INSTRUCTIONS FOR FILLING IN THE QUESTIONNAIRE

First read through the whole question and the reply alternatives. Mark a cross (x) next the correct alternative and/or write your reply to the space reserved for the response. Some of the questions are presented as tables; mark your reply in the right cell. Also indicate a negative reply by either choosing a negative alternative or writing "no" or "0" in the space reserved for the reply.

Remember to answer all questions. Some of the questions are addressed to only the mother or the father. If one of the parents is unable, due to a business trip or some other reason, to answer the questions addressed to him/her, the parent who is present may provide the answer he/she is able to give.

Example 1.

How many persons belong to your family / household?

___ ___ adults and ___ ___ children

Example 2.

Does the participating child have a congenital or other heart defect?

☐ No
☐ Yes, what? __________________________

Example 3.

Is the father's work

<table>
<thead>
<tr>
<th>Mentally stressful</th>
<th>Not at all</th>
<th>Fairly easy</th>
<th>Slightly stressful</th>
<th>Quite stressful</th>
<th>Very stressful</th>
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<td>Physically stressful</td>
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</tbody>
</table>
1. Who is the participating child’s main provider?
   - [ ] Biological mother and father
   - [ ] Biological father
   - [ ] Biological mother
   - [ ] Other, who? _______________________

2. Which of the following alternatives best describes the marital status of the child’s main provider?
   - [ ] Married/cohabiting with the child’s biological father / mother
   - [ ] Divorced, single provider
   - [ ] Divorced, joint custody
   - [ ] Divorced, re-married / cohabiting
   - [ ] Unmarried
   - [ ] Widowed

3. Do the child’s biological parents live together?
   - (biological) father/mother?
   - [ ] yes
   - [ ] no, because they divorced in the year
     [ ]
   - [ ] no, because they never lived together
   - [ ] no, because one of parents died in the year
     [ ]

4. How many people belong to your family / household?
   [__] adults and [__] children

5. In the squares below, write the years of birth of the child participating in the study and his/her biological siblings, starting from the eldest.
   - [ ] 1.
   - [ ] 2.
   - [ ] 3.
   - [ ] 4.
   - [ ] 5.
   - [ ] 6.
   - [ ] 7.
   - [ ] 8.
   - [ ] 9.
   - [ ] 10.
   - [ ] 11.
   - [ ] 12.
   - [ ] 13.
   - [ ] 14.
   - [ ] 15.
   - [ ] 16.
   - [ ] 17.
   - [ ] 18.
   - [ ] 19.
   - [ ] 20.
   - [ ] 21.
   - [ ] 22.
   - [ ] 23.
   - [ ] 24.

6. What was your household’s gross income last year?
   (including taxes)
   [_____] FIM/year

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**CHILD’S HEALTH AND DEVELOPMENT**

7. Does the participating child have a congenital or other heart defect?
   - [ ] No
   - [ ] Yes, what? _______________________

8. Has the child been treated because of his/her heart defect?
   - [ ] No
   - [ ] Yes, surgically
   - [ ] Yes, but not surgically
   Where?
   [_____]  
   When?
   [_____]  

9. Has the child been diagnosed to have high blood pressure by a doctor / nurse?
   - [ ] No
   - [ ] Yes, when?
     [_____]  
     Where?
     [_____]  

10. Does the child have some other long-term illness, handicap or disability diagnosed by a doctor?
☐ No
☐ Yes, what?

11. Does the child use regularly or almost regularly medication prescribed by a doctor?
☐ No
☐ Yes, what?
12. Adolescents’ attentiveness and capacity of control and self-control vary. While answering this set of questions, you should compare your child to other children of his/her age. Indicate your child’s ability to manage with the following actions and behaviours and evaluate his/her capacities. Your reply should reflect the typical behaviour the child has shown for more than a month.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>far below</th>
<th>slightly below</th>
<th>avg.</th>
<th>slightly above</th>
<th>above</th>
<th>far above</th>
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</thead>
<tbody>
<tr>
<td>Give close attention to detail and avoid careless mistakes.</td>
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<td>Sustain attention on tasks or play activities.</td>
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<tr>
<td>Listen when spoken to directly.</td>
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<tr>
<td>Follow through on instructions and finish school work / chores.</td>
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<tr>
<td>Organize tasks and activities.</td>
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<tr>
<td>Engage in tasks that require sustained mental effort.</td>
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<tr>
<td>Keep track of things necessary for activities.</td>
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<tr>
<td>Ignore extraneous stimuli.</td>
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<tr>
<td>Remember daily activities.</td>
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<tr>
<td>Sit still (control movement of hands / feet or control squirming).</td>
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<tr>
<td>Stay seated (when require by class rules/social conventions).</td>
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<tr>
<td>Modulate motor activity (inhibit inappropriate running / climping).</td>
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<td>Play quietly (keep noise level reasonable).</td>
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<tr>
<td>Settle down and rest (control constant activity).</td>
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<tr>
<td>Modulate verbal activity (control excess talking).</td>
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<tr>
<td>Reflect on questions (control blurring out answers).</td>
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<tr>
<td>Await turn (stand in line and take turns).</td>
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<tr>
<td>Enter into conversation and games (control interrupting / intruding).</td>
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<tr>
<td>Remain focused (does not seem to daydream).</td>
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<tr>
<td>Demonstrate appropriate energy level (is not drowsy or sluggish).</td>
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<tr>
<td>Engage in goal directed activities.</td>
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<tr>
<td>Avoid physically dangerous activities and consider consequences.</td>
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<tr>
<td>Complete an activity before beginning another.</td>
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<tr>
<td>Finish projects and activities.</td>
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<tr>
<td>Concentrate on schoolwork and sustain required attention.</td>
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<tr>
<td>Stay with a chosen play activity.</td>
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<tr>
<td>Remain silent when expected to do so.</td>
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<tr>
<td>Play or work without much supervision.</td>
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<tr>
<td>Remain still during quiet times and sleep.</td>
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<tr>
<td>Think before acting.</td>
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<tr>
<td>Avoid humming and making odd noises.</td>
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<tr>
<td>Control excitability and impulsivity.</td>
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<tr>
<td>Control unnecessary crying.</td>
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<tr>
<td>Behavior</td>
<td>far below</td>
<td>far below</td>
<td>slightly below</td>
<td>slightly avg.</td>
<td>slightly above</td>
<td>far above</td>
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<tr>
<td>Cooperate with others</td>
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<tr>
<td>Respect adults</td>
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<tr>
<td>Remain calm and modulate motor activity</td>
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<tr>
<td>Avoid disturbing other children</td>
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<tr>
<td>Remain even tempered</td>
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<tr>
<td>Show accepting when demands are not met immediately</td>
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<tr>
<td>Avoid teasing and interfering with other children's activities</td>
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<td>Control temper</td>
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<td>Avoid arguing with adults</td>
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<tr>
<td>Follow adult requests or rules (follow directions)</td>
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<tr>
<td>Avoid deliberately doing things that annoy others</td>
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<tr>
<td>Assume responsibility for mistakes or misbehavior</td>
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<tr>
<td>Ignore annoyances of others</td>
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<tr>
<td>Control anger and resentment</td>
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<tr>
<td>Control spitefulness or vindictiveness</td>
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<tr>
<td>Avoid quarreling</td>
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<tr>
<td>Avoid swearing or using obscene language</td>
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PARENTS EDUCATION, WORK, LIFE-STYLE AND HEALTH

The following questions are addressed to the child’s mother and father, who live in the same household as the child. In this case, even a person who is not the child’s biological parent, but, for instance, his/her mother’s or father’s new spouse, is also considered a mother/father. If one of the parents is unable, due to a business trip or some other reason, to answer the questions addressed to him/her, the parent who is present may provide the answers he/she is able to give.

QUESTIONS TO THE MOTHER

13. What is the mother’s basic education?
   - [ ] Less than 9 years of comprehensive school
   - [ ] Comprehensive school/elementary school
   - [ ] Matriculation examination

14. What is the mother’s highest occupational education?
   - [ ] No occupational education
   - [ ] Vocational course
   - [ ] Vocational school
   - [ ] Post-secondary college
   - [ ] Polytechnic
   - [ ] University degree
   - [ ] Other education, what?
   - [ ] Uncompleted education
     - [ ]________

15. What is the mother’s current occupation or job?
   (Reply even if you are temporarily not working due to, for instance, illness or unemployment; give your full job label, e.g. “pediatric nurse” instead of merely “nurse”)

16. Which of the following alternatives best describes the mother’s current life situation?
   - [ ] Regular full-time employment
   - [ ] Full-time employment for a fixed period
   - [ ] Part-time employment
   - [ ] Self-employed
   - [ ] Entrepreneur
   - [ ] Maternity / paternal leave, child-care leave
   - [ ] At home without income
   - [ ] Student with student allowance
   - [ ] Unemployed / laid off
   - [ ] Long sick leave, sickness allowance, rehabilitation allowance
   - [ ] Pension
   - [ ] Otherwise not working, why?__________
17. Has the mother been unemployed at some stage of her life?
   □ No
   □ Yes, for a total of
     ___ ___ years ___ ___ ___ months

18. How many hours a week does the mother regularly work in her primary job?
   ___ ___ ___ ___ hours/week

19. What are the mother’s principal working hours?
   □ Mother is not in paid employment
   □ Daytime working hours (mostly 07-16)
   □ Regular evening hours (mostly 16-22)
   □ Regular night-time hours
     (mostly 22-07)
   □ Two-shift work
   □ Three-shift work/perodic work
   □ Other working hours

20. Does the mother work overtime in her primary job?
   □ No
   □ Yes, about ___ ___ ___ ___ hours/week

21. Apart from her primary job, does the mother have secondary jobs?
   □ No
   □ Yes, about ___ ___ ___ ___ hours/week

22. Does the mother’s job require travelling?
   □ No
   □ Yes, about ___ ___ ___ ___ days/year

23. Is the mother’s work

   Not at all   Fairly easy   Slightly stressful   Quite stressful   Very stressful

   Mentally stressful............ □ □ □ □ □
   Physically stressful........... □ □ □ □ □

24. Has the mother ever smoked regularly?
   (at least one cigarette or a corresponding amount of tobacco a day)
   □ No
   □ Yes, started at the age of ___ ___ ___

25. Does the mother smoke now?
   □ No
   □ Occasionally
   □ On one day a week
   □ On 2-4 days a week
   □ On 5-6 days a week
   □ On 7 days a week

26. Does the mother use any alcohol?
   (e.g. beer, cider, wine, spirits)
   □ Has never used
   □ No, has stopped
   □ Yes, less than once a month
   □ Yes, once a month
   □ Yes, 2-3 times a month
   □ Yes, once a week
   □ Yes, a few times a week
   □ Yes, daily
27. How often does the mother exercise in her leisure time?

<table>
<thead>
<tr>
<th></th>
<th>Once a month or less</th>
<th>2-3 times a month</th>
<th>Once a week</th>
<th>2-3 times a week</th>
<th>4-6 times a week or often</th>
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</thead>
<tbody>
<tr>
<td>Heavy exercise (at least slightly out of breath and sweating)</td>
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<tr>
<td>Additional light exercise (not out of breath, not sweating)</td>
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</table>

28. The mother's evaluation of her current health?

- Very poor
- Poor
- Moderate
- Good
- Very good

31. Does the mother consider herself

- Clearly overweight
- Somewhat overweight
- Normal
- Slightly or clearly underweight

32. Has the mother ever tried seriously to lose weight?

- Never
- Yes, once
- Yes, several times

33. Does the mother feel stress at the present?

(stress refers to a situation where person feels tense, restless or anxious or finds it difficult to sleep because of the things he/she constantly has on his/her mind)

- Not at all
- Slightly
- Somewhat
- Quite a lot
- Very much

34. How content is the mother with her life at the present?

- Extremely discontent
- Quite discontent
- Neither discontent, nor content
- Quite content
- Extremely content
35. If the mother has a difficult situation where she is not able to cope on her own (e.g. child care problems, lack of money, excessive work load), how much practical help will she get?

<table>
<thead>
<tr>
<th>来源</th>
<th>A lot</th>
<th>Quite a lot</th>
<th>Moderately</th>
<th>Little</th>
<th>Not at all</th>
<th>Does not want help</th>
<th>Cannot say</th>
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<tbody>
<tr>
<td>From her husband</td>
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<td>From a close friend or relative</td>
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<td>From a neighbour</td>
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<td>From a fellow worker</td>
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<td>From her superior</td>
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<td>From occupational health care</td>
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<td>From the employment agency</td>
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**QUESTIONS TO THE FATHER**

If the father is unable, due to a business trip or some other reason, to answer the questions addressed to him, the mother may, on his behalf, provide the answer she is able to give.

36. What is the father’s basic education?

- [ ] Less than 9 years of comprehensive school
- [ ] Comprehensive school /elementary school
- [ ] Matriculation examination

37. What is the father’s highest occupational education?

- [ ] No occupational education
- [ ] Vocational course
- [ ] Vocational school
- [ ] Post-secondary college
- [ ] Polytechnic
- [ ] University degree
- [ ] Other education, what? __________________________
- [ ] Uncompleted education, what? __________________________

39. Which of the following alternatives best describes the father’s current life situation?

- [ ] Regular full-time employment
- [ ] Full-time employment for a fixed period
- [ ] Part-time employment
- [ ] Self-employed
- [ ] Entrepreneur
- [ ] Paternal leave, child-care leave
- [ ] At home without income
- [ ] Student with student allowance
- [ ] Unemployed / laid off
- [ ] Long sick leave, sickness allowance, rehabilitation allowance
- [ ] Pension
- [ ] Otherwise not working, why? __________________________

40. Has the father been unemployed during his life?

- [ ] No
- [ ] Yes, for a total of _______ years _______ months

41. How many hours a week does the father regularly work?

_________ hours/week
42. What are the father's principal working hours?
- Father is not in paid employment
- Daytime working hours (mostly 07-16)
- Regular evening hours (mostly 16-22)
- Regular night-time hours (mostly 22-07)
- Two-shift work
- Three-shift work/periodic work
- Other working hours

43. Does the father work overtime in his primary job?
- No
- Yes, about ________ hours/week

44. Apart from his primary job, does the father have secondary jobs?
- No
- Yes, for how many hours?

45. Does the father's job require travelling?
- No
- Yes, about ________ days/year

46. Is the father's work
   Not at all | Fairly easy | Slightly stressful | Quite stressful | Very stressful
- Mentally stressful
- Physically stressful

47. Has the father ever smoked regularly?
   (at least one cigarette or a corresponding amount of tobacco a day)
- No
- Yes, started at the age of ________

48. Does the father smoke now?
- No
- Occasionally
- On one day a week
- On 2-4 days a week
- On 5-6 days a week
- On 7 days a week

49. Does the father use any alcohol? (e.g. beer, cider, wine, spirits)
- Has never used
- No, has stopped
- Yes, less than once a month
- Yes, once a month
- Yes, 2-3 times a month
- Yes, once a week
- Yes, a few times a week
- Yes, daily

50. How often does the father exercise in his leisure time?
- Heavy exercise (at least slightly out of breath and sweating)
- Additional light exercise (not out of breath, not sweating)

<table>
<thead>
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<th>Once a month or less</th>
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</tr>
</tbody>
</table>
51. The father’s evaluation of his current health?

- Very poor
- Poor
- Moderate
- Good
- Very good

52. The father’s

- Current weight [______] kg
- Current height [______] cm

53. The father’s

- Waist girth [______] cm
- Hip girth [______] cm

Use the tape measure that came in the envelope to measure your waist and hip girth. Stand with your legs slightly apart. Make sure you are not wearing any tight clothes (such as tight pants) that would reduce your girth. Measure your waist girth right above the upper margin of the pelvic bone during light exhalation. Measure your hip girth at the widest point of your hip. Make sure to keep the tape measure horizontal.

54. Does the father consider himself

- Clearly overweight
- Somewhat overweight
- Normal
- Slightly or clearly underweight

55. Has the father ever tried seriously to lose weight?

- Never
- Yes, once
- Yes, several times

56. Does the father feel stress at the present?

(stress refers to a situation where person feels tense, restless or anxious or finds it difficult to sleep because of the things he/she constantly has on his/her mind)

- Not at all
- Slightly
- Somewhat
- Quite a lot
- Very much

57. How content is the father with his life at the present?

- Extremely discontent
- Quite discontent
- Neither discontent, nor content
- Quite content
- Extremely content

58. If the father has a difficult situation where he is not able to cope on his own (e.g. child care problems, lack of money, excessive work load), how much practical help will he get?

<table>
<thead>
<tr>
<th>Source of Help</th>
<th>A lot</th>
<th>Quite a lot</th>
<th>Moderately</th>
<th>Little</th>
<th>Not at all</th>
<th>Does not want help</th>
<th>Cannot say</th>
</tr>
</thead>
<tbody>
<tr>
<td>From his wife</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From a close friend or relative</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>From a neighbour</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>From a fellow worker</td>
<td></td>
<td></td>
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<tr>
<td>From his superior</td>
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<tr>
<td>From occupational health care</td>
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<tr>
<td>From the employment agency</td>
<td></td>
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</tr>
</tbody>
</table>
The following questions (59 - 62) apply only to the child’s biological mother and father and relatives.

59. Have any of the following diseases been diagnosed in your family or relatives?  
(Does not apply to foster or adoptive relatives)

<table>
<thead>
<tr>
<th>Hypertension with medication</th>
<th>No</th>
<th>Yes</th>
<th>Cannot say</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the participating child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the child’s siblings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the child’s mother</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the child’s father</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the mother’s mother</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the mother’s father</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the father’s mother</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the father’s father</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the mother’s siblings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the father’s siblings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Myocardial infarction while aged under 60</th>
<th>No</th>
<th>Yes</th>
<th>Cannot say</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the participating child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the child’s siblings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the child’s mother</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>In the child’s father</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the mother’s mother</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>In the mother’s father</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the father’s mother</td>
<td>☐</td>
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<tr>
<td>In the father’s father</td>
<td>☐</td>
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</tr>
<tr>
<td>In the mother’s siblings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the father’s siblings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asthma</th>
<th>No</th>
<th>Yes</th>
<th>Cannot say</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the participating child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>In the child’s siblings</td>
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<td>In the child’s mother</td>
<td>☐</td>
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<tr>
<td>In the child’s father</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>In the mother’s mother</td>
<td>☐</td>
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<tr>
<td>In the mother’s father</td>
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<tr>
<td>In the father’s mother</td>
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<tr>
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<td>☐</td>
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<tr>
<td>In the mother’s siblings</td>
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<td>☐</td>
</tr>
<tr>
<td>In the father’s siblings</td>
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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergic rhinitis or eczema</th>
<th>No</th>
<th>Yes</th>
<th>Cannot say</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the participating child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>In the child’s siblings</td>
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<td>☐</td>
</tr>
<tr>
<td>In the child’s mother</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>In the child’s father</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

60. Has the mother had conspicuous growth of body hair?  
☐ No  ☐ Yes

61. Has the mother often (more than twice a year) had a menstrual cycle (the interval between the beginning of one menstrual period and the next) of more than 35 days?  
☐ No  ☐ Yes

62. Did the father begin to turn bald while under 30 years old?  
☐ No  ☐ Yes
OTHER QUESTIONS

These questions can be filled in by any of the parents.

63. Is there mold damage in the dwelling where your child is currently living?
   ☐ No
   ☐ Yes, possibly
   ☐ Yes, verified

64. Has the child previously been living in a dwelling with mold damage?
   ☐ No
   ☐ Yes, there was possible mold damage;
      the child lived in this dwelling for [_____] years
   ☐ Yes, there was verified mold damage;
      the child lived in this dwelling for [_____] years

65. The questionnaire was filled in by
   ☐ the mother
   ☐ the father
   ☐ the parents together
   ☐ another provider, who? ______________________
   ☐ someone else, who? ______________________
PARENTS'/GUARDIAN'S CONSENT

We have been adequately informed about the Northern Finland 1985-1986 Birth Cohort Welfare and Health Research Programme and want to participate in it. We are aware that our participation is voluntary and that we can withdraw from the study at any time without that affecting our health care either now or in the future.

1. The information collected about us and our child previously and in this part of the study can be used without a name and a social security code, i.e. in an unidentifiable form, for the purposes of scientific research done at the Faculty of Medicine, University of Oulu, to promote the welfare and health of adolescents.

   Yes    No

2. The information collected about us and our child previously and in this part of the study can be handed over without a name and a social security code, i.e. in an unidentifiable form, to the researchers of the collaborating research institutes for purposes of scientific research.

   Yes    No

Place_________________________ Date______________

Signature of mother/guardian_________________________

Mother’s name_________________________

Mother’s identity code_________________________

Signature of father/guardian_________________________

Father’s name_________________________

Father’s identity code_________________________

For a possible later need to supplement the information on the questionnaire, kindly also provide the following information:

Street address:_________________________ Telephone:_________________________

Postal code:_________________________

Town:_________________________

Put the questionnaire in the return envelope, seal the envelope and take it to the post office. Postage has been paid.

THANK YOUR FOR RESPONDING!