

Date filled in

Day	Month	Year
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HERE ARE SOME MORE QUESTIONS!!!

You think, perhaps, that we have already asked you about almost everything but there are still some things we should like to know. In this form we ask for information about the strong and weak sides of your personality, about your school situation, about culture and contact, and about sports and other activities.

We hope you will take the time to think seriously about the questions, and answer what **you** think is right for **you**.

Good luck!

U/T1. THE STRONG AND WEAK SIDES OF YOUR PERSONALITY

1.1 Answer on the basis of what things have been like during the last 6 months. (Cross off for each line)

	Not correct	Partly correct	Completely correct
I try to be nice to other people, I care about what they feel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless. I cannot stay still for long.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often have a headache, pain in my stomach, or nausea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gladly share with others (food, games, pencils etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and easily lose my temper.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually by myself. I usually do things by myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, harrassed or does not feel well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unsettled, feel fidgety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one or more good friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can force others to do what I want.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed and close to crying I am usually liked by others of my own age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted. I find it difficult to concentrate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily become unsure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to those who are younger than me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3

I am often accused of lying or cheating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or youth often tease or bother me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often offer to help others (parents, teachers, other children/youth).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think carefully before I act (do something).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I pinch things that do not belong to me at home, at school or in other places.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with youth of my own age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of a lot of things. I am easily frightened....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I complete jobs. I am good at staying attentive (concentrating).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3

U/T2. WORRIES AND PROBLEMS

2.1 Have you in the course of the last 12 months experienced any of these problems? (Cross off for each line)

	No, never	Yes, at times	Several times	Very often
Quarrels or conflicts with your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worries about sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/carer with mental problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems in relation to friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/carer with money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/carer with "drink" or drug problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

U/T3. YOUR SCHOOL SITUATION

3.1 How do you find it at school? (Cross off for each line)

	Completely agree	Partly agree	Partly disagree	Completely disagree
I feel happy in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot in common with the other students in my class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel part of my class.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The class values my opinions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teachers value my opinonS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers appreciate me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teachers help me with school subjects when I need help.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teachers help me with personal problems if I need help.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

3.2 How easy is it for you to make new friends at school?

(Cross off for each line)

	Always easy	Usually easy	Usually difficult	Always difficult
Among young people with a Norwegian background.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among young people with an immigrant background.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

U/T4. RELATIONSHIP WITH YOUR FAMILY

4.1 How important is it for you (Cross off for each line)

	Very important	Fairly important	A bit important	Not important at all
To satisfy your family's needs, even when your own needs are different from theirs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To avoid arguing with other family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To put your family's needs before your own.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To share your belongings with other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To share your money with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To meet the expectations of your family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

U/T5. CULTURAL CONTACT

5.1 What is it like to have contact with people from different cultures?

(Cross off for each line)

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I feel just as comfortable amongst Norwegians as amongst people from other countries and cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to be together with people from my home country.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that people from other countries and cultures should adapt to Norwegian culture and traditions and <u>not</u> hold on to their own.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an equally good relationship with Norwegians as with people from other countries and cultures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since I live in Norway, it's best that I live completely like Norwegians do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that people from other countries and cultures should live just as they do in their home country, even when living in Norway.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it difficult to choose whether to live like a Norwegian or like a person from another country or culture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is often difficult for youth with a Norwegian and an immigrant background to be together in their spare time because we have different rules to follow.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents know very well what young people here in Norway do in their spare time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it difficult to decide whether to live like Norwegians do or like people from other countries and cultures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

5.2 You can feel that you belong to one of various ethnic or cultural groups, such as Pakistanis, Vietnamese or others, and you can feel that you are part of a larger society, such as Norway.

How do you think of yourself?

(Cross off for each line)

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I think of myself as Norwegian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think of myself as Pakistani/ Vietnamese/ Chilean/Iranian/another.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am a part of the Pakistani/Vietnamese/ Chilean/Iranian/another culture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy to be Norwegian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud of being Pakistani/ Vietnamese/ Chilean/ Iranian/other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cross off for each line)

Strongly Somewhat Somewhat Strongly

I feel that I am part of the Norwegian culture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy to be Pakistani/ Vietnamese/ Chilean/ Iranian/ other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud of being Norwegian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

5.3 When people from different backgrounds are together, can some of them feel unjustly treated? The following statements concern this.

(Cross off for each line)

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I think that others have behaved in an unfair or negative way towards people from my culture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel accepted by people from other cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that people from other cultures have something against me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been teased or insulted because of my ethnic background.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been threatened or attacked because of my ethnic background.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

U/T6. WAR EXPERIENCES

	Yes	No	Do not know
6.1 Has one of your parents experienced war or the consequences of war at first hand?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Have you ever experienced war or the consequences of war at first hand?	<input type="checkbox"/>	<input type="checkbox"/>	

U/T7. GRIEF

7.1 Have you experienced grief that is affecting your health now, or has done so before? (One cross only!)

Yes, once before	Yes, several times before	I do now	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

7.2 In this case, what kind of health disorders have you experienced as a result of the episode? (the last episode, if you have experienced several)

Mostly bodily	Mostly emotional	About the same of both
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

7.3 About how long did the health disorders last/have they lasted? (the last episode, if you have experienced several)

weeks or months or years

7.4 If you have experienced such grief, was it because of? (the last episode, if you have experienced several) (Cross off for each line)

Death of:	YES	NO
A parent.....	<input type="checkbox"/>	<input type="checkbox"/>
A grandparent	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister.....	<input type="checkbox"/>	<input type="checkbox"/>
Other close relative.....	<input type="checkbox"/>	<input type="checkbox"/>
Friend.....	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

YES NO

Unhappy love affair ("broken heart").....

Other.....

If "YES" for "other", specify:

YES NO

7.5 Did you receive professional help after the episode?
(the *last* episode, if you have experienced several).....

If "YES",

Cross off for who gave this help)

(Cross off for each line)

YES NO

General practitioner

Psychiatrist

Psychologist.....

Teacher.....

Other counsellor.....

Minister of religion (priest).....

Grief counselling group.....

Other

If "YES" for "other", specify:

YES NO

7.6 Were you given on-prescription medicine as part
of the therapy?

(the *last* episode, if you have experienced
several episodes of grief)

U/T8. DENTAL HEALTH

8.1 If you had an appointment with the dentist tomorrow,
how would you feel?

(Dentist also includes the school dentist)

(Cross off the alternative that fits best)

I would look forward to it as quite a
pleasant experience..... 1

Would not feel anything, "I couldn't care less"..... 2

I would feel a bit uneasy..... 3

I would be afraid of it being unpleasant and painful..... 4

I would be very frightened at the thought of
what the dentist would do 5

8.2 When you are waiting in the dentist's waiting-room, or
to be called in to the dentist, how do you feel then?

(Cross off the alternative that fits best)

Relaxed 1

Slightly uneasy..... 2

Tense, nervous 3

Frightened, anxious..... 4

So frightened that I sometimes start to sweat,
or almost feel sick..... 5

8.3 When you are sitting in the chair waiting for the dentist to
start his treatment, how do you feel then?

- Relaxed 1
- Slightly uneasy..... 2
- Tense, nervous 3
- Frightened, anxious..... 4
- So frightened that I sometimes start to sweat,
or almost feel sick

8.4 Imagine that you are sitting in the dentist's chair and are going to have your teeth cleaned and polished. While you waiting for the dentist to find the instruments used for polishing and scraping, how do you feel then?
(Cross off the alternative that fits best)

- Relaxed 1
- Slightly uneasy..... 2
- Tense, nervous 3
- Frightened, anxious..... 4
- So frightened that I sometimes start to sweat,
and almost feel sick 5

8.5 How frightened are you about undergoing dental treatment, all things taken into account?
(Cross off the alternative that fits best)

- Not at all frightened..... 1
- Just a bit frightened..... 2
- Somewhat frightened..... 3
- Quite a bit frightened..... 4
- Very frightened 5

U/T9. PREVENTION OF INJURY

9.1 When you are passenger in a car, do you use a seat belt when you sit? (Cross off for each line)

	Never	Seldom	Often	Always
In front;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the back:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

9.2 If you have done alpine/downhill skiing in the course of the last 12 months, have you had you bindings checked in relation to your weight?
(One cross only!)

Yes	No	Have not gone skiing
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

9.3 Have you worn leg and/or knee pads (protectors) during you activities in the course of the last 12 months? (Cross off for each line)

	Never	Seldom	Often	Always	Not applicable
Roller blades/skateboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football (soccer).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ball game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Seldom	Often	Always	Not applicable
Alpine/downhill skiing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice hockey.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

If "Other activity", what activity?

9.4 Have you used wrist and/or elbow protectors during your activities in the course of the last 12 months? (Cross off for each line)

	Never	Seldom	Often	Always	Not applicable
Cycling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roller blades/skateboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ball game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice hockey.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

If "Other activity", what activity?

9.5 Did you use a helmet during your activities in the course of the last 12 months? (Cross off for each line)

	Never	Seldom	Often	Always	Not applicable
Cycling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roller blades/skateboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alpine/downhill skiing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice hockey.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

If "Other activity", what activity?

U/T10. PHYSICAL ACTIVITY

10.1 How often have you taken part in the following activities in the course of the last 12 months?

Winter is from October to March. Summer is from April to September.

(Cross off for each line)

		Never	1-5 times per season	1-3 times a month	Once a week	Several times a week
Cycling	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roller blades/skateboard	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handball	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football (soccer)	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ball game	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice hockey	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial sport	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool swimming	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alpine/down hill skiing	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowboarding	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telemark skiing	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-country skiing	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activity	winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 2 3 4 5

If "Other activity", what activity?

Do not write here:

7.4 (Annen sørg)

7.5 (Annen hjelp)

9.3

9.4

9.5

10.1