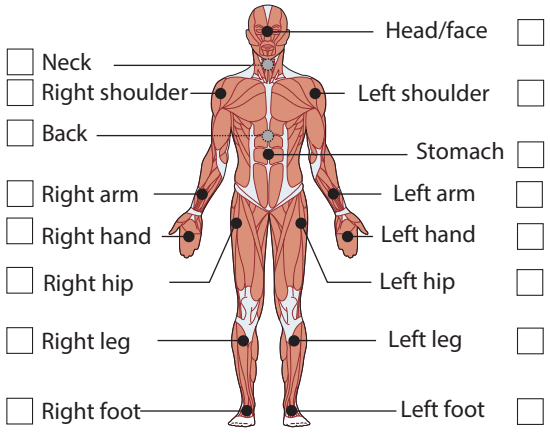
☐ No, none at all *(go to question 14)*
☐ Yes, less than every week
☐ Yes, every week, but not every day
☐ Yes, every day, but not constantly
☐ Yes, constantly

(You should only answer questions 9-13 if you have experienced pain during the past four weeks.)

9. For how long have you been experiencing this pain?

☐ Less than 3 months
☐ 3-5 months
☐ 6-11 months
☐ 1-3 years
☐ More than 3 years

10. Have you experienced any pain during the past four weeks?
(Insert one or more crosses.)



		0	1	2	3	4	5	6	7	8	9	10	
11. How severe is the pain normally?	No pain at all	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Worst imaginable pain
12. To what extent does the pain prevent you from doing your daily activities?	Does not prevent my activities	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Prevents all my activities

13. How often during the past four weeks have you taken the following medicines?

	Never	1 day a week or less	2-3 days a week	4 days a week or more
1. Paracetamol *(e.g. Paracet, Panodil, Pamol, Pinex, Therimin)*	☐	☐	☐	☐
2. Ibuprofen *(e.g. Ibux, Ibumetin, Burana)*	☐	☐	☐	☐
3. Diclofenac *(e.g. Voltarol)*	☐	☐	☐	☐
4. Phenazone *(e.g. Phenazone caffeine, Phanalgin)*	☐	☐	☐	☐
5. Naproxen *(e.g. Proxan)*	☐	☐	☐	☐
6. Acetylsalicylic acid *(e.g. Aspirin, Globoid, Dispril)*	☐	☐	☐	☐
7. Other non-prescription painkilling medicines,	☐	☐	☐	☐

please specify: _____

Diet and eating habits

14. Consider what you have eaten during the past year and indicate how often you normally eat each food product.

	Rarely/ never	About once a month	2-3 times a month	1-3 times a week	4-6 times a week	Once a day or more
1. Carrots, swedes/turnips, celery	☐	☐	☐	☐	☐	☐
2. Potatoes	☐	☐	☐	☐	☐	☐
3. Cabbage, cauliflower, broccoli, sprouts	☐	☐	☐	☐	☐	☐
4. Onions, leek, garlic	☐	☐	☐	☐	☐	☐
5. Other vegetables *(e.g. peas, spinach, lettuce, tomatoes)*	☐	☐	☐	☐	☐	☐
6. Apples, pears, plums	☐	☐	☐	☐	☐	☐
7. Other fruit *(e.g. banana, oranges, grapes)*	☐	☐	☐	☐	☐	☐
8. Berries *(e.g. strawberries, raspberries, blueberries)*	☐	☐	☐	☐	☐	☐
9. Nuts *(not peanuts)*/seeds	☐	☐	☐	☐	☐	☐
10. Egg *(boiled, fried, scrambled)*	☐	☐	☐	☐	☐	☐
11. Fish and fish products, both for evening meals and as sandwich fillings	☐	☐	☐	☐	☐	☐
12. Shellfish *(prawns, crab, mussels)*	☐	☐	☐	☐	☐	☐
13. Chicken/turkey	☐	☐	☐	☐	☐	☐
14. Clean or cultured beef, pork or lamb *(roast, chops, fillets, steak)*	☐	☐	☐	☐	☐	☐
15. Processed meat products *(sausages, burgers, meatballs, etc.)*	☐	☐	☐	☐	☐	☐
16. Lentils, beans, chickpeas	☐	☐	☐	☐	☐	☐
17. Olive oil/canola oil *(for salads and cooking)*	☐	☐	☐	☐	☐	☐
18. Coarse cereal products *(wholemeal bread, crispbread, unsweetened muesli etc.)*	☐	☐	☐	☐	☐	☐
19. Oat porridge	☐	☐	☐	☐	☐	☐
20. Rice/pasta	☐	☐	☐	☐	☐	☐
21. Cakes, chocolate, ice cream, confectionary	☐	☐	☐	☐	☐	☐
22. Salty snacks *(e.g. crisps, peanuts)*	☐	☐	☐	☐	☐	☐

15. How often have you drunk the following during the past year?

	Less than weekly	1-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ times a day
1. Water	☐	☐	☐	☐	☐	☐
2. Fruit juices/smoothies	☐	☐	☐	☐	☐	☐
3. Biola/Cultura/Activia/other probiotic products	☐	☐	☐	☐	☐	☐
4. Other milk and dairy products *(e.g. ordinary milk, yogurt)*	☐	☐	☐	☐	☐	☐
5. Sweet drinks *(e.g. Coca-Cola, blackcurrant juice, nectar)*	☐	☐	☐	☐	☐	☐
6. Artificially sweetened beverages *(e.g. Zero, light soda, FUN)*	☐	☐	☐	☐	☐	☐
7. Filter/instant coffee	☐	☐	☐	☐	☐	☐
8. Brewed/cafetière coffee	☐	☐	☐	☐	☐	☐
9. Other coffee *(e.g. espresso, coffee latte)*	☐	☐	☐	☐	☐	☐

16. Do you eat fast food (from a fast food outlet, etc.) more than once a week? ☐ No ☐ Yes

17. Do you skip breakfast more than twice a week? ☐ No ☐ Yes

18. How often have you taken dietary supplements during the past year?

State the number of months during which you have taken dietary supplements and the number of times a week you took them during that period.

	Have you taken any dietary supplements during the past year?		If Yes, how often?	
	No	Yes	Number of months past year	Number of times a week
1. Multivitamins/mineral supplements	☐	☐	☐☐	☐☐
2. Cod liver oil or other omega-3 supplements	☐	☐	☐☐	☐☐
3. Protein supplements	☐	☐	☐☐	☐☐

LIFESTYLE HABITS

19. Did your father smoke when you were a child? ☐ No ☐ Yes ☐ Don't know

20. Did your mother smoke when you were a child? ☐ No ☐ Yes ☐ Don't know

21. Do you smoke or have you smoked in the past?

☐ No, I have never smoked
☐ Yes, but not anymore
☐ Yes, occasionally *(parties/holiday, not daily.)*
☐ Yes, daily

If you have never smoked daily, please go to question 25.

Please answer this question if you currently smoke daily or have smoked daily in the past.

22. How many cigarettes a day do/did you normally smoke? ☐☐ cigarettes per day

23. How old were you when you started smoking? ☐☐ years old

24. If you have previously smoked, how old were you when you stopped? ☐☐ years old

25. Do you currently use or have you previously used smokeless/chewing tobacco ('snus')?

☐ No, never ☐ Yes, but not anymore ☐ Yes, occasionally ☐ Yes, daily

If you have never used snuff daily, please go to question 29.

Please answer this question if you currently use or have previously used snuff daily:

26. How many boxes of 'snus' do/did you use per month? ☐☐ boxes of 'snus' per month

27. How old were you when you started using 'snus'? ☐☐ years old

28. If you have previously used 'snus', how old were you when you stopped? ☐☐ years old

29. How often do you drink alcohol?

☐ Never
☐ Once a month or less
☐ Two to four times a month
☐ Two to three times a week
☐ Four or more times a week

Units of alcohol: So that we can compare different types of alcohol,
please state the number of alcohol units (= 15 millilitres of pure alcohol).
In practice, this means the following:

1 glass (1/3 litre) of beer	= 1 unit
1 wine glass of red or white wine	= 1 unit
1 sherry glass of sherry or other strong wine	= 1 unit
1 dram glass of spirits	= 1 unit

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

☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-9 ☐ 10 or more

	Never	Less than monthly	Monthly	Weekly	Daily/ almost daily
31. How often do you drink six alcohol units or more?	☐	☐	☐	☐	☐
32. How often during the past year have you found that you were not able to stop drinking once you had started?	☐	☐	☐	☐	☐
33. How often during the past year have you failed to do what was normally expected from you because of drinking?	☐	☐	☐	☐	☐
34. How often do you start your day with alcohol?	☐	☐	☐	☐	☐
35. How often during the past year did you have feelings of guilt over your drinking?	☐	☐	☐	☐	☐
36. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	☐	☐	☐	☐	☐

	No	Yes, but not during the past year	Yes, during the past year
37. Have you or someone else been injured as a result of your drinking?	☐	☐	☐
38. Has a relative, friend or doctor been concerned about your drinking or suggested you should cut down?	☐	☐	☐

39. Have you ever used cannabis?

☐ No ☐ Yes, more than a year ago ☐ Yes, during the past year

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. *(Insert one cross for each line.)*

	Never	Less than once a week	once a week	2 times a week	3-4 times a week	5 times a week or more
1. How often do you exercise for less than 30 minutes?	☐	☐	☐	☐	☐	☐
2. How often do you exercise for 30-60 minutes?	☐	☐	☐	☐	☐	☐
3. How often do you exercise for more than 60 minutes?	☐	☐	☐	☐	☐	☐

41. Roughly how many hours do you spend sitting during a normal day? *(work, travelling, TV, reading, PC, etc.)*

☐ Less than 4 hours ☐ 5-8 hours ☐ 9-12 hours ☐ 13-14 hours ☐ 15 hours or more

SUNBATHING

42. What is your natural hair colour?

☐ Dark brown or black
☐ Brown
☐ Blond
☐ Ginger

43. How many moles would you roughly estimate you have on your legs?

☐ 0 ☐ 1 ☐ 2-3 ☐ 4-6 ☐ 7-12 ☐ 13-24 ☐ 25+

44. If you sunbathe for a long time at the start of the summer without applying sunscreen, how does your skin turn?

☐ Brown without first turning red
☐ Red
☐ Red with stinging
☐ Red with stinging and blisters

45. After repeated and prolonged sunbathing, what colour does your skin turn?

☐ Deep brown
☐ Brown
☐ Light brown
☐ Never brown

46. On average, how many times a year over the past five years has your skin got so burnt that it became irritated, blistered and flaked off?

☐ Never
☐ No more than once a year
☐ 2-3 times a year
☐ 4-5 times a year
☐ 6 times or more a year

47. On average, how many weeks a year have you spent on holiday in a sunny climate (e.g. the Mediterranean) during the past five years?

- ☐ None
- ☐ 1 week per year
- ☐ 2-3 weeks per year
- ☐ 4-6 weeks per year
- ☐ 7 weeks or more per year

48. On average, how often have you used a solarium during the past five years?

- ☐ Never
- ☐ Less than once a month
- ☐ Once a month
- ☐ Twice a month
- ☐ 3-4 times a month

49. When you are outside on a sunny day during the summer in Norway, do you apply sun cream?

- ☐ No, never
- ☐ Yes, occasionally
- ☐ Yes, often
- ☐ Yes, always

50. When you are outside on a sunny day on holiday in a sunny climate (e.g. the Mediterranean), do you apply sun cream?

- ☐ No, never
- ☐ Yes, occasionally
- ☐ Yes, often
- ☐ Yes, always

MENTAL HEALTH

51. Do you agree or disagree with the following statements? *(Insert one cross for each line.)*

	Disagree completely	Disagree	Disagree somewhat	Don't agree or disagree	Agree somewhat	Agree	Agree completely
1. In most ways my life is close to my ideal	☐	☐	☐	☐	☐	☐	☐
2. The conditions of my life are excellent	☐	☐	☐	☐	☐	☐	☐
3. I am satisfied with my life	☐	☐	☐	☐	☐	☐	☐
4. So far I have gotten the important things I want in life	☐	☐	☐	☐	☐	☐	☐
5. If I could live my life over, I would change almost nothing	☐	☐	☐	☐	☐	☐	☐

52. Have you been bothered by any of the following feelings during the past two weeks? *(Insert one cross for each line.)*

	Not bothered	A little bothered	Quite bothered	Very bothered
1. Feeling fearful	☐	☐	☐	☐
2. Nervousness or shakiness inside	☐	☐	☐	☐
3. Feeling hopeless about the future	☐	☐	☐	☐
4. Feeling blue	☐	☐	☐	☐
5. Worrying too much about things	☐	☐	☐	☐
6. Feeling everything is an effort	☐	☐	☐	☐
7. Feeling tense or keyed up	☐	☐	☐	☐
8. Suddenly scared for no reason	☐	☐	☐	☐
9. Feeling low in energy, slowed down	☐	☐	☐	☐
10. Crying easily	☐	☐	☐	☐
11. Feeling of being useless	☐	☐	☐	☐
12. Blaming yourself for things	☐	☐	☐	☐

53. How much have the following problems bothered you during the past week? *(Insert one cross for each line.)*

	Not at all	A little	To some extent	Quite a lot	A lot
1. Fear of embarrassment cause me to avoid doing things or speaking to people	☐	☐	☐	☐	☐
2. I avoid activities in which I am the centre of attention	☐	☐	☐	☐	☐
3. Being embarrassed or looking stupid are among my worst fears	☐	☐	☐	☐	☐

54. Have you had any suicidal thoughts? ☐ No ☐ Yes

55. Have you ever tried to commit suicide? ☐ No ☐ Yes

56. The thoughts and feelings described here may seem unique to you, but they are more common than you might think. Does any of this apply to you?

	How often have you been having thesefeelings or thoughts?				If you have experienced this, how affected are you by the experience?			
	Never	Occasionally and again	Often	Almost constantly	Not at all	A little	Quite a lot	A lot
1. Have you ever felt that what is printed in magazines and newspapers or said on TV specifically applies to you?	☐	☐	☐	☐	☐	☐	☐	☐
2. Have you ever felt that someone is stalking you in some way?	☐	☐	☐	☐	☐	☐	☐	☐
3. Have you ever felt that other people are conspiring against you?	☐	☐	☐	☐	☐	☐	☐	☐
4. Have you ever felt that electrical appliances, such as PCs, can affect your thoughts?	☐	☐	☐	☐	☐	☐	☐	☐
5. Have you ever felt that the thoughts in your head are not your own?	☐	☐	☐	☐	☐	☐	☐	☐
6. Have your thoughts sometimes been so vivid that you have been worried other people might hear them?	☐	☐	☐	☐	☐	☐	☐	☐
7. Have you ever felt that there is another force outside of you who is in control of you?	☐	☐	☐	☐	☐	☐	☐	☐
8. Have you ever heard voices when you were completely alone (not radio or TV)?	☐	☐	☐	☐	☐	☐	☐	☐
9. Have you ever seen objects, people or animals that no one else can see?	☐	☐	☐	☐	☐	☐	☐	☐

LIFE EVENTS

57. Have you experienced any of the following during the past ten years? *(Insert one cross per line.)*

	No	Last 12 months	Yes, earlier
1. Problems at work or where you study	☐	☐	☐
2. Lost my job	☐	☐	☐
3. Financial problems	☐	☐	☐
4. Major conflicts in a relationship	☐	☐	☐
5. Got divorced, seperated or ended the relationship with your partner	☐	☐	☐
6. Problems or major conflicts with family, friends or neighbours	☐	☐	☐
7. Been seriously ill or injured	☐	☐	☐
8. Close friend or relative has been seriously ill or injured	☐	☐	☐
9. Involved in a serious accident, fire or robbery	☐	☐	☐
10. Been the victim of physical violence	☐	☐	☐
11. Been the victim of sexual abuse	☐	☐	☐
12. Lost someone close to you	☐	☐	☐
13. Other serious events/experiences	☐	☐	☐

SLEEP

58. How often...

	Days a week					
	Never	Less than 1	1	2	3	4 or more
1. ... do you find it difficult to get to sleep at night?	☐	☐	☐	☐	☐	☐
2. ... have you woken up repeatedly during the night?	☐	☐	☐	☐	☐	☐
3. ... do you feel tired or sleepy during the day?	☐	☐	☐	☐	☐	☐

	Less than 1 month	1-3 months	3-6 months	6-12 months	1-3 years	More than 3 years
4. If you have any of these sleep disorders, how long have you suffered from them?	☐	☐	☐	☐	☐	☐

FRIENDSHIPS

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

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

60. How often do you meet or talk on the phone with your family (except the people you live with) or close friends?

☐ Several times a week ☐ 1-4 times a month ☐ Less often

RELATIONSHIPS

Please only answer if you are currently in a relationship.

61. How much do you agree with these descriptions of your relationship with your current spouse/partner?
(Insert one cross for each line.)

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

WORK AND HOUSEHOLD

62. What is your current marital status?

☐ Married
☐ Cohabitant
☐ Separated
☐ Divorced (without being remarried or cohabiting with a new partner)
☐ Unmarried
☐ Widower

63. Who do you share your household with?
(Insert one or more crosses.)

☐ Spouse
☐ Partner
☐ Own children
☐ Other people's children
☐ Other
☐ No one else

64. In total, how many children (under 20 years of age) live in your household? Number of ☐☐

65. What is your level of education? *(Only put **one cross** for the highest education you have completed.)*

- ☐ Primary and lower secondary school
- ☐ Upper secondary
- ☐ Vocational training
- ☐ 3-year advanced general studies, academic, college/upper secondary school
- ☐ University college or university up to four years *(cand. mag., bachelor, nurse, teacher, engineer)*
- ☐ University college or university more than four years *(major, master's, degree)*
- ☐ Other education

66. What was your gross annual income (before tax) during the past year? *(inc. child maintenance payments, unemployment benefit, cash benefit, etc.)*

- ☐ Less than NOK 200,000
- ☐ NOK 200,000 – 299,999
- ☐ NOK 300,000 – 399,999
- ☐ NOK 400,000 – 499,999
- ☐ NOK 500,000 – 749,999
- ☐ NOK 750,000 – NOK 999,999
- ☐ NOK 1,000,000 and above

67. What is your current employment situation? *(Insert a cross next to all applicable answers.)*

- ☐ Student
- ☐ At home
- ☐ Jobseeker/laid-off
- ☐ Rehabilitation/disabled
- ☐ Employed in public sector
- ☐ Employed in private sector
- ☐ Self-employed
- ☐ Family member without steady income in family com pany (*ex. farming, business*)
- ☐ Other

WORK

68. What kind of business do you work for?
For example, state farm, insurance company, upper secondary school.
(If you are not in work, state what kind of business you last worked for.)

_____

69. Job title at this workplace
For example, state panel beater, foreman, lecturer, student, skilled worker, cleaning assistant, farmer, at home.
(If you are not in work, state your former occupation.)

_____

The rest of this section should be answered if you are in work. If you are not in work, please go to question 74.

70. If you are in paid work, how many hours do you work in a normal week?

☐ 1-15 ☐ 16-25 ☐ 26-35 ☐ 36-40 ☐ 41-50 ☐ 51-60 ☐ More than 60 hours

71. If you are in paid or unpaid work, how would you describe your work?

- ☐ Mostly sedentary work *(e.g. desk work, assembly)*
- ☐ Work that requires you to walk a *lot (e.g. sales work, light industrial work, teaching)*
- ☐ Work where you walk and lift a *lot (e.g. postman, nurse, construction worker)*
- ☐ Strenuous physical work *(e.g. forestry, demanding agricultural work, heavy construction work)*

72. In the past 12 months, have you been on sick leave?

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

73. If so, how many weeks in total during the past year?

☐ Less than 1 week ☐ 1-2 weeks ☐ 3-8 weeks ☐ More than 8 weeks

ABOUT THE CHILD

THE FOLLOWING QUESTIONS CONCERN YOUR CHILD BORN IN ☐

ABOUT THE CHILD'S MOTHER

74. Do you live with the child's mother?

☐ Yes *(please go to question 76)*
☐ No, we separated in

☐☐☐☐ (year) *(please answer question 75)*

☐ No, we have never lived together *(please answer question 75)*
☐ She is no longer alive *(please go to question 77)*

For fathers who do not live with the child's mother:

75. How often do you communicate with the child's mother (in person, telephone, text, social media, etc.)?

☐ Rarely/never
☐ Monthly
☐ Weekly
☐ Daily/almost daily

76. How often would you say that you and your child's mother...

	Never	Less than monthly	Monthly	Weekly	Daily/almost daily
1. ... have unpleasant conversations?	☐	☐	☐	☐	☐
2. ... argue?	☐	☐	☐	☐	☐
3. ... are angry with each other?	☐	☐	☐	☐	☐

ABOUT THE CHILD

77. How do you feel about the relationship between you and your child at the present time? Insert a cross for the statement that best applies to you. *(Insert one cross for each line.)*

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
1. I share an affectionate, warm relationship with my child	☐	☐	☐	☐	☐
2. My child and I always seem to be struggling with each other	☐	☐	☐	☐	☐
3. If upset, my child will seek comfort from me.	☐	☐	☐	☐	☐
4. My child is uncomfortable with physical affection or touch from me	☐	☐	☐	☐	☐
5. My child values his/her relationship with me	☐	☐	☐	☐	☐
6. When I praise my child, he/she beams with pride	☐	☐	☐	☐	☐
7. When I praise my child, he/she beams with pride	☐	☐	☐	☐	☐
8. My child easily becomes angry at me	☐	☐	☐	☐	☐
9. It is easy to be in tune with what my child is feeling.	☐	☐	☐	☐	☐
10. My child remains angry or is resistant after being disciplined	☐	☐	☐	☐	☐
11. Dealing with my child drains my energy	☐	☐	☐	☐	☐
12. When my child is in a bad mood, I know we're in for a long and difficult day.	☐	☐	☐	☐	☐
13. My child's feelings toward me can be unpredictable or can change suddenly	☐	☐	☐	☐	☐
14. My child openly shares his/her feelings and experiences with me.	☐	☐	☐	☐	☐
15. I have enough free time to be with my child	☐	☐	☐	☐	☐

78. On average, approximately how often do you do the following with your child?

	Less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5 times a week or more
1. Eat your evening meal with your child	☐	☐	☐	☐	☐
2. Have intimate conversations with your child	☐	☐	☐	☐	☐
3. Are available for your child in the evenings	☐	☐	☐	☐	☐
4. Watch TV or relax with your child	☐	☐	☐	☐	☐
5. Take part in sports, go for a walk or participate in other outdoor activities with your child	☐	☐	☐	☐	☐
6. Take part in other activities together *(e.g. reading out loud, cooking, playing games)*	☐	☐	☐	☐	☐

79. How often would you say that you and your child...

	Never	Less than once a month	Once a month	Once a week	Daily/almost daily
1. ... have unpleasant conversations?	☐	☐	☐	☐	☐
2. ... argue?	☐	☐	☐	☐	☐
3. ... are angry with each other?	☐	☐	☐	☐	☐

If you do not live with your child's mother:

80. How much of the time does your child live with you?

My child lives with me ☐☐ days a month

COMMENTS

81. If you have any comments or anything else you would like to add, please use this space:

Have you remembered to fill in the date on which you completed the form on page 1?

Thank you for continuing to take part in the Norwegian mother and child survey!