



+ Questionnaire before starting school – at approximately 5 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:

Specify the day, month and year when the questionnaire was completed

day

month

year

(write the year in full, e.g. 2010)

About the child

1. What is your child's height and weight nowadays?

Height cm Weight kg

Date of measurement month year

2. Who do you live with?

- Spouse
- Cohabitant
- Other adults
- Children of others
- None

3. If children lives with you, how many and what ages?

(Also include the child you are filling out this form for)

Number of children 5 years old or older

Number of children 3 or 4 years old

Number of children from 0 to 3 years old +

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

- Yes
- No
- Have never lived with the child's father

If NO, how old was the child when you separated/moved apart år

Childcare

5. Where is the child looked after in the daytime these days?

(You may tick several boxes)

	No. hours per week
<input type="checkbox"/> Nanny/ au pair/ outdoor nursery	<input type="text"/>
<input type="checkbox"/> Family kindergarten	<input type="text"/>
<input type="checkbox"/> Private kindergarten	<input type="text"/>
<input type="checkbox"/> Public kindergarten	<input type="text"/>
<input type="checkbox"/> Family members other than mother/father	<input type="text"/>

6. If your child is attending kindergarten, is it organized in traditional units or as bases/large groups?

- Unit-kindergarten
- Base-kindergarten

7. If the child is looked after another place than home, how many adults are looking after the child (e.g number of adults in the unit/base)?

adults

8. How many other children are cared for in the same child care? (If kindergarten, state the number of children in the same unit/base)

children

9. How many times has the child changed child care? (Do not include change of unit within the kindergarten)

times

10. How old was the child when he/she started in current child care?

months

11. Does your child receive, or has received any extra resources in the kindergarten?

No Yes Number of hours per week

12. How does your child like being in the current child care?

Not at all Not much Both likes and dislikes Mostly Very much

18. More about the child's health

+

- | | No | Yes | |
|---|--------------------------|--------------------------|-----------------|
| 1. Has the child had an injury, resulting in a diagnosis?..... | <input type="checkbox"/> | <input type="checkbox"/> | Describe: _____ |
| 2. Does the child have a learning disability or mental development delay? | <input type="checkbox"/> | <input type="checkbox"/> | Describe: _____ |
| 3. Does the child have a syndrome or suspected of having a syndrome?.... | <input type="checkbox"/> | <input type="checkbox"/> | Describe: _____ |
| 4. Has the child had other serious, but short term illnesses?..... | <input type="checkbox"/> | <input type="checkbox"/> | Describe: _____ |
| 5. Has the child ever been a witness to close family being subject to violence? | <input type="checkbox"/> | <input type="checkbox"/> | Describe: _____ |

19. Developmental milestones

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Did your child say his/her first words before 2 years of age (do not include mum and dad)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did your child start combining words before 2,5 years of age (combine 2-3 words into sentences)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did your child stop using diapers in the daytime before 4 years of age (tick yes if less than 3 accidents per month)? | <input type="checkbox"/> | <input type="checkbox"/> |

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20. Has a professional ever assessed your child as having reduced hearing?

- No Yes **If yes, at what age?** (Enter a cross in several boxes if necessary)
- Before 18 months
- 18 - 36 months
- later than 36 months

+

21. Has your child been referred to the following services?

- | | No | Yes |
|--|--------------------------|--------------------------|
| Habilitation services | <input type="checkbox"/> | <input type="checkbox"/> |
| Child psychiatric clinic/ department | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational psychology services | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, what was the reason for the referral?

22. Has your child been assessed for language delay or other difficulties with language/speech or communication?

- No Yes

If yes: What was the conclusion after the assessment?*(You may enter several crosses)*

1. Everything was fine, no difficulties.....
2. Only delay in spoken language, good language comprehension.....
3. Delay in both using spoken language and ability to understand spoken language.....
4. Difficulties in pronunciation
5. Stammer or stutters when talking
6. Other language issues

Describe: _____

23. Has anyone in the child's close family ever had any of the following problems? (Only include the child's biological relatives)

We are especially interested in the child's siblings, parents, grandparents, uncles, aunts or cousins.

- | | No | Yes | |
|---|--------------------------|--------------------------|---|
| 1. Been a late talker as a child..... | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, specify the relationship: _____ |
| 2. Had difficulties learning to read and write..... | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, specify the relationship: _____ |
| 3. Had difficulties in pronouncing sounds as a child (preschool)..... | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, specify the relationship: _____ |

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24. About the child's pronunciation*(Enter a cross in a box from 1-5 with 1 being very difficult and 5 being very easy.)*

- | | Very difficult | | Varies | | Very easy |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. How easy it is for you to understand what your child's speech? | <input type="checkbox"/> |
| 2. How easy it is for strangers to understand what your child's speech? | <input type="checkbox"/> |

Food supplements and eating habits

25. Is your child taking any of the following dietary supplements? (Enter a cross in a box for each line, for both frequency and amount and fill in brand name.)

Liquor dietary supplements	No	Numer of times per week				Amount per time		
		6-7	4-5	1-3	<1	1 tsp	1 csp	1 ss
Cod liver oil	<input type="checkbox"/>							
Omega 3, brand name: _____	<input type="checkbox"/>							
Sanasol/Biovit	<input type="checkbox"/>							
Other liquor dietary supplement, brand name: _____	<input type="checkbox"/>							

Capsules/tablets	No	Times a week				Amount per time		
		6-7	4-5	1-3	<1	1	2	3+
Omega 3, brand name: _____	<input type="checkbox"/>							
Cod liver oil	<input type="checkbox"/>							
Multivitamines, brand name: _____	<input type="checkbox"/>							
Fluoride tablets	<input type="checkbox"/>							
Other dietary supplements, brand name: _____	<input type="checkbox"/>							

26. How often does your child eat breakfast (at home or in the kindergarten)?	Rarely/never	Once a week	2-3 times per week	4-6 times per week	Every day
	<input type="checkbox"/>				

27. Is the following correct for your child for the last 6 months?

	No	Yes		
1. Has your child ever eaten what most people would consider a really large amount of food?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Have you ever had the impression that your child could not stop eating or that he/she could not control what or how much he/she was eating?	<input type="checkbox"/>	<input type="checkbox"/>		
	Twice a week or more	Once a week	More rarely	Never
3. How often has your child been eating a really large amount of food where you at the same time had the impression that the child did not have control?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language and preschool activities

ASQ

28. The child's ability to understand and tell

Here are some questions about children's oral language and what they understand. Maybe your child already has done some of the activities described here, and some the child has not started doing yet. Tick the box for each question you find suitable for your child.

	Yes	Sometimes	Not yet
1. Can the child tell you at least two things about a familiar object? If you f.ex. say: "Tell me about the ball" can the child answer something like "It is round and I can throw it and it is big"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Without giving your child help by pointing or repeating directions, does your child follow three directions that are unrelated to one another? Give all three directions before your child starts. For example, you may ask your child to "Clap your hands, walk to the door and sit down" or "Give me the pen, open the book and stand up"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child use four- and five- word sentences? For example, does your child say, "I want the car"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When talking about something that already happened, does your child use words that end in "ed" such as walked, jumped or played? Ask your child questions such as "How did you get to the store?" ("We walked") "What did you do at your friend's house?" ("We played").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child use comparison words such as heavier, stronger or shorter? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child answer the following questions: 1. "What do you do when you are hungry?" (Acceptable answers include: "Get food", "Eat", "Ask for something to eat", and "Have a snack".) 2. "What do you do when you are tired?" (Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to bed", "Lie down", and "Sit down").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child repeat the sentences shown below back to you, without any mistakes? You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes. "Jane hides her shoes for Maria to find" - "Al read the blue book under his bed".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What is the mother tongue of the child's mother and father and what language(s) does the child speak?

	Mother's mother tongue	Father's father tongue	What language(s) does the child speak? (you may enter several crosses)
1. Norwegian, Danish or Swedish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Other Nordic languages (Icelandic, Finnish) or Sami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Western European languages (for example German, English, Spanish).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other languages (Eastern European, Asian, Turkish, African).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. About the child's language experiences.

	Only Norwegian	More Norwegian than other language	As much Norwegian as other language	More other language than Norwegian	Only other language
1. What language(s) do you speak with your child?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What language(s) does your spouse/partner speak with your child?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What language(s) does the child speak with his/her siblings?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Factors of importance for language skills.

Relatively to other children of the same age, to which degree does the following questions serve to describe the child's language performance?
Use the scale from 1 to 5 to express your view.

	Quite wrong		Both yes and no		Quite right
	1	2	3	4	5
1. Forgets words she/he knows the meaning of	<input type="checkbox"/>				
2. Mixes up words with similar meaning	<input type="checkbox"/>				
3. Has difficulties in understanding the meaning of common words	<input type="checkbox"/>				
4. Has difficulties in responding to questions just as quickly as others	<input type="checkbox"/>				
5. Is often searching for the right words	<input type="checkbox"/>				
6. Has difficulties in using complete sentences	<input type="checkbox"/>				
7. Is using short sentences when s/he is responding to questions.....	<input type="checkbox"/>				
8. Has difficulties in retelling a story s/he has heard	<input type="checkbox"/>				
9. Is quickly getting tired in tasks demanding attention to language	<input type="checkbox"/>				
10. It doesn't seem like what s/he is learning is remembered.....	<input type="checkbox"/>				
11. Has difficulties in remembering things	<input type="checkbox"/>				
12. Difficulties in understands what others are saying	<input type="checkbox"/>				
13. Misconceive instructions and when told to.....	<input type="checkbox"/>				
14. Has problems with remembering messages	<input type="checkbox"/>				
15. Misunderstands context and what is going on	<input type="checkbox"/>				
16. Is difficult to understand.....	<input type="checkbox"/>				
17. Has difficulties in expressing wishes and needs	<input type="checkbox"/>				
18. Is not understood by others	<input type="checkbox"/>				
19. Is not initiating communication and are active in use of language	<input type="checkbox"/>				
20. Has difficulties in pronunciation.....	<input type="checkbox"/>				
21. Is able to have a dialogue with peers.....	<input type="checkbox"/>				
22. Avoids talking to other people than close family	<input type="checkbox"/>				

32. About the child's language competence.

How typical is the statement for your child:

	Rarely or never	Some- times	Regulary	Often or always
1. It is hard to make sense of what he/ she is saying, even though the words are clearly spoken. ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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 begining.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Uses terms like "he" or "it" without making it clear what he/she 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"/>
4. Talks clearly about what he/she plans to do in the future (e.g. what he/she will do tomorrow, or plans for going on holiday).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can be hard to tell if he/ she is talking about something real or make-believe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Explains a past event clearly (e.g. what he/she did at school, or what happened at a football game).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | No | Yes |
|--|--------------------------|--------------------------|
| 7. Does the child talk about things that is going to happen in the near future, like the weekend, e.g. "Tomorrow, we'll go to the movies"..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the child talk about things that has already happened, e.g. "Yesterday, we took the bus to kindergarten"..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the child talk about things that could or can happen, e.g. "If he touches the stove top, he could burn himself"..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the child talk in a special way when pretending to be someone else, e.g. "Now you were the king and I was the queen". | <input type="checkbox"/> | <input type="checkbox"/> |

33. About the child's pre-school activities

- | | Very poor/
poor | Average | Good/
very good |
|--|--------------------------|--------------------------|--------------------------|
| 1. How would you rate your child's ability to tell a story?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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"/> |

During a typical week:

- | | Never | Seldom | Sometimes | Often | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. How often do you teach your child how to print letters and words? | <input type="checkbox"/> |
| 4. How often do you help your child read letters and sounds?..... | <input type="checkbox"/> |

- | | Nei | Ja |
|--|--------------------------|--------------------------|
| 5. Would you say that your child is interested in writing letters?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Would you say that your child is generally interested in books?.. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Would you say that your child is able to read simple words?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Would you say that your child is able to read simple sentences? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Would you say that your child is able to write his/ her name?.... | <input type="checkbox"/> | <input type="checkbox"/> |

10. About how many minutes does your child like to sit still when you read for him/her?

- | | |
|-------------------------------|--------------------------|
| Does not like it at all | <input type="checkbox"/> |
| Less than 5 minutes | <input type="checkbox"/> |
| 6-15 minutes | <input type="checkbox"/> |
| 16-45 minutes | <input type="checkbox"/> |
| More than 45 minutes | <input type="checkbox"/> |
| Will not be read to | <input type="checkbox"/> |

Child's skills and behavior

34. Child's play

The following scale examines various behaviors that children may engage in during indoor free play. Although it is true that children's behaviors may be quite variable, please try to make a general evaluation of the child's 'everyday' behavior.

- | | Never | Hardly
ever | Some-
times | Often | Very
often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Talks to other children during play | <input type="checkbox"/> |
| 2. Plays by himself/herself, examining an object or toy | <input type="checkbox"/> |
| 3. Plays 'rough-and tumble' with other children | <input type="checkbox"/> |
| 4. Takes on the role of onlooker or spectator | <input type="checkbox"/> |
| 5. Plays 'make-believe' with other children | <input type="checkbox"/> |
| 6. Engages in group play | <input type="checkbox"/> |
| 7. Engages in pretend play by himself/herself | <input type="checkbox"/> |
| 8. Plays alone, building things with blocks and/or other toys | <input type="checkbox"/> |
| 9. Wanders around aimlessly | <input type="checkbox"/> |
| 10. Plays in groups with (not just beside) other children | <input type="checkbox"/> |
| 11. Plays 'make-believe' but not with other children | <input type="checkbox"/> |
| 12. Watches, or listens to other children without trying to join in | <input type="checkbox"/> |
| 13. Engages in playful/mock fighting with other children | <input type="checkbox"/> |
| 14. Plays by himself/herself, drawing, painting pictures or doing puzzles | <input type="checkbox"/> |
| 15. Engages in active conversations with other children during play | <input type="checkbox"/> |
| 16. Engages in pretend play with other children | <input type="checkbox"/> |
| 17. Plays alone, exploring toys or objects, trying to figure out how they work..... | <input type="checkbox"/> |
| 18. Remains alone and unoccupied, perhaps staring off into space..... | <input type="checkbox"/> |
| 19. Plays by him/herself, engaging in simple motor activities (e.g. running) | <input type="checkbox"/> |
| 20. Plays just for a short while with each toy, does not settle with any toy | <input type="checkbox"/> |

35. Activities and restlessness

Please rate each item according to your child's behavior in the last month..

- | | Not true
at all | Just a
little true | Pretty
much true | Very
much true |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Inattentive, easily distracted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Short attention span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fidgets with hands or feet or squirms in seat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Messy or disorganized at home or in the kindergarten | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Only attends if it is something he/she is very interested in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Distractibility or attention span a problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Avoids, expresses reluctance about, or has difficulties engaging in tasks that require sustained mental effort (such as activities in kindergarten or helping out at home) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

+	Not true at all	Just a little true	Pretty much true	Very much true
8. Gets distracted when given instructions to do something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has trouble concentrating in kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Leaves seat in kindergarten or in other situations in which remaining seated is expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does not follow through on instructions and fails to finish tasks in kindergarten, chores or duties at home (not due to oppositional behavior or failure to understand instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Easily frustrated in efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. About motor skills

Enter a cross for each line if your child masters these activities.

+	No	Yes
1. Do you think your child walks, runs, and climbs like other children at the same age?	<input type="checkbox"/>	<input type="checkbox"/>
2. Able to stand on one foot for at least 5 sec without problems keeping balance	<input type="checkbox"/>	<input type="checkbox"/>
3. Hops, on one foot, many times, without support	<input type="checkbox"/>	<input type="checkbox"/>
4. Plays "catch" with other children; throwing to him/her and catching the ball at least half the time	<input type="checkbox"/>	<input type="checkbox"/>
5. Swings on a swing, pumping by self	<input type="checkbox"/>	<input type="checkbox"/>
6. Rides a two-wheeled bike, with or without training wheels	<input type="checkbox"/>	<input type="checkbox"/>
7. Puts together a puzzle with nine or more pieces	<input type="checkbox"/>	<input type="checkbox"/>
8. Draws or copies a square with straight corners	<input type="checkbox"/>	<input type="checkbox"/>
9. Cuts with scissors, following a simple outline or pattern	<input type="checkbox"/>	<input type="checkbox"/>
10. Draw pictures of complete people that have at least head: with eyes-nose-mouth; body. Arms and legs, hands and feet (need to do all seven for a yes)	<input type="checkbox"/>	<input type="checkbox"/>
11. Colours within the lines in a colouring book	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your child show interest in and likes to participate in sports or active games requiring good motor skills?	<input type="checkbox"/>	<input type="checkbox"/>

37. About temperament and personal style

How typical are the following statements for your child's behavior? (Enter a cross in a box for each line)

+	Very typical	Quite typical	Neither/ nor	Not so typical	Not at all typical
1. Your child is always on the go	<input type="checkbox"/>				
2. Your child is off and running as soon as he/she wakes up in the morning	<input type="checkbox"/>				
3. Your child prefers quiet, inactive games to more active ones	<input type="checkbox"/>				
4. Your child cries easily	<input type="checkbox"/>				
5. Your child gets upset (or sad) easily	<input type="checkbox"/>				
6. Your child reacts intensely when upset	<input type="checkbox"/>				
7. Your child is very sociable	<input type="checkbox"/>				
8. Your child takes a long time to warm up to strangers	<input type="checkbox"/>				
9. Your child is very friendly with strangers	<input type="checkbox"/>				
10. Your child prefer playing with others rather than alone	<input type="checkbox"/>				
11. Your child likes to be with people	<input type="checkbox"/>				
12. Your child finds other people more stimulating than anything else	<input type="checkbox"/>				

38. About the child's abilities and skills compared to peers.

Enter a cross from 1 - 5 for each line according to how well the statement fits your child.

+	Very much lower	Typical for age	Very much higher		
+	1	2	3	4	5
1. My child's ability to ask questions properly is:	<input type="checkbox"/>				
2. My child's ability to answer questions properly is:	<input type="checkbox"/>				
3. My child's ability to say sentences clearly enough to be understood by strangers is:	<input type="checkbox"/>				
4. The number of words my child knows is:	<input type="checkbox"/>				
5. My child's ability to use his/her words correctly is:	<input type="checkbox"/>				
6. My child's ability to get his/her message across to others when talking is:	<input type="checkbox"/>				
7. My child's ability to use the proper words when talking to others is:	<input type="checkbox"/>				
8. My child's ability to get what he/she wants by talking is:	<input type="checkbox"/>				
9. My child's ability to start a conversation, or start talking with other children is:	<input type="checkbox"/>				
10. My child's ability to keep a conversation going with other children is:	<input type="checkbox"/>				
11. The length of this child's sentences is:	<input type="checkbox"/>				
12. My child's ability to make "grown up" sentences is:	<input type="checkbox"/>				
13. My child's ability to correctly say the sounds in individual words is:	<input type="checkbox"/>				

✓ **39. About the child's behavior**

The following list contains statements describing children's behavior and manners. To what extent are the following statements true of your child's behavior for the last 2 months

+	Often/ typical	Sometimes	Never/ rarely
1. Afraid to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can't concentrate, can't pay attention for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can't sit still, restless or hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can't stand waiting; wants everything now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clings to adults or too dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cries a lot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Demands must be met immediately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Disturbed by any change in routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Doesn't eat well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Doesn't seem to feel guilty after misbehaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Fears certain animals, situations or places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Gets in many fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Gets into everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Gets too upset when separated from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Hits others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Nervous, highstrung, or tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Punishment doesn't change his/her behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Quickly shifts from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Stomach aches or cramps (without medical cause)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Too fearful or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Unhappy, sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Vomiting/ throwing up (without medical cause)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Poorly coordinated or clumsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The child is teased/bullied by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Feelings are easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Self-conscious or easily embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. How often does your child wake up during the night?

- 3 or more times per night
- 1-2 times per night
- A few times per week
- Seldom, never

41. Approximately, how many hours does the child usually sleep per night on weekdays?

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

42. About your concerns

	No	Yes
1. Do you have any concerns about how your child speak and pronounce sounds?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you concerned because your child is demanding and difficult to cope with?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you concerned because your child is hardly interested at all in playing with other children?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any concerns because your child's activity level is so high?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have others (family, nursery, health visitor) expressed concerns about your child's development?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you concerned because your child is hardly interested at all in playing with other children?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes:

	No	Yes a bit	Yes a lot
1. Is the child bothered or disturbed by the difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the difficulties affect the child's daily life in any of the following areas:			
- At home/in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ - With friends/ peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- In the kindergarten/ outdoor nursery/ with child minder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the difficulties cause strain on you or the family as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If the child has difficulties, how old was the child when the difficulties started?

/

Questions about yourself

43. What is your current weight?

Weight kg

+

44. Are you pregnant now?

No Yes

45. What are the smoking habits in your household?

	You	Your partner/ spouse
1. Do not smoke	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke sometimes	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke daily	<input type="checkbox"/>	<input type="checkbox"/>
4. If daily - no. Of cigarettes per day.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

+

46. How often do you consume alcohol at present?

- Roughly 6-7 times a week
 Roughly 4-5 times a week
 Roughly 2-3 times a week
 Roughly once a week
 Roughly 1-3 times a month
 Less than once a month
 Never

+

47. How many alcohol units do you usually drink when you consume alcohol? Enter a cross for both weekends and weekdays. (See explanation below about alcohol units.)

	Weekends	Weekdays
10 or more.....	<input type="checkbox"/>	<input type="checkbox"/>
7-9.....	<input type="checkbox"/>	<input type="checkbox"/>
5-6.....	<input type="checkbox"/>	<input type="checkbox"/>
3-4.....	<input type="checkbox"/>	<input type="checkbox"/>
1-2.....	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1.....	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol units:

In order to compare different types of alcohol, we ask for the number of alcohol units (1,5 cl of pure alcohol). This means the following practice:

1 glass (1/3 litre) of beer	= 1 unit
1 wine glass of red or white wine	= 1 unit
1 wine glass of sherry or other fortified wine	= 1 unit
1 brandy glass of spirits of liqueur	= 1 unit
1 bottle of alcopop/cider	= 1 unit

48. Have you had a serious illness or health problems which has arisen during the last 5 years (Heart disease, cancer, muscle disease, serious chronic disease such as diabetes, mental illness, disability or other illness)?

No Yes If No, go to question 50

If Yes,

Report which illness(es) and cross off whether a diagnosis has been given by a medical doctor and if you have been hospitalized for this illness.

Write the name of the illness/disorder	Doctor given a diagnosis		Hospitalization		If you are well, about how old were you?
	No	Yes	No	Yes	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> year
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> year
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> year
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> year

49. Has this or these illnesses/ problems made it difficult for you to function in your daily life, the last 5 years?

No Yes a little Yes a great deal Yes very much

+

50. Have you ever had problems with your physical or mental health which has limited in your work or social activities with friends or family?

No Yes

+

If yes, how much have the problems affected you?

	Very much	A great deal	Some	A little	Not at all
1. Physical health	<input type="checkbox"/>				
2. Mental health.....	<input type="checkbox"/>				

51. Have you been bothered during the last 2 weeks by any of the following? (Enter a cross for each line.)

	Not bothered	A little bothered	Quite bothered	Very much bothered
1. Feeling fearful	<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 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"/>

52. If you have a husband/ boyfriend/ partner, How much do you agree with these descriptions of your relationship with your husband/ partner? (Enter a cross for each line.)

	Completely agree	Agree	Agree somewhat	Disagree somewhat	Disagree	Totally disagree
1. My partner and I have problems in our relationship	<input type="checkbox"/>					
2. I am very happy in my relationship	<input type="checkbox"/>					
3. My partner is generally understanding	<input type="checkbox"/>					
4. I am satisfied with the relationship with my partner	<input type="checkbox"/>					
5. We agree on how children should be raised	<input type="checkbox"/>					

53. How often does this happen in your home? (Enter a cross for each line)

	Never	Almost never	Sometimes	Often	Always
1. You let your child know when he/she is doing a good job with something	<input type="checkbox"/>				
2. You threaten to punish your child and then do not actually punish him/her	<input type="checkbox"/>				
3. You have a friendly talk with your child	<input type="checkbox"/>				
4. Your child talks him/herself out of being punished after he/she has done something wrong	<input type="checkbox"/>				
5. You ask you child about his/her day in childcare	<input type="checkbox"/>				
6. You compliment your child when he/she does something well	<input type="checkbox"/>				
7. You praise your child if he/she behaves well	<input type="checkbox"/>				
8. You talk to your child about his/her friends	<input type="checkbox"/>				
9. You let your child out of a punishment early (E.g. Lift restrictions earlier than you originally said)	<input type="checkbox"/>				

54. Make a cross whether you agree or disagree with the following statements

(Enter a cross for each line from totally disagree to totally agree.)

	Totally disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Totally 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'm 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"/>
6. I really enjoy my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Have you, during the last year, experienced any of the following situations?

	No	Yes, during the last year	Yes, 2-5 years ago
1. Have you had problems at work or where you study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had financial problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been divorced, separated or ended your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had problems or conflicts with family, friends or neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been seriously worried that there is something wrong with the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been seriously ill or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has anyone close to you been seriously ill or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been involved in a serious accident, fire or robbery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been the victim of maltreatment or abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you lost someone close to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other dramatic events/experiences you have had:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe: _____

56. Has any of the events listed in the questions above affected you so that you have been on sick leave or not been able to function in your daily life/ work?

No Yes

+

+

The list below consists of many statements that may fit or not fit as a description of you/your person. Cross off on each line for how you think each statement fit as a description of yourself. If you think a question is difficult to answer, you can skip it and continue with the next question.

57. Describe yourself the way you usually are: (Enter a cross for each line)

	Strongly disagree	disagree somewhat	Neither nor	Agree somewhat	Strongly agree
1. Liven up in a party	<input type="checkbox"/>				
2. Care little about others	<input type="checkbox"/>				
3. Am always well prepared.....	<input type="checkbox"/>				
4. Become easlily distressed.....	<input type="checkbox"/>				
5. Have a rich vocabulary.....	<input type="checkbox"/>				
6. Do not say much	<input type="checkbox"/>				
7. Am interested in other people.....	<input type="checkbox"/>				
8. Leave things lying around	<input type="checkbox"/>				
9. Am usually relaxed	<input type="checkbox"/>				
10. Have problems understanding abstract ideas	<input type="checkbox"/>	<input type="checkbox"/>	+	<input type="checkbox"/>	<input type="checkbox"/>
11. Feel at ease with other people	<input type="checkbox"/>				
12. Offend people	<input type="checkbox"/>				
13. Am attentive to detail	<input type="checkbox"/>				
14. Worry about many things	<input type="checkbox"/>				
15. Have a lively imagination	<input type="checkbox"/>				
16. Stay in the background	<input type="checkbox"/>				
17. Have empathy with other people	<input type="checkbox"/>				
18. Mess things up	<input type="checkbox"/>				
19. Rarely feel in low spirits	<input type="checkbox"/>				
20. Am not interested in abstract ideas	<input type="checkbox"/>				
21. Initiate conversations	<input type="checkbox"/>				
22. Am not interested in other peoples' problems.....	<input type="checkbox"/>				
23. Complete tasks at once	<input type="checkbox"/>				
24. Am easily interrupted	<input type="checkbox"/>				
25. Have excellent ideas	<input type="checkbox"/>				
26. Have little to say	<input type="checkbox"/>				
27. Am good-natured	<input type="checkbox"/>				
28. Often forget to put things back	<input type="checkbox"/>				
29. Become easily upset	<input type="checkbox"/>				
30. Har ikke god forestillingsevne.....	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do not have a good imagination	<input type="checkbox"/>				
32. Am not interested in other people	<input type="checkbox"/>				
33. Like order and tidiness	<input type="checkbox"/>				
34. Lot of mood changes	<input type="checkbox"/>				
35. Am quick to understand things	<input type="checkbox"/>				
36. Do not like to attract attention	<input type="checkbox"/>				
37. Take time to help others.....	<input type="checkbox"/>				
38. Shirk from responsibilities	<input type="checkbox"/>				
39. Often have mood swings.....	<input type="checkbox"/>				
40. Often use difficult words.....	<input type="checkbox"/>				
41. Have nothing against being the centre of attention	<input type="checkbox"/>				
42. Am sensitive to other peoples' feelings.....	<input type="checkbox"/>				
43. Perform according to plan	<input type="checkbox"/>				
44. Become easily irritated	<input type="checkbox"/>				
45. Use time to think things over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+

+		Strongly disagree	disagree somewhat	Neither nor	Agree somewhat	Strongly agree
46. Am quiet in company with strangers	<input type="checkbox"/>					
47. Put others at their ease	<input type="checkbox"/>					
48. Am thorough in my work	<input type="checkbox"/>					
49. Often feel down	<input type="checkbox"/>					
50. Am full of ideas	<input type="checkbox"/>					

+

58. We wish to prepare for child care research in MoBa, and want to look at the connections between child care quality and health. We therefore ask you to name the child's present or previous kindergarten, when the child went there, and in what municipality the kindergarten is placed. This will enable us to gather information from a public kindergarten register (BASIL) so that we can compare different kindergartens based on number of employees, number of employees with Early Childhood Education, kindergarten size, and other resources.

My child has never attended kindergarten

+

Start with the first kindergarten the child attended

Name of the kindergarten	Municipality					
<i>(F.eks Kløverenga barnehage)</i>	<i>(Nes)</i>	<i>(Fall X</i>	<i>Spring <input type="checkbox"/></i>	<i>Year</i>	<i>2</i>	<i>0 0 9)</i>
1.	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Year	<input style="width: 40px; height: 20px;" type="text"/>	
2.	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Year	<input style="width: 40px; height: 20px;" type="text"/>	
3.	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Year	<input style="width: 40px; height: 20px;" type="text"/>	
4.	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Year	<input style="width: 40px; height: 20px;" type="text"/>	

Comments

Have you remembered to fill in the date on which you completed the questionnaire on page 1?
 Thank you very much for your continued participation in The Norwegian Mother and Child Cohort Study.

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