

Parental Time Pressure and Financial Stress - Challenges for Mental Health of Nordic Children and Adolescents

The Sahlgrenska Academy

Hrafnhildur Rós Gunnarsdóttir

Institute of Medicine
at Sahlgrenska Academy
University of Gothenburg



UNIVERSITY OF GOTHENBURG

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hildur.gunnarsdottir@socmed.gu.se

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*To my grandmother, Sigríður Sveinsdóttir (1926-2014) who as a young girl wanted to
study but wasn't privileged with the same opportunities to education as I have been
I know you have been with me in this*

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Hrafnhildur Rós Gunnarsdóttir

Department of Public Health and Community Medicine, Institute of Medicine
Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden

ABSTRACT

Mental health problems are a significant public health concern affecting approximately 10-20% of children and adolescents worldwide. Parents' conditions and experiences are important in determining children's circumstances, health and development; however, few studies exist on parental everyday life challenges and children's health. Thus, the aim of this thesis is to explore parents' experiences of everyday life challenges and, more specifically, how children's and adolescents' mental health problems are associated with parental time pressure and financial stress.

Methods: Qualitative and quantitative methods were used to gather and analyse data from parents in the Nordic countries (Denmark, Finland, Iceland, Norway, Sweden). Interviews were conducted with 25 parents regarding their experiences of everyday life challenges, and the collected data analysed by qualitative content analysis. Data was gathered from 7805 parents of children 2-17 years old by a postal survey and associations examined with simple and multiple logistic regression analysis in three cross-sectional studies.

Results: Parents described everyday life, influenced by demands and expectations, and time pressure as considerable challenges. Time pressure was reported as an issue in keeping up with daily life by 14.2% of mothers and 11.6% of fathers. Increased odds of mental health problems were found among both boys (OR 1.80 95% CI 1.32-2.46) and girls (OR 1.95 95% CI 1.42-2.66) of parents experiencing time pressure. A significantly larger proportion of parents

in Iceland reported financial stress than in the other countries. Children of parents with financial stress had increased odds of mental health problems in all the countries (Denmark OR 2.59 95% CI 1.77-3.78; Finland OR 2.09 95% CI 1.44-3.03; Norway OR 2.19 95% CI 1.42-3.38; Sweden OR 2.51 95% CI 1.65-3.81) but this was significantly lower in Iceland (OR 1.33 95% CI 0.92-1.92) than the others.

Conclusions: In light of time pressure as a growing feature of modern societies, the findings in this thesis may contribute to the explanation as to why mental health problems are common among children in Nordic countries in spite of otherwise favourable conditions for child health and development. The differences in the associations of financial stress and children's mental health problems between countries, with the weakest associations seen where the prevalence of financial stress was highest, emphasises the importance of considering mechanisms of social comparison and relative deprivation as potential contributors to mental health problems among children and adolescents.

Keywords: children, parents, mental health problems, strengths and difficulties questionnaire, Nordic countries, time pressure, financial stress

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SAMMANFATTNING PÅ SVENSKA

Psykisk ohälsa är ett omfattande folkhälsoproblem som drabbar en betydande andel av nordiska barn och ungdomar. Föräldrars förutsättningar och levnadsförhållanden är viktiga bestämningsfaktorer för barns hälsa och välbefinnande men få studier finns om sambanden mellan föräldrars vardagsutmaningar och barns psykiska hälsa. Således är syftet med denna avhandling att undersöka föräldrars upplevelser av vardagsutmaningar och, mer specifikt, vilket samband som finns mellan barn och ungdomars psykiska ohälsa och föräldrars upplevda tidspress och ekonomiska bekymmer.

Datainsamlingen genomfördes med kvalitativa intervjuer och med en postenkät som skickades ut till föräldrar till slumpmässigt utvalda barn, 2-17 år, i de fem nordiska länderna Danmark, Finland, Island, Norge och Sverige. Intervjuer genomfördes med 25 föräldrar om erfarenheter av vardagsutmaningar och analyserades med kvalitativ innehållsanalys. Data från 7805 föräldrar samlades in med postenkäten och logistisk regressionsanalys användes för att undersöka samband. De intervjuade föräldrarna beskrev en vardag kännetecknad av krav och förväntningar och de beskrev tidspress som en betydande utmaning. I tvärnittsstudierna rapporterade 14.2% av mammorna och 11.6% av papporna tidspress d.v.s. att de oftast hade svårt att hinna med det som behövde göras i vardagen. Högre odds för psykisk ohälsa fanns bland både pojkar (OR 1.80 95% CI 1.32-2.46) och flickor (OR 1.95 95% CI 1.42-2.66) till tidspressade föräldrar. En betydligt större andel föräldrar på Island rapporterade ekonomiska bekymmer än i de andra länderna. Barn till föräldrar med ekonomiska bekymmer hade högre odds för psykisk ohälsa i samtliga länder (Danmark OR 2.59 95% CI 1.77-3.78; Finland OR 2.09 95% CI 1.44-3.03; Norge OR 2.19 95% CI 1.42-3.38; Sverige OR 2.51 95% CI 1.65-3.81), men oddsen var betydligt lägre bland isländska barn (OR 1.33 95% CI 0.92-1.92). Med tanke på den utbredda upplevelsen av tidspress i dagens samhälle och betoningen av materiella värden kan resultaten i denna avhandling sammanfattningsvis bidra till en förståelse av varför psykisk ohälsa är vanligt förekommande trots andra förmånliga förutsättningar för barns hälsa och välbefinnande. Skillnaderna i sambanden mellan ekonomiska bekymmer och barns psykiska ohälsa mellan de nordiska länderna visar på vikten av att undersöka processer av social jämförelse och relativ fattigdom som potentiella bidragande faktorer till barn och ungdomars psykiska ohälsa.

SAMANTEKT Á ÍSLENSKU

Andleg vanlíðan er mikilvægt lýðheilsuvandamál sem hefur áhrif á verulegan hluta norrænna barna og unglings. Lífsskilyrði og lifnaðarhættir foreldra eru mikilvægir áhrifaþættir heilsu og vellíðanar barna og unglings en fáar rannsóknir hafa verið gerðar á sambandi daglegra áskorana foreldra og andlegrar heilsu barna. Tilgangur rannsóknarinnar var þess vegna að kanna upplifun foreldra af áskorunum hversdagslífssins og rannsaka nánar tengsl andlegrar vanlíðanar barna og unglings við tímaskorts og fjárhagserfiðleika foreldra.

Um þversniðsrannsókn er að ræða þar sem bæði eigindlegum og megindlegum aðferðum er beitt. Eigindleg viðtöl voru tekin við 25 foreldra 3-5 ára barna um upplifanir þeirra af áskorunum hversdagslífssins og voru viðtölin greind með eigindlegri innihaldsgreiningu. Spurningalisti var sendur árið 2011 til handahófsúrtaks foreldra 3000 2-17 ára barna frá hverju Norðurlandanna fimm: Danmörku, Finnlandi, Íslandi, Noregi og Svíþjóð, og bárust svör frá samtals 7805 foreldrum. Andleg vanlíðan var metin með íslenskri útgáfu af alþjóðlega kvarðanum Strengths and Difficulties Questionnaire (SDQ-Ice) og þau börn og unglings sem fengu stig ofan 90. hundraðsmarksins voru skilgreind með andlega vanlíðan. Tvíkosta aðhvarfsgreining var svo notuð til að reikna líkindahlutfall fyrir andlega vanlíðan barna og unglings í tengslum við tímaskort og fjárhagserfiðleika foreldra með 95% öryggismörkum.

Í viðtolunum lýstu foreldrar hversdagslífi sem einkenndist af miklum kröfum og væntingum ásamt því að lýsa tímaskorti sem þýðingarmikilli áskorun. Niðurstöður spurningalistakönnunarinnar sýndi að 14,2% mæðra og 11,6% feðra upplifðu tímaskort í miklrum mæli. Marktækt samband fannst á milli andlegrar vanlíðanar bæði drengja (OR 1,80 95% CI 1,32-2,46) og stúlkna (OR 1,95 95% CI 1,42-2,66) og tímaskorts foreldra. Hátt í helmingur íslenskra foreldra greindi frá fjárhagserfiðleikum sem var talsvert hærra hlutfall en meðal foreldra á hinum Norðurlöndunum. Marktækt samband á milli fjárhagserfiðleika foreldra og andlegrar vanlíðanar barna og unglings fannst meðal þátttakenda í öllum löndunum (Danmörk OR 2,59 95% CI 1,77-3,78; Finnland OR 2,09 95% CI 1,44-3,03; Noregur OR 2,19 95% CI 1,42-3,38; Svíþjóð OR 2,51 95 % CI 1,65-3,81), nema á Íslandi en þar var sambandið bæði marktækt veikara og ekki tölfraðilega marktækt (OR 1,33 95% CI 0,92-1,92).

Niðurstöður rannsóknarinnar geta stuðlað að bættum skilningi á algengi andlegrar vanlíðanar barna og unglíngu á Norðurlöndunum þrátt fyrir þau hagstæðu lífsskilyrði sem þar eru. Ekki síst ef settar eru í samhengi við mikilvægi efnislegra gilda í nútímasamfélögum og hversu algengt það er að fólk finni fyrir tímaskorti. Mismunur á styrk sambandsins milli fjárhagserfiðleika foreldra og andlegrar vanlíðanar barna milli landa sýnir gildi þess að kanna mikilvægi félagslegs samanburðar og afstæðrar fátaktar sem mögulegra áhrifavalda andlegrar vanlíðanar barna og unglíngu.

LIST OF PAPERS

This thesis is based on the following studies, referred to in the text by their Roman numerals.

- I. Gunnarsdottir H, Povlsen L, Ringsberg KC. Health lifestyles of preschool children in Nordic countries – parents' perspectives. *Health Promotion International*, 2013. [E-pub ahead of print]. DOI: 10.1093/heapro/dat079
- II. Gunnarsdottir H, Petzold M, Povlsen L. Time pressure among parents in Nordic countries: A population based cross-sectional study. *Scandinavian Journal of Public Health*, 2014; 42(2):137-145.
- III. Gunnarsdottir H, Bjereld Y, Hensing G, Petzold M, Povlsen L. Associations between parents' subjective time pressures and mental health problems among children in the Nordic countries. A population based study. Submitted for publication.
- IV. Gunnarsdottir H, Hensing G, Povlsen L, Petzold M. Relative deprivation in the Nordic countries - Child mental health problems in relation to family financial stress. Submitted for publication.

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ABBREVIATIONS

CI	Confidence Interval
DSM	Diagnostic Statistical Manual of Mental Disorders
ICD	International Classification of Diseases
MHP	Mental Health Problems
OECD	Organisation of Economic Co-operation and Development
SD	Standard Deviation
SDQ	Strengths and Difficulties Questionnaire
TDS	Total Difficulties Score

DEFINITIONS IN SHORT

Health Lifestyle

“Interacting patterns of health related behaviours, orientations and resources adapted by groups of individuals in response to their social, cultural and economic environment” (1)

Financial stress

Self-reported difficulties with regular expenses and/or lack of cash reserves (ability to get hold of 1500 EU within a week if needed)

Mental health problems

When used in this thesis, the term mental health problems refer to children’s emotional and behavioural problems, as measured by the SDQ or similar instruments (total difficulties or subscales) unless other is specified.

1 INTRODUCTION

Mental health problems are a significant public health concern affecting approximately 10-20% of children and adolescents worldwide (2). This also holds true in the Nordic countries, despite favourable conditions for families and children, including extended public child health care services and generous family policies. Children have a right to health and safety in childhood and child health is an important determinant for adult health (3,4). Children's circumstances often are determined by the conditions and actions of their parents, just as the family and the everyday life are important contexts in which health is learned and created. As such, children's and parents' lives are to a great extent intertwined, especially when children are younger, before they gradually achieve individual independence during adolescence and eventually transition to adulthood. Köhler (4) emphasises the importance of considering children's health with regards to social, economic and political contexts. Since children's mental health problems embrace a complexity of individual, familial and societal aspects, causes and consequences (2) there is a need to approach the issue from various perspectives. One of these perspectives is the everyday life situation of parents. Thus, this thesis contributes to the field of child public health by exploring parents' experiences of everyday life challenges and their associations with children's and adolescents' mental health problems in the context of the Nordic welfare states.

1.1 The Nordic context

The context of this thesis is the welfare states of the Nordic countries (Denmark, Finland, Iceland, Norway and Sweden) which according to Esping-Andersen's (5) typology are of a distinct social democratic type. It is characterised by a union of welfare and work in a large public sector and proposes solidarity and equality through universal public transfers with the state as the main agent responsible for social provision (5). It is often referred to as 'the Nordic Model' and has been regarded a successful example for other evolving welfare states to take after (6). Recently, the unique position of the Nordic model in a global context has been questioned as it has moved away from its initial core values and at the same time other types of welfare regimes increasingly resemble the Nordic model (6,7). Nevertheless, Valkonen and Vihtiälä (7) concluded that it is still justifiable to speak about a Nordic model as

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it, in spite of tribulations - the global financial crisis, for example - has managed to deliver high employment rates both among men and women, high gender and income equality and high societal trust among its citizens.

Family policies supporting dual-earner families are prominent features of the Nordic model (8,9). They are operationalised through high societal responsibilities for care of children and elderly, favourable parental leave and universal child benefits (8). This has contributed to high labour participation among women, (5,8) a large proportion of children attending day care (9,10) and an enhanced degree of gender equality and individual economic independence (5,11). These foundations of the Nordic model are universal for all Nordic countries and its robust core of paid parental leave and universally available childcare services have become vital components of working parents' organisation of everyday life (9). The more detailed formation of family policies differ between the countries and can differ within the countries over time related to the political orientation of national governments (9).

With regards to paid parental leave, it is the length, compensation level and inclusion of fathers' quotas that are and have been varying. The variations have been related to whether the incentives of the policies are first and foremost to supply the labour market and promote maternal employment or to promote fathers involvement in care, children's right to both parents and gender equality. Regarding childcare services it is the degree of coverage, charge and inclusion of cash for childcare policies that vary related to whether the incentives have been to increase labour market participation among parents or investments in human capital through education and equality in children's upbringing (9,11).

The profound tax-benefit system of the Nordic model, with its redistributive effects, have contributed to an income equality among the highest worldwide even though inequalities have been increasing in the Nordic countries just as in other OECD (Organisation of Economic Co-operation and Development) countries during the last 20 years (12,13). In spite of sharing similar social, political and cultural structures, there are also differences in the countries' realisation of or conformity to the Nordic model. For example, the social security systems in Finland, Norway and Sweden have been considered more universal than the Danish system which mainly includes targeted basic benefits enhancing the role of private security systems (8).

The Icelandic system is similar to the Danish system and is considered to be the one evolving furthest away from the traditional values of the Nordic model, contributing to an income inequality average of the OECD countries in the year 2007 instead of the top five previously (14). Iceland also became the country most harshly and abruptly affected by the global financial crisis in 2008 (13,15). After the crisis, income inequality increased considerably in the OECD countries, but this change was most significant in countries with previously low inequalities such as the Nordic countries. This was particularly evident in Sweden, where the national increase was enough to place it at the top of the list of Nordic countries with highest income inequalities. As a consequence, the relative poverty rates increased in households with children and young adults. Iceland, however, was an exception, as inequalities decreased substantially in the wake of the crisis, most likely due to a large fall in income among those previously at higher income level (13).

1.2 The everyday life challenges of time and money

Modern Western culture has been described as characterised by materialism and individualism which emphasise the importance of money, properties and consumption (16), with the Nordic countries no exception. An embedded focus on economic growth and efficiency includes calculation of time which specifies time as a valuable resource, just as money (17,18). How to share responsibilities and allocate paid and unpaid work in order to get the highest possible output in the form of time (to do things that need to be done) and money (to meet financial obligations) thus becomes an important task in the organisation of everyday life among dual-earner families of the Nordic countries.

In households with children living at home, mothers tend to spend more time with housework than fathers and less time in paid work and leisure. Such disparities have been found to be larger in countries with a traditional male breadwinner structure and less social responsibilities for childcare (19). According to Nordic time-use studies (20–23) the disparities in women and men's time usage have declined during the last decades in all of the Nordic countries, both in households with and without children. Women spend more time in paid work than previously while men spend more time in housework. Total amount of time spent in work (paid and housework) have become similar among men and women in all countries except Finland, where women's total

working time is longer than men's. On the other hand, mothers in all of the Nordic countries are still spending more time in childcare than fathers (ibid).

In modern societies the financial situation has gained importance beyond affording the daily necessities as consumption is considered to provide people with meaning, purpose and social identity (24). Bauman (25) describes how consumption has developed to become the main status marker and that consumption of not only necessities such as food and clothes but also services and leisure activities occupy an increasing part of everyday life. This may contribute to increased pressure in families with scarce financial resources and to increased family vulnerability to changes in the financial landscape.

Parental time pressure and potential importance for children's mental health

Strazdins (26) proposed time scarcity as an emerging health risk in modern societies. As other daily hassles, the constant feeling of time pressure or being in rush can lead to psychological distress (27,28). Previous research has found that the experience of continuous time pressure can have a negative impact on parents' self-reported wellbeing (29) and that it is associated with distress and depression among parents (30). A Swedish study demonstrated that parents in households with children living at home experienced more time pressure than people in households without children (31) and that women in general experience more time pressure than men (32).

Time pressure has emerged as a considerable social problem in modern societies (18) and has become a common theme in popular discourse (33,34). However, great variations of terms are being used when discussing the concept of time pressure and diversity of experiences is hiding behind the terms. Szollos (28) highlights two dimensions of time pressure usable in research: the *crude time shortage*, which is an objective, measurable and most likely, controllable event and a more *subjective dimension* embracing the feeling of constantly being rushed, the experience of hectic pace, fragmented time and demands to do things faster. Similarly, Southerton and Tomlinson (33) point out the importance of not to associate the feeling of being *pressed for time* solely to concrete *lack of time* when addressing time pressure. In this thesis, the subjective dimension is in focus, referred to as time pressure here after.

Time pressure arises in interaction between the individual and the environment (28) and is generated within the frame of paid work as well as within other

frames of everyday life (17). It concerns the organisation of social practices within a certain time unit (17,33), both practices people have to do and practices people want to do (35). If there is a discrepancy between the standards or the ambitions of what people want to/have to do and the realisations of these, time pressure becomes problematic, and if it is experienced as out of control or chronic it can be threatening to health (17).

The emerging time pressure has been related to ongoing social changes, more specifically economic, cultural and technological changes that are characterising modern societies (33). With the embedded focus on economic growth and efficiency, calculation of time and attempts to get the largest possible output per time unit lead to accelerated pace of life; everything has to happen now and fast (17,18). The technological changes, of which many were considered to save time, have rather made multi-tasking a natural pattern and intensified social practices (*ibid*). Dencik et al (2008) describe how such changes mandate that individuals must constantly and quickly adapt to new things and attitudes and end up living their lives at a turbo-charged pace, generating feelings of time pressure.

To our knowledge no previous studies have investigated the relationship between parents' subjective time pressure and children's mental health problems. Previous research, however, has demonstrated associations between other types of parental strain (36–38) as well as parental depression (36,39) and children's and adolescent's mental health problems.

Parental financial stress and importance for children's mental health

The socioeconomic status (SES) including income, educational level and occupational status, is an established determinant of health revealing that those with lower SES often have worse health outcomes (40,41). Previous research has demonstrated associations between low income and poor health and mortality among adults (42) and children (43,44). Income redistribution systems have thus been considered important for improving the health of populations and as such the Nordic model can be seen as a successful example by its buffering effects on the impacts of low income on health (8).

The United Nations include lack of capacity to participate effectively in society because of financial difficulties in their designation of poverty (45) and Townsend (46) pinpointed that lack of resources regarded necessary to a normal

lifestyle in a certain society should be regarded indicators of deprivation. Marmot and Wilkinson (24) emphasise that health and well-being in rich countries are more strongly related to relative income than absolute, and that social position and psychological effects of relative deprivation are also important when explaining health inequalities. Yngwe et al (47,48) found stronger association between relative deprivation and long-term illness among those with greater ability to consume and that associations between relative deprivation and self-rated health were not significant among individuals in the lowest income levels. Likewise, Bernburg et al (49) found weaker associations between financial hardship and individual outcomes among adolescents in school-communities with high prevalence of financial hardship than in school-communities with low prevalence.

However, crude income level, whether absolute or relative, may not be a sufficient measure of financial difficulties (50). If trapped in the shackles of debt, people can easily experience financial difficulties regardless of income level and people with low income can as well live without any difficulties if expenses are low and consumptions levels in balance. Perceived financial stress (self-reported lack of cash reserves and/or problems with regular expenses) has been found associated with poor health outcomes (51,52) anxiety and depression (50,53) among adults and even more so than low income per se (51). Previous research has also demonstrated associations between self-reported (parental) financial difficulties and mental health problems among children (54). Previously it has been proposed that boys and girls react differently upon stressors but results from previous studies are inconsistent about the differences in the association between socioeconomic status and mental health among boys and girls (55). Amone-P'Olak et al (56) found no gender differences in the associations between socioeconomic status and mental health problems among children 12-15 years old, and neither did Fröjd et al (57) when studying associations between perceived financial stress and negative mental health outcomes among 15-16 years old. Due et al (58) found higher odds of mental health problems among boys with low socioeconomic status, whereas Leve et al (59) found more mental health problems over time among girls. Whether the inconsistency in results depends upon differences in methods and measures, different age spans of the children or real difference in reactions is unclear but indicates that gender differences need to be considered when associations between financial stress and mental health problems among children and adolescents are studied.

1.3 Ecology of the family as a context for child health and development

Within the Nordic model and its generous family policies and childcare services the family is still an important context for children's health and development. Of family processes, those of main importance are parent-child relationships, which have been found crucial for children's and adolescents' mental health and are influenced by various individual (e.g. parent and child characteristics) and environmental factors (e.g. living conditions) (60). The challenges of time pressure and financial stress in the everyday life of parents can be considered a part of the environmental factors affecting parent-child relationships and thus of importance for their health and development. In his ecological model, Bronfenbrenner (61) conceptualises the importance of interactions of the individual and the immediate as well as the remote environment for human development. The model is conceptually compounded of nested structures, each enclosed by the next (Figure 1). The innermost is referred to as the *microsystem* embracing the individual and his/her activities and interpersonal relations in intimate settings such as the home or the school of a child, a setting where the individual participates in face-to-face interactions. The next one, the *mesosystem*, is a system of microsystems, embracing the interrelation of the settings the individual is actively participating in, e.g. for a child the relations between home and school or peer-group. The *exosystem* embraces the interrelations between systems the individual is not actively involved in but may be affected by, such as processes in the settings involving, for example, parents' work place in the case of the child. The outermost structure enclosing all the others is the *macrosystem*, representing the cultural environment including subcultures, ideologies and belief systems. Between all the systems a reciprocal interaction exists (61). Later Bronfenbrenner (62) added a time dimension to his model, the *chronosystem*, embracing the importance of extrafamilial transitions over time or during the life course for the intrafamilial processes.

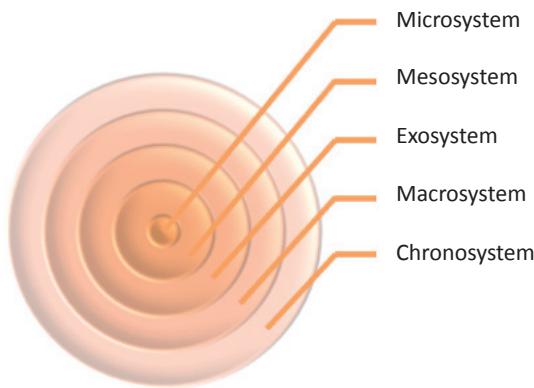


Figure 1. Illustration of Bronfenbrenner's model of the ecology of human development

Bronfenbrenner (62) further proposes how the ecological model can be used as a framework to understand how environmental influences affect the capacity of families to promote favourable development of their children. The family is the microsystem of the model and the interrelations with day-care, school and peer-group are the main mesosystems influencing the family processes. The parents' workplace, their other social networks and the community/neighbourhood are the main exosystems affecting the family processes according to Bronfenbrenner. Most relevant to this thesis are the relations between family processes and parental participation in other settings of adult life.

1.4 Mental health problems of children and adolescents

During the last decades, the main child health challenges in Western societies have shifted from perinatal mortality, infectious diseases and malnutrition to obesity, mental health problems and risky health behaviour. The main reasons for the shift in children's health problems have been related to improved living conditions, better education, progress of methods for treatments and vaccinations (3). The main existing health challenges among children thus are considered lifestyle related or non-communicable, similar to the challenges among the adult population (63).

Children's mental health problems embrace a broad range of behavioural, emotional and mental disorders. The American Academy of Paediatrics (AAP)

(64) defines mental health problems as behavioural or emotional signs or symptoms that cause impairment but do not necessarily meet the diagnostic criteria for a mental health disease/psychiatric diagnosis. They further describe that the term encompasses neurodevelopmental, psychological, socio-emotional problems as well as substance abuse and adjustment to stressors. Moreover, mental health problems also can embrace psychosomatic symptoms as fatigue, headaches, eating disorders and functional gastrointestinal symptoms (65).

By such an inclusive definition, comparing studies and determining the burden of mental health problems in childhood becomes challenging. Referencing studies of representative samples of children with diagnoses based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD), Kieling et al (2) concluded that mental health problems affect 10-20% of children and adolescents worldwide. However, they highlighted the wide range of prevalence (1.8% - 39.4%), which they suggested to be caused by heterogeneity in measurements and data gathering that in turn challenges the assessments of global burden of mental health problems. After reviewing studies of prevalence, trends and determinants of mental health among children and adolescents in the Nordic countries, Augustsson and Hagquist (66) declared that only tentative conclusions could be drawn due to differences in measurements between countries and studies.

The challenging disparities are twofold: First, related to the aspects of mental health problems measured and second, related to the informants from whom data is gathered. Scales have been developed to measure the different aspects of mental health. The Child Behaviour Check List (CBCL) (67) and the Strengths and Difficulties Questionnaire (SDQ) (68) used to measure emotional and behavioural problems and which corresponds with psychiatric diagnoses according to ICD-10 and DSM-IV (69,70). The KIDSCREEN – Health Related Quality of Life Questionnaire used to measure health related quality of life as an aspect of mental health among children and adolescents (71,72). Further, the Health Behaviour in School Children – Symptom Checklist, capturing subjective health complaints as an aspect of mental health, is widely used (73,74) just as children's self-reported psychosomatic symptoms are aspects of mental health problems commonly measured (75,76). Moreover, data is gathered from different informants - either children themselves, parents or teachers - which is challenging when research results are compared (2).

Estimations of the prevalence of overall mental health problems measured by SDQ vary between countries and age groups but have been estimated at 5% among 5-7 year olds in Denmark (77), 7% among boys and 12% among girls 13-15 years old in Finland (78) and 7% among 8-10 year olds in Norway (79). In spite of challenges in determining the prevalence and trends in child mental health in different population, researchers are consistent about mental health problems being common among children and an important public health issue (2,65,79,80).

Risk factors for mental health problems among children and adolescents

As mentioned above, parent-child interactions are considered of major importance for children's mental health (60) and abuse and neglect are widely investigated risk factors for mental health problems in childhood and in adulthood (e.g. Clark, Rodgers, Caldwell, & Stansfeld, 2007; Kieling et al., 2011). A range of other psychosocial risk factors related to the family has been associated with mental health problems among children in different age groups. For example, socioeconomic status (SES) has been found to be associated with mental health problems among children 4-5 years old (82), 11-13 years old (54) and 8-18 years old (83). Parental strain assessed by the perceived burden of such things as housekeeping, being a single parent, job-related or financial problems has previously been found a predictor of mental health problems among children 7-17 years old (36) and so has high level of family conflicts (36,37). Moreover, high levels of work-family strain have been associated with mental health problems among children 4-5 years old (38). Previous studies have indicated that girls react more negatively to stressors than boys (37,84) and that the differences in stress reactions between boys and girls generally appear during adolescence (85,86) suggesting that these differences are important to consider when studying child and adolescent mental health. Certain mental health problems are considered genetic just as risk factors related to other than the family context (e.g. school environment and peer-relationships) of children's life have been identified but investigating these are beyond the scope of this thesis.

1.5 Thesis rationale

Figure 2 outlines the conceptual structure of this thesis. Drawing upon mental health problems among children and adolescents (1) as a significant public health concern and the importance of parents' actions and conditions (2) for children's and adolescents' health and development, the thesis explores parental

experiences of everyday life challenges and their associations to children's and adolescents' mental health problems. Two challenges were in focus: time pressure and financial stress. Time pressure was chosen since it has been proposed as an emerging health risk in modern societies and because there is a current research gap regarding the associations between time pressure and children's mental health problems. Financial stress was included due to the fact that Nordic countries were differently affected by the financial crisis in 2008 and studies of the associations with children's mental health problems after the crisis are few. Further, it is important to consider children's and adolescents' health in their economic, social and political context.

Therefore, this thesis is framed by aspects of the Nordic welfare states (3) which are considered important for parents' experiences of time pressure and financial stress. Bronfenbrenner's ecological model of human development was used as a theoretical framework in order to enhance the understanding of possible mechanisms of explanations between parental time pressure/financial stress and children's and adolescents' mental health problems.

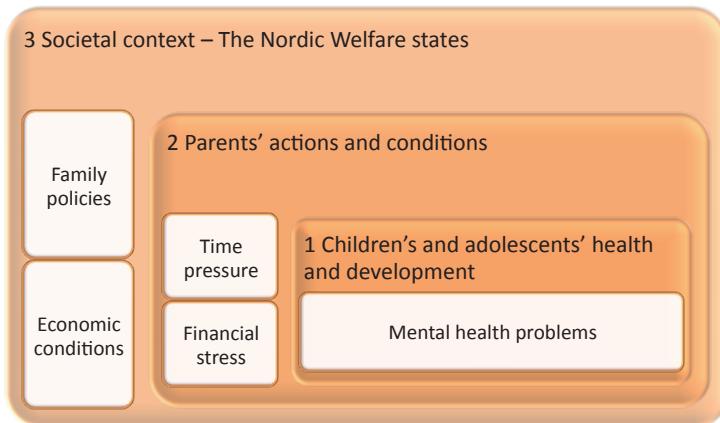


Figure 2. The thesis conceptual structure

2 AIM

The overall aim of this thesis is to explore parents' experiences of everyday life challenges and how children's and adolescents' mental health problems are associated with parental time pressure and financial stress.

2.1 Study objectives

The specific objectives of the included studies were to:

Study I: Explore factors that parents of preschool children in the Nordic countries experienced as influencing health lifestyles in their children's everyday life.

Study II: Estimate the prevalence of time pressure experienced by parents in the Nordic countries and examine potential gender disparities as well as associations to parents' family and/or living conditions.

Study III: Examine the association between parents' time pressure and children's mental health as well as potential age and gender differences.

Study IV: Examine the association of parental financial stress and child mental health problems in the Nordic countries with focus on potential differences between the countries. The aim was further to examine age and gender differences in the association between child mental health and family financial stress.

3 METHODS

This thesis consists of four individual studies using both qualitative and quantitative research approaches. Without claiming to be rigidly conducted within a particular philosophical paradigm this thesis is conducted from the ontological assumption of an existing reality independent from thoughts and experiences, and that the expression of the reality and its impact on people is dependent on thoughts, experiences and social mechanisms (inspired by a critical realistic perspective ascribed to the philosopher Roy Bhaskar as described in Houston (87) and Danermark (88)). Further according to Porter (1998 p 173 in Houston (87) society (and the natural world) is considered to be comprised of a range of systems “*in which there are many structures operating simultaneously, some reinforcing and some contradicting each other*”. From such perspective identifying, analysing and explaining social mechanisms and their associations/causal tendencies becomes more interesting than mainly aiming at identifying a firm prediction of the outcome.

Table 1. Overview of study design, population, measurements and data analysis

Study	I	II	III	IV
Design	Qualitative Individual semi-structured interviews	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
Population	Parents of children 3 – 5 years old	Parents of children 2 – 17 years old	Parents of children 4 – 16 years old	Parents of children 4 – 16 years old
	5 from each Nordic country	n=5949 Denmark: n=1596 Finland: n=1416	n=4952 Denmark: n=1314 Finland: n=1181	n=6330 Denmark: n=1384 Finland: n=1200
	19 mothers 6 fathers	Norway: n=1505 Sweden: n=1432	Norway: n=1288 Sweden: n=1169	Norway: n=1320 Sweden: n=1182 Iceland: n=1244
Measures	Interview guide Main themes: Health, Lifestyle, Influencing factors	Time pressure Family and living conditions	Time pressure SDQ-TDS	Financial stress SDQ-TDS
Analysis	Qualitative content analysis	Descriptive Logistic regression analysis	Descriptive Logistic regression analysis	Descriptive Logistic regression analysis

3.1 Study designs and participants

Qualitative study design (Study I)

Study I was conducted within the frame of the Nordic Lifestyle Workshop (89), a project initiated by the Nordic Council of Ministers, operated during the period 2010 – 2012 and hosted by the Nordic School of Public Health in Gothenburg, Sweden. When selecting participants for the project both purposive and convenience sampling were used. Purposive sampling means that a group of individuals of a particular character or in a particular context are selected (90) which in our case included the municipality chosen by the criteria of being a medium sized city according to national standards and with established local governmental health promotion work/policies. Moreover, the participants were to be parents of children 3-5 years old attending a pre-school in the included municipality and include both mothers and fathers. Through appointed contact persons at the local government offices, usually a person responsible for the child-care services, one or two preschools in each municipality were invited to participate in the project. All parents of children 3-5 years old attending the participating preschools were invited to participate in the project through an information letter and oral presentation of the project. The recruitment turned out to be challenging as rather few parents took the contact or accepted the invitation, resulting in a convenience sample regardless of background factors. Convenience sampling means that participants that are convenient to recruit are selected, for instance because they are close at hand or likely to respond (90). In total 36 parents participated in the project and in order to get an equal distribution of parents, five from each country were included in the analysis of Study I. They were purposively selected to get as much variation as possible regarding the participants' gender, education, employment and marital status. In total 25 parents were included, 19 mothers and six fathers of whom the majority were married, had a higher education and permanent employment.

Population based cross-sectional survey (Studies II-IV)

The Nordic Study of Children's Health and Wellbeing (NordChild) is a cross-sectional survey which was conducted in the five Nordic countries of Denmark (DK), Finland (FI), Iceland (IS), Norway (NO) and Sweden (SE), in three "cycles", in 1984, 1996 and 2011 (91). Studies II - IV are based on data from the NordChild study conducted in 2011. The main aim of the NordChild studies

has been to analyse health, wellbeing and quality of life among children, 2-17 years old and relate the results to societal changes during the last decades.

In NordChild a stratified sampling based on age and gender was made from the total population of children age 2 – 17 years old and consisted of approximately 3000 children from each country, randomly sampled from the strata. In the cover letter accompanying the questionnaire the person considered to be the child's primary caregiver was asked to answer the questions and if possible together with the child. In the 2011 version 7805 parents returned the questionnaire, the response rate after reminders was 54.1% in DK, 48.1% in FI, 47.5% in IS, 49.4% in NO and 45.7% in SE (91).

3.2 Data collection

Semi structured interviews (Study I)

Semi-structured telephone interviews, each lasting between 25 minutes and one hour were conducted in 2010 and 2011. Telephone interviews were considered the most suitable interview mode, as it was a clear preference when consulting the participating parents. It was as well considered both time- and cost-effective as the participants were situated in five different countries.

An interview guide with structured main questions was utilized and follow-up questions were used when needed. Examples of questions are “*Can you describe a typical day of your week for me?*”, “*Which factors do you consider most important regarding your child's health and lifestyle?*”, “*Do you experience any challenges regarding health and lifestyle in everyday life?*”, “*How do you handle these challenges?*” The participants were encouraged to reflect freely about the questions, and when appropriate they were asked to describe *why* or *how* they considered things to be.

To ensure that a person fluently speaking their language interviewed the parents, three different persons conducted the interviews. All three interviewers were using the same interview guide. The interviews were audio taped and transcribed verbatim by native speaking persons.

Postal questionnaire (Studies II-IV)

The NordChild survey consisted of a postal questionnaire, divided into seven sections each consisting of five to 15 questions. The different sections embraced questions about the child's family conditions/structure, health, development, health care utilisation, the family's media use, living conditions and parents'

health and wellbeing. The questionnaire was originally constructed in 1986 by a group of researchers from all the Nordic countries in cooperation hosted by the Nordic School of Public Health. The questions were originally formulated in Swedish and then translated and cross-translated to each of the Nordic languages in cooperation of researchers and language experts. During the occasions in 1996 and 2011 some new questions were added and old ones adjusted if outdated; all changes were restricted in order to keep the questions as comparable as possible.

3.3 Measurements

Children's mental health

(Outcome variable Study III and IV)

The children's mental health problems were assessed by the parent version of the Strengths and difficulties questionnaire (SDQ) (68). The SDQ is a widely used instrument that has been found a comprehensive measurement of overall mental health problems among children 4-16 years old (69,70,92,93). It was designed based upon previously well-established behavioural screening questionnaires, the Rutter questionnaire (94,95) and the Child Behaviour Checklist (CBCL) (95,96) to meet a need for a modernised and user friendly instrument to be used by researchers, physicians and educationalists (68). What distinguish the SDQ from its predecessors are its compact format and the inclusion of items not only about difficulties but also about strengths. The SDQ has been found to correlate highly with both the Rutter questionnaire and the CBCL (93,97).

The SDQ consists of 25 items covering emotional, peer and behavioural problems as well as hyperactivity and pro-social behaviour divided into five subscales (68). Each subscale consists of five items as follows:

Hyperactivity scale: “*Restless, overactive, cannot stay still for long*”, “*Constantly fidgeting or squirming*”, “*Easily distracted, concentration wanders*” “*Thinks things out before acting*” and “*Sees tasks through to the end, good attention span*”

Emotional symptom scale: “*Often complains of headaches, stomach-ache or sickness*”, “*Many worries, often seems worried*”, “*Often unhappy, down-hearted or tearful*”, “*Nervous or clingy in new situations, easily loses confidence*” and “*Many fears, easily scared*”

Conduct problems scale: “Often has temper tantrums or hot temp”, “Often fights with other children or bullies them”, “Often lies or cheats” and “Steals from home, school or elsewhere”.

Peer problems scale: “Rather solitary, tends to play alone”, “Has at least one good friend”, “Generally liked by other children”, “Picked on or bullied by other children” and “Gets on better with adults than with other children”

Prosocial scale: “Considerate of other people’s feelings”, “Shares readily with other children (treats, toys, pencils, etc.)”, “Helpful if someone is hurt, upset or feeling ill”, “Kind to younger children” and “Often volunteers to help others (parents, teachers, other children)”.

Each item has the response alternatives: “Not true”, “Somewhat true” or “Certainly true”. The 15 items of negative statements are scored zero for “Not true”, one for “Somewhat true” and two for “Certainly true”. The five items of positive statements are scored the opposite, two for “Not true”, one for “Somewhat true” and zero for “Certainly true”. Each subscale thus generates a score ranging from zero to 10. The SDQ total difficulties score (TDS) is the sum of the hyperactivity, emotional problems, conduct problems and peer problems scales, generating a scale score ranging from zero to 40 (68). The SDQ total difficulties score (TDS), which is the sum of the subscales covering hyperactivity, emotional, peer and behavioural problems, is a measure of overall child mental health problems and has in number of previous research been shown to correspond well with psychiatric diagnosis according to ICD-10 and DSM-IV (69,70,98,99).

The generally accepted approach when identifying children that are at high risk of having psychiatric disorders in general population samples is to use the 90th percentiles of the scales scoring as a cut-off point (96,100). Accordingly when using the SDQ, Goodman (68) recommends a classification of children scoring under the 80th percentiles within a normal range, children scoring in the 80-90th percentiles in a borderline range and children scoring over the 90th percentiles within a clinical or abnormal range, at high risk of having a psychiatric disorder. Previous studies have observed gender and age specifics in the scoring and suggest that this should be taken into account when scores are calculated (70,98,101). Hence, in Study III and Study IV we calculated the percentiles separately for boys and girls in three age groups; preschool children (4-6 years old), primary school children (7-12 years old) and adolescents (13-16 years old). Based on Goodman’s recommendations we defined children scoring over the 90th percentiles of their gender and age group at high risk of having a

psychiatric disorder and refer to them as children having mental health problems throughout the thesis.

Three versions of the SDQ questionnaire have been developed targeting three different informants: parents, teachers and self-report for children 11-16 years old; all versions include the same items and scales (69). The parent and teacher versions have been found to predict overall problems with similar precision (102) and to have good scale reliability (70) but for the purpose of screening for specific psychiatric disorders it has been recommended to use all the three versions combined (102). As combining the three versions wasn't relevant in the NordChild study the focus was on the overall problems, measured by the TDS, and not on examining specific symptoms.

The SDQ questionnaire has been translated into over 60 languages, inclusive of Nordic languages, and can be retrieved at the website www.sdqinfo.com. It has previously been found valid for use in all Nordic countries (103) and was included in the 2011 version of the NordChild survey.

Time pressure

(Outcome variable Study II, explanatory variable Study III)

In this thesis, the subjective dimension of time pressure was the one in focus. It was assessed by the question "*Do you feel rushed when keeping up with the duties of everyday life?*" a measurement that has previously been used in studies of time use and time pressure (31,104). The question was one of the questions added to the 2011 version of the NordChild survey. The response alternatives were: 'Yes most often', 'Yes sometimes' or 'No'. Drawing upon Garhammer's (17) definition of time pressure becoming problematic when experienced out of control or chronically, the answer of interest was parents reporting feelings of rush 'most often'. Thus the answers were dichotomised to 'most often' and 'no/sometimes' in the analysis and parents answering 'most often' are hereafter referred to as experiencing time pressure.

When associations with family and living conditions were explored, time pressure was used as the outcome (dependent) variable (Study I). When its associations to children's mental health were examined, time pressure was used as the primary explanatory (independent) variable (Study III).

Financial stress

(Explanatory variable Study II, IV, confounding variable Study III)

In this thesis the focus is on the financial situation as perceived by parents. It was assessed by two self-reported variables which previously have been used in Swedish studies of living conditions (51,52). The first one was about the availability of cash reserve, assessed by the question: *If you suddenly found yourself in an unexpected situation would you be able to obtain an amount of 1500 Euros within a week?* Response alternatives: 'Yes' or 'No'. The second was regarding the ability to meet regular expenses, assessed by the question: *Have you, during the last 12 months, had problems in meeting the family's regular expenses? Food, rent, bills etc.* Response alternatives: 'Yes' or 'No'. Parents who answered no to the first one and/or yes to the second one were defined as having financial stress.

In Study II, financial stress was analysed as a possible explanatory (independent) variable when the associations of time pressure with family and living conditions were explored. In Study III it was used as a potential confounding (independent) variable adjusted for when the association between time pressure and child mental health problems were examined. In Study IV it was used as the main explanatory (independent) variable as its associations with children's mental health were investigated.

Family and living conditions

(Explanatory variables Study II, confounding variables Study III, IV)

In Study II the associations of parents' time pressure with family and living conditions were explored. The variables included in the statistical analysis were chosen by a theoretical selection, based on previous studies and theories. Efforts to minimize the number of variables included were made in order to make the resultant model more numerically stable (105).

Family conditions were determined by:

Parents' civil status, with response alternatives: Married, Cohabiting or Single, which were dichotomised to married/cohabiting and single. Parent's age, categorised into <35 years, 35-44 years or >44 years. Children's age, categorised into pre-school age (2-6 years), school age (7-12 years) and teenagers (13-17 years). Number of children living at home categorised into one child or more than one. Social support, which was assessed by the question *Do you consider that*

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you get the help and assistance you need with housework and care of children? Response alternatives: Yes or No.

Living conditions were determined by:

Educational level, dichotomised into university level or lower level education. Type of living area, response alternatives: Urban (>100000 inhabitants), Conurbation (>3000 inhabitants) or Rural (<3000 inhabitants). Type of housing, response alternatives: Rental or Ownership. Working hours per week categorised into part-time (<37 hours), full-time (37-40 hours) and over-time (>40 hours).

Other confounding variables

Variables tested for confounding in the associations of time pressure or financial stress and child mental health were chosen by theoretical selection of factors considered to potentially influence both the exposure and the outcome variable.

In addition to the above described family and living conditions, the following variables were considered potential confounders:

Bullying victimisation, as it is known to be a strong predictor of children's mental health (155, 156). Further, we considered that in case of severe bullying victimisation the family situation would be pressed, which might increase experience of time pressure. Bullying victimisation was measured by the question, "*Is your child being bullied?*" Response alternatives Yes often, Sometimes, No, Don't know, dichotomised to Yes often/sometimes and No/don't know (Study III).

Parents' health problems were considered a possible confounding factor based on previous research demonstrating negative associations with children's mental health (36,39). We theorised that long-term health problems of any kind potentially could inhibit parents' possibilities of managing things that they had to do (e.g. work) and/or wanted to do and as such influence the experience of time pressure and financial stress. Parents' health problems were thus assessed by reported sick leave categorised into: long term ≥ 60 days and short term <60 days during the last twelve months (Study III-IV). Long-term sick leave was chosen as a health indicator as it was considered capturing potential extended health problems of any kind.

Furthermore, child long-term illness (LTI) was considered a potential confounder as it can affect both children's and parents' wellbeing (36,106) and reasonably can contribute to experiences of time pressure as well as financial stress if inhibiting parents' possibilities to work. It was defined as one or more modest or severe physical symptom presented during at least three months throughout the last year (Studies III-IV).

Parents' birth country was also considered a potential confounder as being foreign born has previously been found to be related to poverty (107) and parental foreign background have previously been related to subjective health complaints (108) (Study IV).

3.4 Data analysis

Qualitative content analysis (Study I)

Qualitative content analysis has been described a suitable method for attaining a condensed and a broad description of a phenomenon (109) and as such we considered it a suitable method of analysis in order to answer the aim of Study I. The inductive analysis process described by Elo and Kyngäs (109) was followed. As the aim was to explore parents' experiences of factors influencing children's health and lifestyle, the parents' accounts related to these issues were chosen as the unit of analysis. The analysis was conducted as follows: First the transcriptions of the interviews were read several times in order to make sense of the data and get an overall picture. In the next step an open coding was conducted. Statements from each informant describing factors influencing health and lifestyle in everyday life were identified and coded. An example of the coding process is illustrated in Figure 1 in Study I. In the third step central parts of the statements were identified in order to extract different aspects or sub-categories, which were later categorized into three generic categories. This required a repeated reading of the coded material. The codes were moved about between categories and sub-categories until a solid structure was reached, in which each category had its own essence. In the final phase of the analysis, the abstraction, an overall theme pervading all the sub-categories and categories, was identified.

The computer program NVivo 9 (157) was used to manage and categorise the interview material. In all stages of the analysis the coding and categorising was discussed back and forth with co-authors.

Statistical analysis (Studies II-IV)

The prevalence of parents' experienced time pressure was calculated with 95% confidence intervals (CI) for mothers and fathers in each country (Study II). Differences in prevalence were tested using Chi² test. The mean TDS and the proportion of children with mental health problems (scoring above the 90th percentiles) were calculated respectively among children of parents experiencing vs. not/sometimes experiencing time pressure (Study III) and children of parents who had vs. who did not have financial stress (Study IV). Differences in mean TDS between the countries were tested using independent *t*-test (Study IV).

In Studies II-IV logistic regression was used to examine the associations in focus. Logistic regression analysis was found suitable, as the outcome variables were categorical and dichotomised into experiences of time pressure 'most often' vs. 'no/sometimes' (Study II) and scoring over the 90th percentiles on TDS vs. scoring under the 90th percentiles (Study III-IV).

In Study II the association of the experienced time pressure and a number of potential explanatory variables were explored. First, a bivariate regression analysis was performed for mothers and fathers separately to measure associations between time pressure and each variable of family and living conditions. Then a multiple logistic regression model was built by backward elimination of the least significant variables in order to adjust for potential confounding of other covariates associated with the experienced time pressure. The regression model was then applied to data from mothers in each country separately to see if the experience of time pressure was similarly related to the factors studied. It wasn't possible to do similar analysis for fathers in each country because of too few cases.

In Study III the association between parents' experienced time pressure and children's mental health was examined. A bivariate logistic regression analysis was performed on the sample of children in total as well as age and gender specific. Then a stepwise logistic regression model was built to adjust for covariates considered to be potential confounders. In the first step each covariate's effects on the parameter estimate were assessed. If results showed changes in parameter estimates for parents' time pressure, >10% the covariate was included in the final model. The final regression model was used to calculate the adjusted odds ratios (OR) for the whole sample as well as for age and gender specifics.

In Study IV the analysis of the association between financial stress and children's mental health problems was performed in two parts. First, separately for each country, and then on the whole (Nordic) sample but stratified by age and gender.

In the first part, a binary logistic regression analysis was performed to examine the associations between family financial stress and child mental health in each country separately. In order to adjust for considered confounders a hierachic approach was used in the regression model building. In the first model, child age and gender were entered, and in the second model parents' educational level, marital status and birth country were added. In the last two models the variables of child long-term illness (model 3) and parents' sick leave (model 4) were added separately. Observed differences in the crude odds ratios (OR) between countries were further analysed by including an interaction term (country*financial stress) in an analysis of the whole sample.

In the second part a binary logistic regression analysis was performed on the sample stratified by gender and age groups. In order to adjust for the considered confounders, a hierachic approach was again used in the regression model building. In model 1, country and an interaction term (country*financial stress) was included in the multiple regression model in order to adjust for observed differences between countries. Otherwise the procedure was the same as above. Observed gender and age differences in the crude ORs were analysed by including an interaction term (age*gender*financial stress) in an analysis of the whole sample.

SPSS, version 20.0 was used in all the statistical analysis and all outcomes of the regression analysis were presented in odds ratios (OR) with 95% CI and their p -values.

3.5 Ethical considerations

Conducting research about children's health and wellbeing in everyday life interferes to a great extent with their parent's everyday life. Regarding stressors like experienced time pressure and financial difficulties and the potential influences on parents' and children's health and wellbeing, individual coping strategies are of importance as well as individual choices and priorities. Discussing these aspects must be done with discretion, as it can be inherent with

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‘victim blaming’ (110) implying that it is the parents’ ‘own fault’ if health problems related to these or similar stressors arise.

Obtaining an informed consent from study participants is a way of respecting their autonomy (111). The decision of using telephone interviews when gathering data for Study I was mainly based on the participants preferences, which can also be regarded a way of respecting their autonomy. Methodologically it might have been preferable to do the interviews face-to-face but as it required less effort from the participants to do telephone interviews and still was considered to yield the data needed, it was considered the most suitable choice. Conducting interviews includes the risk of emotional reactions, especially if sensitive matters are discussed. The issues discussed in Study I were considered unlikely to cause such reaction by the respondents but in case it would happen the participants were informed about the possibility to contact a professional counsellor for support afterwards. No one made use of that option.

Ethical approvals

Ethical approval was achieved for the Nordic Lifestyle Workshop and the NordChild study according to the prescribed guidelines in each of the Nordic countries. Participants in Nordic Lifestyle Workshop received written and oral information about the project and gave informed consent. It was especially emphasized that confidentiality would be ensured and that they could withdraw at any time. Participants in NordChild received written information about the study, about confidentiality in data handling as well as that by answering the questionnaire they were giving their consent to participate in the study.

4 RESULTS

4.1 Factors influencing health lifestyle

The explorations of parents' perspectives of factors influencing their children's health lifestyle in Study I recognised a broad view of health, lifestyle and influencing factors. The influencing factors were described as originating from various dimensions of everyday life, some challenging to health lifestyle, other facilitating. Whether the challenges influenced the children's health lifestyle in a negative way or not was considered dependent on how the parents themselves dealt with the challenges and which strategies they used. Consequently they considered themselves as those mainly responsible for shaping their children's health lifestyles and the more distant factors either influencing the children directly or through themselves as parents.

The results were organized into three categories: *The individual parent*; *The immediate surroundings*; and *The larger society*. Each category included two or three subcategories illustrating the prominent aspects of the influencing factors (Figure 2 in Study I).

The individual parent

The parents considered themselves mainly influencing their children through their own *Attitudes and values* and their own *Wellbeing as an individual and a couple*. The parents highlighted their own *attitudes and values* as crucial as it was their responsibility to teach and inspire their children. Parents also stressed their responsibility to ensure that the family spent time together and to establish an open, relaxed atmosphere of acceptance in the home in order to enhance good relations and interaction. Parents also discussed how important it is to consider what is important in life and to be aware of how trends and traditions affect values and ways of living. Further, parents highlighted that this required prioritisation in life related to work, material standards and social life and that it was challenging to always have to function as the optimum role model in the rush of everyday life.

The parents considered their *own wellbeing*, both as an individual and also as a couple, to affect their children. If they were stressed and irritated after a hard day at work the children would become restless and irritated. The parents'

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relationship was also found to affect their children, making it important to nurture their own relationship. Furthermore, parents discussed the feeling of not being able to do all the things they should as a parent, simply to ‘not be doing good enough’. It was described as easy to arrive at the feeling that you could always do more to provide more optimal conditions for a healthy lifestyle for your children.

The immediate surroundings

Factors in the immediate surroundings were discussed as important both by affecting the children directly but also by providing good conditions and were mainly related to the *influence of family and friends* and *significance of the pre-school*.

Relations to other *family and friends* were perceived to be of major importance, foremost regarding support in everyday life. It was foremost the parents’ own parents and siblings that were considered as playing an important role in this respect. Also, good relations with friends and neighbours were seen as important as they often found themselves in the same situation, wondering about similar issues and thus making it possible to share experiences. However, even the closest family could have conflicting values and attitudes regarding health and lifestyle, which was found challenging.

The parents described *the preschool* and the preschool teachers as substantially important for children’s healthy lifestyles as the children often spent the majority of their waking hours at the preschool. Parents considered preschool teachers as important additional sources of professional advice and support regarding their children’s development. The preschool was also described as an arena for meeting other parents of similarly aged children.

The larger society

Influencing factors related to the larger society included the *challenge of work life*, the *influence of media*, and the *variety of options available* for service and products.

Reduced time available for taking care of home and family, high workloads and/or high stress levels were the *challenges of work life* perceived as important influencing factors. Working part time was perceived as benefitting the whole family even though it might require that the other parent worked full time or more. Besides working part time, flexible working hours or working shifts were mentioned as strategies for balancing work and family life. But parents also

described how they often had no choice; they had to work full time either for economic reasons or because of labour market demands.

Influences of media were mainly perceived to be through diverse messages in TV shows, magazines and computer games creating the ideal of 'how to build your life'. These messages were described influencing both parents' and children's attitudes and values and in turn health lifestyle. Colourful, decorative and eye-catching packaging of unhealthy food alternatives, attractive to children, was described as challenging media influences. Watching TV and computer use were found time consuming and the parents described how they tried to restrict their children's media use. However, media was also perceived positive because of their constructive educational elements and as a useful source of information, support and inspiration in everyday life.

Parents also described health lifestyle as influenced by the *options available*. Unhealthy food was described as more easily available as it was perceived cheaper and more accessible; fast food restaurants were everywhere, often attractive and easy to stop by when everybody in the family was tired and hungry. The economic situation in general was also considered important for health lifestyles; that is to know that the economy of the family was stable and that there was no need to worry about being able to pay the bills.

4.2 Time pressure as a challenge

A recurrent issue in the discussions about the influencing factors described above was the challenge of perceived time pressure. Parents described the period with young children as a demanding period in life where many things needed to be done at the same time, things they had to do as well as things they wanted to do. They further described that everyday life was formed by demands and expectations perceived to be originating from both themselves and societal norms. Those parents who described their everyday life as in balance and their lifestyle as healthy were those who had established strategies for handling the experienced time pressure by active planning, prioritizing and utilizing the support available to them. Consequently the results could be consolidated in the main theme: *Managing time when attempting to live up to expectations* (Study I).

When estimating the prevalence of experienced time pressure among parents in Nordic countries we found that 14.2% of mothers and 11.6% of fathers experienced time pressure when keeping up with duties of everyday life (Figure

Results

3). We identified differences in the prevalence between countries both among mothers and fathers with the lowest prevalence in Denmark (Table II in Study II), where only 3.9% of mothers and 1.8% of fathers experienced time pressure. Comparatively, the proportion of parents experiencing time pressure was highest in Sweden (22.2% of mothers, 18.1% of fathers) followed by Finland (18.4% of mothers, 17.5% of fathers) and Norway (13.7% of mothers, 9.4% of fathers).

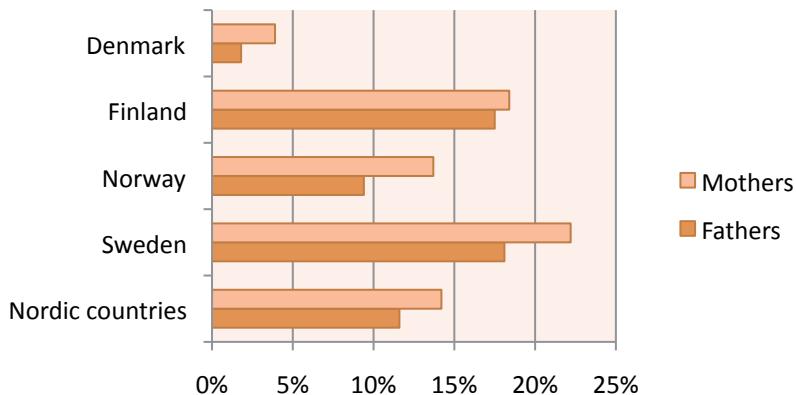


Figure 3. Prevalence of experienced time pressure among mothers and fathers in the Nordic countries (adapted from Table II in Study II).

It is worth noting that 83.9% of the answering parents were mothers, the highest proportion of answering fathers were in Sweden 17.9% and lowest in Iceland 10.5% (Table 2).

Table 2. Proportion of the mother vs. fathers answering the questionnaire

Country	Mothers n (%)	Fathers n (%)	Others/not known n(%)
Denmark	1416 (83.6)	233 (13.8)	44 (2.6)
Finland	1257 (87.6)	154 (10.7)	24 (1.7)
Iceland	1317 (87.2)	158 (10.5)	36 (2.3)
Norway	1235 (80.3)	226 (14.7)	77 (5.0)
Sweden	1139 (78.7)	259 (17.9)	49 (3.4)

Lack of support and financial stress were the two factors found to be associated with time pressure among both mothers and fathers, when associations with family and living conditions were explored. When adjusted for covariates the odds of experienced time pressure were three times higher among mothers that reported lack of support and 2.4 times higher among fathers. Mothers with financial stress had 1.6 times higher odds of experiencing time pressure and fathers 2.6 times higher odds than mothers and fathers that did not have financial stress (Table 3).

Table 3. Factors associated with time pressure among mothers and fathers
(adapted from Table III and IV in Study II)

Associated factors	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Mothers (Table III in Study II)		
Lack of support		
No (n=4190)	reference	reference
Yes (n=567)	3.60 (2.95-4.40)	2.96 (2.32-3.78)
Financial stress		
No (n=3748)	reference	reference
Yes (n=1135)	1.6 (1.38-1.96)	1.64 (1.30-2.08)
Educational level		
Lower levels (n=2473)	reference	reference
University (n=2439)	1.51 (1.29-1.78)	1.46 (1.19-1.80)
Fathers (Table IV in Study II)		
Lack of support		
No (n=756)	reference	reference
Yes (n=60)	2.54 (1.34-4.82)	2.36 (1.12-4.95)
Financial stress		
No (n=688)	reference	reference
Yes (n=155)	2.60 (1.63-4.11)	2.63 (1.53-4.52)
Educational level		
Lower levels (n=408)	reference	-
University (n=437)	0.77 (0.50-1.17)	-

^aadjusted for age of children, number of children, lack of support, education, working hours per week and financial stress

^badjusted for lack of support and financial stress

Results

Mothers educated at a university level had higher odds of experiencing time pressure after adjusting for covariates, while the odds were lower among fathers educated at a university level, according to the bivariate analysis even though not statistically significant (Table 3).

In Study III a significant difference in the prevalence of mental health problems was observed among children of parents who experienced time pressure (18.6%) compared to children of parents who did not or sometimes experience time pressure (10.1%) (Table 2 in Study III). Among children with parents who experienced time pressure the prevalence of mental health problems was highest among girls 13-16 years old (23.6%) and lowest among boys 13-16 years old (10.7%) (Figure 4). The difference in the prevalence between adolescent boys and girls was statistically significant.

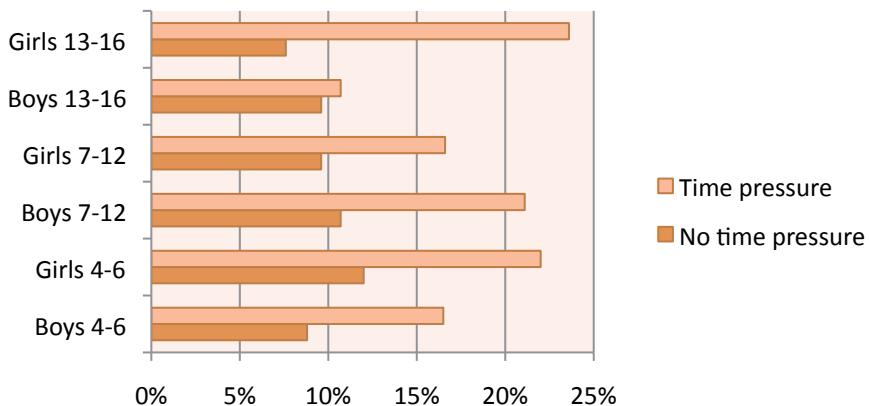


Figure 4. Prevalence of mental health problems among children of parents experiencing time pressure vs. not experiencing time pressure stratified by age and gender (adapted from Table 2 in Study III)

The regression analysis showed that both boys and girls had higher odds of mental health problems if parents were experiencing time pressure. When adjusted for financial stress (the only confounding variable affecting the parameter estimate >10%), boys had 1.80 (95% CI 1.32-2.46) times higher and girls 1.95 (95% CI 1.42-2.66) times higher odds of mental health problems if their parents experienced time pressure (Table 4). When analysed by gender and age groups, we found the strongest association between parents' time pressure

and mental health problems among boys 7-12 years old (OR 2.25 95% CI 1.48-3.41) and girls 13-16 years old (OR 2.67 95% CI 1.45-4.93) (Table 4).

Table 4. Associations between children's mental health problems and parents' time pressure stratified by gender and age groups (adapted from Table 3 in Study III)

	n	Unadjusted OR (95% CI)	Adjusted ^a OR (95% CI)
Boys	2479	1.94 (1.43-2.63)	1.80 (1.32-2.46)
4-6 years old	614	2.05 (1.12-3.74)	1.68 (0.89-3.16)
7-12 years old	1174	2.23 (1.48-3.34)	2.25 (1.48-3.41)
13-16 years old	691	1.12 (0.52-2.45)	0.99 (0.45-2.20)
Girls	2444	2.13 (1.57-2.89)	1.95 (1.42-2.66)
4-6 years old	575	2.07 (1.17-3.65)	2.05 (1.15-3.63)
7-12 years old	1163	1.88 (1.19-2.97)	1.55 (0.96-2.50)
13-16 years old	706	2.75 (1.51-5.03)	2.67 (1.45-4.93)

^aadjusted for financial stress

4.3 Financial stress as a challenge

In Study II we found financial stress to be associated with the experiences of time pressure among both mothers and fathers (Table 2). In Study IV a larger proportion of parents in Iceland reported financial stress (47.7%) than in the other countries (Figure 5). In Denmark 17.8% of parents reported financial stress, in Finland 33.5%, in Norway 18.7% and in Sweden 20.0%.

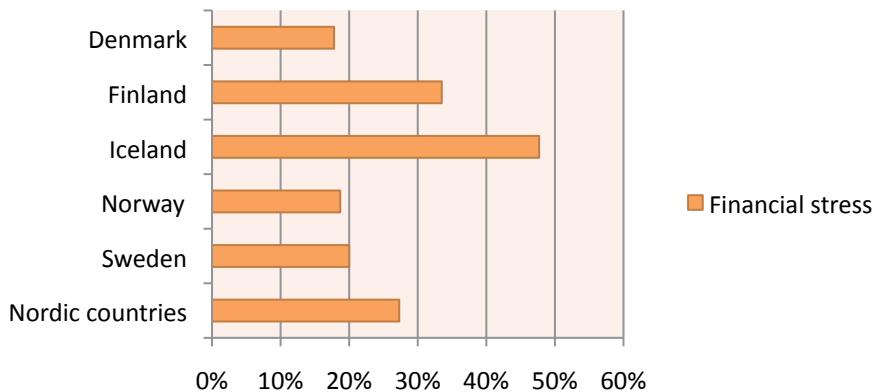


Figure 5. Prevalence of financial stress among parents in the Nordic countries (adapted from Table 1 in Study IV)

Further, as shown in Table 5, we found higher prevalence of mental health problems both among boys and girls of parents reporting financial stress compared to children of parents reporting no financial stress in all age groups (Study IV).

Table 5. Prevalence of mental health problems among children of parents with financial stress vs. no financial stress

	Financial stress		No financial stress	
	n	Mental health problems %	n	Mental health problems %
Boys	863	19.0	2229	8.7
4-6 years old	206	18.0	538	7.8
7-12 years old	426	20.9	1066	9.4
13-16 years old	231	16.5	625	8.2
Girls	844	19.2	2178	9.0
4-6 years old	208	20.7	500	11.0
7-12 years old	401	20.0	1039	7.8
13-16 years old	235	16.6	639	9.5

Children and adolescents in Norway and Sweden had lower mean score on the SDQ – total difficulties scale than children in Denmark, Finland and Iceland (Table 6). According to the bivariate regression analysis, the odds of mental health problems were higher among children and adolescents of parents with financial stress in all the Nordic countries even though substantially lower in Iceland than the other countries (Table 6). When adjusted for children's age and gender, parents' educational level, civil status and birth country in a multiple logistic regression analysis the increased odds of mental health problems were no longer significant among children in Iceland. Among children in the other Nordic countries the odds were still significant and twofold higher or more. The statistical significance of the difference in OR between Iceland and the other Nordic countries was confirmed when tested as the interaction country*financial stress. Further adjusting for child long term illness and parents' sick leave did not affect the outcome estimate substantially.

Results

Table 6. Mean SDQ-TDS and associations between children's mental health problems and parental financial stress stratified by country
(adapted from Table 1, 3 and 4 in Study IV)

Country	n	SDQ-TDS ^a	Parental financial stress	
		Mean (SD)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Total	6114	7.7 (4.3)	2.43 (2.07-2.85)	2.27 (1.86-2.77) ^c
Denmark	1308	7.7 (4.3)	3.07 (2.15-4.39)	2.59 (1.77-3.78) ^d
Finland	1158	7.9 (4.1)	2.28 (1.60-3.25)	2.09 (1.44-3.03) ^d
Iceland	1215	8.0 (4.4)	1.60 (1.15-2.24)	1.33 (0.92-1.92) ^d
Norway	1278	7.3 (4.2) ^b	2.77 (1.86-4.12)	2.19 (1.42-3.38) ^d
Sweden	1155	7.4 (4.2) ^b	3.31 (2.26-4.86)	2.51 (1.65-3.81) ^d

^aStrengths and Difficulties Questionnaire – Total Difficulties score (Standard deviation)

^bMean SDQ-TDS significantly lower than in the other countries, $p<0.05$

^cadjusted for country, interaction(country*financial stress), parental education, birth country and marital status

^dadjusted for age, gender, parental education, birth country and marital status

5 DISCUSSION

A major and a novel finding of this thesis is the significant association between parental time pressure and children's and adolescents' mental health problems. Moreover, the pronounced difference in the association between parental financial stress and mental health problems among children in Iceland compared to children in the other Nordic countries was a new and somewhat surprising finding. Bronfenbrenner's ecological model of human development provided a theoretical frame we found useful for understanding how these parental-related challenges could be affecting children's mental health while our cross-sectional data didn't allow for any conclusions of causality.

5.1 “How to get it together”

When exploring the parents' perceptions of influencing factors (Study I) we identified a consistent illustration of an everyday life formed by demands and expectations. Parents seemed to have an apparent picture of what they considered a healthy lifestyle to embrace, but struggled with the realisation of how to achieve it, or "how to get it together in practice" as one mother expressed. Concurrently with the rise of the individualism (112,113) the influences of norms attributed to traditional societal institutions, (e.g. the family and the church) on the individual way of living have declined, acceded by the emphasis on freedom of choices and self-actualisation. However, social norms are still of importance and new norms continuously substitute old ones (114). Social norms are the customarily rules directing the behaviour of groups and societies and are shaped by empirical and normative expectations (115,116). The empirical expectations are the thoughts about what the others do or will do while the normative expectations embrace the beliefs about what others think one ought to do (116). Social norms thus guide the individual behaviour/action, but social norms are also formed by individuals' behaviours in their interactions (115).

In Study I, the period with young children was described as a demanding period in life where many things were to be done at the same time, things that parents described as those they had to do as well as things they wanted to do. The meaning of the collective tasks parents considered they *had* to do is interesting to reflect on. Rosa (18) described how the cultural idea of the 'good' or 'fulfilled' life in a modern society "*consists in realizing as many options as possible from the vast*

possibilities the world has to offer" (p.13) as a result of rapid social changes. Tasks parents perceived that they *had* to do might not all be things that they vitally *have* to do, with the perception of having to do certain things probably shaped by norms of society within which the parents find themselves. To go against social norms can bring about sanctions (115), mainly in the form of internal guilt or shame, but they can manifest externally as well and then usually in the form of gossiping or mocking comments from acquaintances. More seldom are costly sanctions such as social exclusion and loss of a job, but they do exist (114). The norms and expectations described by parents in Study I can be understood as processes occurring in the different systems of Bronfenbrenner's ecological model causing tensions in the microsystem. Parents described it being easy to arrive at the feeling that it was always possible to do a little bit better, and at times hard to set the limit of when enough was good enough (Study I).

Furthermore, parents demonstrated a broad view of health and health lifestyle and described a broad range of influencing factors, which correspond well to a public health perspective of health and the determinants of health. As such, a resource for everyday life, embracing physical, mental and social dimensions of which the main determinants are multiple and interactive factors of personal, social, economic and environmental origin (40,117). Parents considered factors originating both from themselves and broader society as influencing the health of their children. In fact they found it almost impossible to solely discuss health and lifestyles of the preschool child in focus as they considered it to be so intertwined with their own health lifestyles, which is in line with Bronfenbrenner's descriptions of intrafamilial processes and its importance for child development.

5.2 Time pressure as a challenge

Throughout the interviews parents described time pressure as a challenge regarding attaining and maintaining a healthy lifestyle in everyday life (Study I). When investigating the prevalence of subjective time pressure among parents in Nordic countries we found that 14.2% of mothers and 11.6% of fathers reported experiences of time pressure (Study II). These figures were somewhat lower than in previous studies of subjective time pressure (29,31,118) and might be indicating an underrepresentation of time pressured parents in our sample. Our results also show that parents' subjective time pressure is not only an adult

matter, as we found children of time pressured parents to have increased odds of mental health problems (Study III).

Previous research of the associations between parental time pressure and child mental health problems is lacking but previous studies of similar aspects such as parental stress (36,119) and work-family conflict (38) have demonstrated associations with mental health problems among children, which support the external validity of our results. The mechanisms between parental time pressure and children's mental health problems are most certainly complex and influenced by various facets of individual parental and child characteristics as well as living conditions. Parents experiencing time pressure might not be able to communicate warmth, cognitive stimulation, positive involvement and secure attachment which all are factors considered crucial for children's emotional development. Even more so since time pressure can lead to stress in parents and typical symptoms of stress are withdrawal and attempts to reduce cognitive and emotional demands, and without doubt, parenting can be considered cognitively and emotionally demanding. Parents participating in the qualitative study of this thesis brought up similar aspects as they described time pressure as challenging their possibilities/capacities of nurturing family relationships and being positively involved in their children (Study I).

Drawing upon Bronfenbrenner's (61) ecological model and time pressure as a feature of changing modern societies (17,18), parental time pressure can be considered emerging from processes in the external systems leading to tensions in the microsystem and the intrafamilial relations, which in turn are affecting children's development. Bronfenbrenner (62) highlights three external systems especially likely to affect the child through their intrafamilial processes: the parents' work environment; the parents' social networks; and community influences. Extensive demands in the work domain of life and long working hours can affect the capabilities of realising responsibilities in the family domain of life. Vice versa, extensive commitments and large responsibilities in the family domain can spill over and influence capabilities of realising work related issues (120). Such discrepancies can manifest as experiences of time pressure and correspond well with the parents' descriptions in Study I. Karasek and Theorell (121), demonstrated in their model of demand-support-control how the level of control and support is crucial for how people handle demands at work and whether these demands will lead to negative stress or not. Staland Nyman et al (122) applied the demand-control model in their analysis of domestic job strain among women in Sweden and found that mothers with children living at home

reported high strain (i.e. high demands and low control) to a greater extent than others irrespective of their marital status. The demand-control-support model together with Garhammer's theoretical arguments might shed light on the issue of time pressure in everyday life of parents. Garhammer (17) describes how discrepancies in the things people have to/want to do (demands) and the opportunities to realise these (control) can lead to experiences of time pressure and if chronic (lacking of support), it becomes problematic to health. In our studies we had no information about parents' allocations of time but those parents who described their everyday life in balance (Study I) described how they had achieved the balance by establishing strategies (control) to handle the time pressure, for example by receiving assistance from friends and family (support).

Social networks are one of the external systems of importance according to Bronfenbrenner (62), and can be considered to contribute to both increased and decreased time pressure. Access to social support, as concrete instrumental help, for example, can enhance the possibilities of realising the things parents have to/want to do within a certain time frame and thus buffering the time pressure experienced, which we also found evidence for as we identified lack of support as the factor most strongly associated with time pressure among both mothers and fathers in Study II. On the other hand, commitments related to social networks can contribute to the perceived demands and add to the expectations about to what is possible to achieve within a certain time frame/period of life, see also Liefbroer and Billari (114) about social norms in previous section. Thus, rather than consider time pressure mainly in terms of crude lack of hours to manage everyday life, it should be regarded an expression of tensions or imbalance in responsibilities and/or expectations in different areas of everyday life, at home and/or at work.

5.3 Financial stress as a challenge

Previously, time pressure has been observed to increase with increased income (123) which might be related to high career ambitions and demands. Contrary to this we found strong associations between financial stress (difficulties with regular expenses and/or lack of cash reserves) and time pressure (Study II). However, financial stress does not inevitably mean a low income. If trapped in the shackles of debt, people can easily experience financial stress regardless of income level. Further, people in low-wage employment as well may experience high demands and have to work long hours in order to make ends meet.

In Study IV we observed a significantly larger proportion of parents reporting financial stress in Iceland compared to the other Nordic countries. Striking results, but not surprising given that Iceland was most harshly and abruptly affected by the global financial crisis in 2008 (13,15). Almost half of Icelandic parents reported financial stress (Study IV).

Furthermore, we found financial stress associated with mental health problems among children in all Nordic countries which is consistent with previous studies (55,83,124). Associations were substantially weaker among children in Iceland than in the other countries, even though Icelandic children had among the highest score on SDQ-TDS. According to our results, Icelandic children did not have less mental health problems than other children but their mental health problems were not as strongly related to financial stress as they were among children in the other countries. According to Marmot and Wilkinson (24), health and well-being in rich countries are more strongly related to relative income than absolute, and social position and psychological effects of relative deprivation can have detrimental consequences for health. Theories about relative deprivation emphasise that subjective comparisons influence how people experience their situation (125). Experiencing one's situation as adverse or more adverse than others can lead to evoked emotions of anger and injustice which in turn can have negative effects on health (125,126). Furthermore, possibilities to participate in society become inhibited if financial resources do not allow for engagement in activities perceived as important for social acceptance, just as perceived control over life becomes reduced as financial resources set the limits, both of which are important for health (24,126). If approximately half of the Icelandic children were living in families with financial stress, it is likely that they did not perceive their situation as adverse. In contrast, children in families with financial stress in other Nordic countries might, if they were unfavourably comparing themselves to a majority of children living in families with no financial stress.

Modern western culture is characterised by materialism and individualism which emphasise the importance of money, property and consumption (16). Consumption as a cultural process can provide people with meaning, purpose and social identity (24). A Swedish study among young people found clothes branding of importance for developing and expressing identity, and shopping a meaningful social practice (127). Similarly, Schor (128,129) described how the modern consumption culture generates conceptions of brands being important in shaping identity, predominantly conveyed through media and advertisement.

Discussion

Further, not being able to participate in cultural activities and freely express the identity desired may have negative effects on mental health and wellbeing. Yngwe and Östberg (130) studied the consequences of lack of financial resources among 10-18 years old and found that not being able to buy things that others had was strongly associated with health complaints regardless of age, gender and the financial situation of the family. They further argued that not being able to buy things others had indicated relative deprivation but which things the others had was influenced by consumption culture. In relation to our results (Study IV) it could be suggested that the consumption culture in Iceland differed from that of other countries surveyed. The standard/norm of the things others could buy (how much, how expensive) perhaps wasn't as high or demanding as in the other countries where less people were experiencing financial stress.

Marmot and Wilkinson (24,126) describe how financial resources define one's place in the social hierarchy and, if low, leads to stigma, social isolation and reduces control over life. In Iceland financial stress may not have been as distinct a marker of social status as before the crisis, since the financial situation of the majority of the population was troubled in one way or another. When adjusted for marital status, educational level and parents' birth country, the association between financial stress and mental health problems among Icelandic children was no longer significant, indicating that the social situation of the family was more important in Iceland than the financial stress, per se. In the other Nordic countries where the proportion of children living in families reporting financial stress was lower, adjusting for social situations didn't affect the outcome estimates substantially. Financial stress in these countries might have been a more important indicator of social status and related to child mental health through the mechanisms of subjective comparisons and perceived relative deprivation affected by consumption culture as argued previously (24,130,131).

The mechanisms of relative deprivation have been proposed to be key issues in the negative associations between income inequality and population health (132) and relevant for adults, children and adolescents (49,131). In the wake of the crisis disposable household income fell dramatically in Iceland and substantially more among households at high income levels than those at low income levels (13). At the same time, the disposable household income remained at the same levels as before in the rest of the Nordic countries or even increased; in Sweden substantially more among households at high-income levels than low. As a

consequence, income inequalities increased in all the Nordic countries except Iceland, with Sweden at the top facing the largest income inequalities (*ibid*). Icelandic children had among the highest score on the SDQ-TDS, indicating that they were not experiencing any fewer mental health problems than children in the other countries in spite of lower income inequality and being less exposed to negative subjective comparisons related to financial situations. Moreover, Swedish children had the lowest score on the SDQ-TDS even though income inequalities were highest in Sweden. Before drawing any conclusions about income inequality not being important for child mental health based on these results it is important to bear in mind that the income inequality had fallen rapidly in Iceland from being the highest and had been increasing continuously in Sweden during the last years (13) - we had no data about the changes in SDQ-TDS during this period. Moreover, latency in mental health outcomes among children as a result of changes in income inequality can be expected.

5.4 The context of the Nordic welfare states

The original incentives of family policies were to supply the labour market by promoting maternal employment and increasing both parents' labour market participation. Further, policies have been driven by incentives of promoting fathers involvement in care, children's right to their parents and investments in human capital through education and equality in children's upbringing (9,11). The results of Study I indicate that parents take these social institutions for granted just as Ellingsæter (9) states that these have become vital components of working parents' organisation of everyday life. Nevertheless, parents in Study I described challenges, and at times perplexity, about how to get everyday life 'to go together', including taking care of home, children and a full time job. They further described this contributing to experiences of time pressure which can be considered threatening to their own health and wellbeing (17,26,30) and further, according to our results and considered in light of Bronfenbrenner's (61,62) model, might have an impact on children's mental health (Study III). Family policies of the Nordic welfare state certainly are favourable for families and children (8) but might be considered to have a potential for improvements regarding supporting parents' or the family as a unit to manage everyday life situations as a whole, not mainly focusing on enabling parents to participate in the labour market. On the other hand, one can speculate as to which extent solutions can be provided by welfare state policies. Parents in Study I also described their own and societal norms and expectations influencing their capacities of managing everyday life. Further, Garhammer (17) clarifies that time

pressure emerges if there is a discrepancy between the standards or the ambitions of what people want to/have to do and their realisations. It could be argued that the prevailing consumption culture of modern Nordic societies contribute to unrealistic ambitions and conceptions about what constitutes a good life and healthy lifestyle or what is to be accomplished within a lifetime. Living standards are high in general and for families with scarce resources living up to such standards becomes especially challenging (133) which if related to mechanisms of social comparisons and our findings in Study IV also can be considered to be of importance for children's and adolescents' mental health.

5.5 Gender perspectives

In our estimations of the prevalence of mental health problems among children exposed to time pressure we identified gender differences among adolescents (13-16 years old) (Study III). While the prevalence was almost the same among those exposed to parental time pressure and those not exposed among adolescent boys, the prevalence of mental health problems among adolescent girls was almost three times higher if their parents experienced time pressure. As mentioned before, previous studies of associations between parental time pressure and children's mental health are lacking, not to mention studies about gender differences in such associations.

Theories on gender as a social structure and ongoing activity embedded in social interactions (134,135) might shed light on the difference in the prevalence of mental health problems between adolescent boys and girls found in Study III. According to such theories, the social norm of femininity entails caring and taking responsibility for relationships, implying that the parents might raise more demands and implicit expectations on girls to take responsibility for themselves, assist with the household and/or take care of eventual younger siblings, in order to ease the parents' hectic everyday life. Boys, on the other hand, may not be equally expected to carry out tasks related to care and household related responsibilities. Hence, a construction of gender might be performed in the interactions between the time pressured parent and the adolescent. Previously, adolescents have described how they perceive burdensome responsibilities as negative for their mental health (136). Burdensome responsibilities were in Landstedt's et al study described as 'high demands both in relation to achievement and in relation to friends and family relationships', and both boys and girls described how it was socially accepted that boys in general took less responsibility than girls. Another way of

interpreting the results from a gender perspective is in the view of potential differences in how boys and girls express symptoms of mental health problems in the case of parental time pressure. As the constructed norms of masculinity often expect boys to be stoic and strong (135), adolescent boys might not express the negative emotions they experience related to the time-pressured parent. In a previous study children aged 10, 13 and 15 years old demonstrated an awareness of social expectations of boys to react to both physical and psychological problems with stoicism and strength (137). Likewise, parents might not be as prone to recognising the symptoms expressed by boys, as it doesn't fit the perceived norm of masculinity. Hence, if interactions are gendered in such a way between the time-pressured parent and the adolescent boy there still might be a possibility that the boys were experiencing problems related to their parents' time pressure even though not observed in the estimated prevalence in Study III. Due to the nature of our data, however, no definite explanations of the observed gender difference can be concluded.

We found no gender differences in the prevalence of mental health problems in any age group of children exposed to parental financial stress (Study IV) and previous studies have been inconsistent about gender differences in relation to socio-economic status and mental health problems (56–59). Indeed, comparisons between studies of gender differences in child mental health are challenging due to the heterogeneity of methods and measurements. Often, different aspects of mental health problems are being measured, data is gathered from different informants (parents, teachers or children themselves) and focus is on children in different age groups (2). Moreover, it has been pinpointed that general assumptions about how boys and girls react to stressors should be avoided (37). Gender structures needs to be taken into account as it may affect how boys and girls express symptoms, possibly leading to gender differences varying between societies and groups accepting different norms (*ibid*).

Another gender issue important to address is the extensive majority (84%) of mothers who answered the NordChild questionnaire (which was addressed to the primary care giver of the child). Likewise, the majority of the parents participating in the qualitative study were mothers (19 out of 25). Previous studies of children's mental health outcomes rated by parents have made similar observations (e.g. Bøe et al., 2014; Strazdins et al., 2013). This can be considered to reflect gender structures of societies where mothers are still taking the main responsibility of childcare, which can be regarded as paradoxical in countries known to have among the highest gender equality in the world. On the other

hand, being among the highest in a world with a low degree of gender equality does not necessarily mean that there *is* gender equality. Nordic time-use studies reveal that in spite of decreasing gender disparities in time usage, mothers still spend more time taking care of children than fathers (20–23). The high degree of gender equality is a successful product of the Nordic welfare model, but might be more successful in theory than it is in practice (11,138,139).

In spite of high work force participation and gender-equal policies, mothers still take the main responsibility for childcare (19,139), which might be one explanation for the majority of parents participating being mothers, just as the higher prevalence of time pressure observed among mothers than fathers in our sample (Study II). Women's/mothers' labour market participation has become a norm while fathers' participation in childcare is still struggling towards normalisation. In a study among part-time working fathers, the fathers described that by choosing to work part-time in order to take care of their children they perceived that they were breaking societal norms and often had to struggle for acceptance (140). Gender-equal family policies can be seen as a useful instrument in enhancing gender equality by theoretically/structurally making it possible to equally share the responsibility for breadwinning and caretaking. But gender is a complex construction, enacted in everyday social practises and influenced by social structures and cultural norms (135). Being a main breadwinner and being employed full-time is still embedded in the gender norm of masculinity while being the main caretaker is embedded in the gender norm of femininity (114,135,139,141). Hence, even though family policies enable parents to strive for gender equality in the organisation of everyday life it requires that they go against the gender structures and norms of society, which could explain why gender-equal family policies of Nordic countries are more successful in theory than practice. The nature of our data doesn't allow for any conclusions to be made about why the majority of answering parents were mothers but perspectives of gendered structures and norms of the society may shed some light on the issue.

We have found Bronfenbrenner's ecological model useful in understanding and explaining our results with exception of the gender differences observed. In his work Bronfenbrenner (61,62) observed differences in children's reactions to processes of the external systems of the model but he hasn't theorised about these to a greater extent. Nevertheless, considering gender as a complex social structure in the way e.g. Connell (135) does, Bronfenbrenner's model could

reasonably be advanced by embedding gendered structures and patterns as ongoing processes within and between the diverse systems.

5.6 Methodological considerations

Study I

Attempts to ensure rigor and trustworthiness were made throughout the whole research process. In Study I the context, selection and characteristics of the participants were described as rigorous as possible in order to facilitate for the reader to make judgments about the transferability and enhance the credibility of the study, without exposing the participants' identity. An interview guide with structured main questions was utilized and follow-up questions were used when needed in order to stimulate the respondents to discuss various aspects of the phenomenon yielding a stable data which is considered to enhance the dependability of the study (142). To ensure the credibility and that categories and themes were fitting the data the analysis was done systematically following the inductive analysis process proposed by Elo and Kyngäs (2008) and described precisely. Further, the codes and categories were continuously discussed with co-authors and the findings illustrated with quotations from the interviews.

As described above, the recruitment of participants to Study I turned out to be challenging, which resulted in a group of participants consisting of selected individuals, who were especially interested in the issues that the study addressed. The majority were mothers, married and of medium or high socio-economic status and the results mainly transferable to similar groups of parents. It might, however, be argued that other groups of parents reasonably might experience similar challenges and even more, if with fewer social and/or financial resources. The fact that the study was a part of a larger project might have made the recruitment more challenging as the participation did include, in addition to the interview, participation in a workshop and/or an assessment of material developed within the project. Every moment was voluntary but nevertheless it may have contributed to a selection of participants that were especially interested in the issue of children's health and lifestyle.

Using telephone interviews in Study I might have some limitations regarding the amount of data yielded as telephone interviews have been found on average, to be shorter than face-to-face interviews (143). On the contrary, telephone

interviews have not been found to necessarily differ from face-to-face interviews regarding substance (144). Telephone interviews were considered the most suitable interview mode, as it was a clear preference when consulting the participating parents, besides being both time- and cost-effective for both participants and researchers, since the participants lived in five different countries. The telephone interviews were perceived detailed and ample by the interviewers and yielded a rich amount of data even though it is impossible to conclude about whether or not something that would have emerged during a face-to-face interview went missing.

Studies II-IV

The main strength of the NordChild survey was the stratified random sampling from the whole populations of children 2-17 years old in the five Nordic countries. This resulted in an equal distribution of answers from parents to boys and girls in every age group throughout the Nordic welfare states, which increased the representativeness of the studies. On the other hand, the representativeness was limited by the low response rate, leading to a high risk of non-response bias. Non-response bias reduces the effective sample size and decreases the precision of the survey estimates due to a possible difference in the characteristics of responders and non-responders (90). Non-response analysis was made of the Swedish part of the survey data. It showed that the respondents did not differ from the non-respondents regarding child gender and age, type of society living in or income. Non-response analyses were not done in the other countries. Thus, we made a comparison with the general population in each country, which showed that single parents and parents with lower educational level were underrepresented (Table I in Study II, and Table 4 in Study III). Single parenthood and low educational level often correlates with low income/financial difficulties, thus the prevalence of children living in families with financial stress might be underestimated in Study IV. The underrepresentation was similar in all countries and thus presumably not influencing differences in ratios. Time pressure can be reasonably considered a logical reason for not completing an extensive postal questionnaire. In a follow up survey among non-respondents Vercruyssen et al (145) identified higher levels of time pressure among non-respondents than among respondents. Thus it can be considered likely that the prevalence of parents' experiencing time pressure was underestimated in Study III. Previously, studies of association have been found less sensitive to non-response biases than prevalence estimations (146,147). As the main focus of this thesis was to investigate association rather

than prevalence, limitations due to low response rate might be of less importance.

Due to the cross-sectional design of the studies, no conclusions about causality could be made, which is a limitation. Family relationships are reciprocal in nature and thus it cannot be excluded that parenting a child with mental health problems may contribute to an experience of time pressure. The possibility of reciprocal associations between parents' time pressure and children's mental health is therefore important to bear in mind (Study III). Based on previous knowledge about the importance of parents' actions and conditions for children's health and wellbeing and with support found in Bronfenbrenner's ecological model, the analysis and the argumentations in this thesis are based on the presumption that parents' time pressure and financial stress are a potential instigator for children's mental health problems. In an additional analysis, made in order to further support our arguments, we did not find parents of children with diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) or Deficits in Attention, Motor control and Perception (DAMP) (which can be considered extensive mental health problems) to have increased odds of experienced time pressure. Nevertheless, as our findings of Study III are novel, repeated research is needed in order to confirm the association.

Further, the mechanisms of the association between parents' experiences of time pressure and child mental health problems are most certainly complex. In studies of stressors related to parents' socioeconomic status and associations to child mental health, the role of parental emotional wellbeing and parenting practices as moderators have been highlighted (124). It is reasonable to assume that these are also important moderators in the associations between parents' time pressure/financial stress and child mental health problems. Analysing parental emotional wellbeing and parenting practices was not possible in this thesis but needs to be addressed in future research.

The extended information gathered simultaneously about children and parents, their health, wellbeing and living conditions is a strength of this thesis as it enabled analysis of the intertwined lives of children and their parents. A limitation, however, was that all information was reported from parents and thus information about children's mental health status was dependent on the awareness of the parents about their children's symptoms. In a cross-national study of adolescents' (11, 13 and 15 years old) the strongest associations between self-rated health and wellbeing and material conditions of the family (as

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assessed by the adolescents themselves) were found among Icelandic adolescents (74), which is opposite to our results (Study IV) and illustrates well the challenges of comparing studies. Both we and Currie et al were studying mental health problems according to AAP's (64) definition but measuring different aspects reported by different types of informants. This emphasises the importance of clarifying, *who* is reporting and *what* is being reported in research and discussion of child mental health. In this thesis, this was done by clearly describing which aspects of mental health were measured and who provided the information.

Including the SDQ in the NordChild is as well one of the main strengths of the studies, as the SDQ is a widely used instrument for assessing child mental health status in community samples (69,70,103). To our knowledge, few studies have used the SDQ parental version on such a large, stratified sample of children in the full age-span of 4-16 years. The SDQ have been found to have high sensitivity and specificity for total difficulties and to show good psychometric properties (99) but have been found less sensitive to specific phobias, separation anxiety and eating disorders (102,148), hence, children with such problems might be missing in our classification of children with mental health problems.

Regarding the internal validity of Studies II and III it is important to distinguish between a subjective experience of time pressure and an objective lack of time experienced. The question/instrument used was measuring the respondents' experience of time pressure and not whether the respondent actually was lacking time/hours for keeping up with duties of everyday life. The experience of time pressure has previously been found to be associated with distress and depression (30) but it is important when interpreting and discussing results to make a clear distinction between time pressure and stress. The question used was not measuring stress among parents; it was measuring parents' experience of time pressure, which can be seen as an exposing factor, which is likely to lead to stress.

The questions in the questionnaires were translated and cross-translated in collaboration with language experts and the members of each national research group. In spite of that, during the analysis phase, some failures were discovered in the translation of the question about time pressure in the Icelandic questionnaire and Iceland was excluded from Studies II and III. For that reason the translations to the other languages were double-checked with native

speaking persons who confirmed that the translations corresponded and the internal validity of the study thus enhanced.

5.7 Relevance and implications

In practice, when meeting children with emotional and behavioural problems, the focus needs to be broadened from solely parent-child interactions to the full ecology of the family. This means also including everyday life situations of the family in order to identify factors potentially causing strain and from there, assist individuals and families in finding possible solutions. In addition, politicians and other decision makers need to be informed about these associations and the importance of taking the full ecology of the family into account. The family is an important arena for health promotion and prevention of children's mental health problems and should be addressed as such by the child and school health care services. The context of individuals is always important, but more so in children who have significantly fewer possibilities to influence or change their life situation.

This thesis shows that everyday life situations of the parents and their perceived strain is related to children's mental health problems, thus the orientation of future family policies should be guided by incentives of the children's best interests rather than labour market needs. Such incentives may be the children's right to their fathers and, for example, operationalised by fathers' quotas of parental leave (149). Fathers who take a large share of parental leave have been found to be more actively involved in their children's future care (150) and fathers involvement has been found to be beneficial for children's development (151,152). Further, family policies may need to include initiatives that enhance parents' balance between work and family life and to reduce time pressure instead of mainly focusing on enabling both parents to work. This might possibly be reached, for example, by more flexible opening hours of child health care services, more equal opportunities for both mothers and fathers to work part time and/or more accessible assistance with domestic work. Also important are the wage levels in low paid jobs, often occupied by women, since the association between financial stress and children's mental health was found important in this thesis.

Another central but more individualistic part of achieving balance in everyday life may be to reach a level of realistic expectations and norms, which was described challenging in the results of this thesis. These are cultural and value-

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laden issues (16,153) that might be hard to influence through policy-making or actions. Open critical debates reaching children, adolescents and parents in order to increase critical awareness and attitudes to prevailing norms might make the individual better equipped to go against norms and structures if needed in order to reach balance in life, and in the long run maybe influence the societal norms.

The results of this thesis indicate an importance of relative deprivation for children's mental health problems. 'Closing the gap in a generation' is the heading of the final report of the Commission of Social Determinants of Health (154) about proposed actions on the social determinants of health in order to achieve equity in health. Universal social protection, tax-benefit systems and responsible economical steering are examples of the proposed actions just as these are the main pillars of the Nordic model (5,8). The results from this thesis suggest that these main pillars need to be guarded in order to secure favourable conditions for children's mental health in the Nordic countries just as the increasing gap (income inequalities) should be counteracted.

6 CONCLUSION

In this thesis parents perceived time pressure and personal and societal expectations as challenging for obtaining and maintaining a healthy lifestyle in everyday life. This thesis also demonstrated a comprehensive proportion of parents experiencing time pressure when keeping up with duties of everyday life. Since parents further considered themselves to have the main responsibility for and influence on the children's health and lifestyle, these results suggest that parents' perceived time pressure might be important to consider when promoting children's health.

An important finding was the association between parents' perceived time pressure and children's mental health problems. The strongest associations were found among adolescent girls and primary school-aged boys, and differences between boys and girls were particularly pronounced among adolescents. These findings support that children's mental health problems needs to be considered in perspective of prevailing gender structures, both when addressed in research and practice.

Lack of support and experienced financial stress were found to be related to parents' perceived time pressure. Moreover, the prevalence of financial stress was found substantially higher among Icelandic parents than among parents in the other countries. On the other hand, the associations between family financial stress and children's mental health problems, found in this thesis, were substantially weaker among the Icelandic children than among children from other Nordic countries. This emphasises the importance of considering the mechanisms of social comparison and relative deprivation as substantial contributors to child mental health problems.

In light of time pressure as a growing feature of modern societies and a culture characterised by materialism, the results of this thesis may foster an explanation as to why mental health problems are common among children in Nordic countries in spite of otherwise favourable conditions for children and adolescents' health and development.

7 FUTURE RESEARCH

Additional research on the linkage between parents' experienced time pressure and children's and adolescents' mental health problems is needed to confirm the novel findings of this thesis; not least longitudinal studies to enable for conclusions about the causality of the relationship. Moreover it would be valuable with further qualitative research among parents about their perceptions of the impact and origin of time pressure as well as their attitudes regarding social norms and expectations. The moderating or mediating role of parenting styles and parental emotional wellbeing in the relationship between parent's subjective time pressure and children's mental health problems also need further investigation in order to improve understanding of the mechanisms of the observed relationship.

Gender patterns in mental health problems among children and adolescents need further research. Previous research is inconsistent and the results of this thesis could not confirm any differences between boys and girls in the investigated associations even though differences in prevalence were identified. Making gender patterns visible is important to understand potential impacts of gendered structures embedded in society, both among adolescents and parents.

Future studies of potential impacts of consumption culture and social comparisons would be valuable in order to examine whether these can contribute to explain mental health problems among children living in otherwise favourable living conditions. Likewise, knowledge about aspects that might counteract potential negative effects of time pressure/financial stress among children and parents should be gathered to enable potential preventive initiatives.

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1. Dato for udfyldelse af skemaet

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2	0	1	1
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dag md. år

- ## 2. Hvad er din relation til barnet?

(Sæt kun ét kryds)

- Jeg er barnets biologiske mor
 - Jeg er barnets biologiske far
 - Anden relation:

1

Forbeholdt kodning

3. Besvarer du dette spørgeskema
(Sæt ét eller flere krydser)

- Sammen med en anden forælder?
 - Sammen med dit barn?
 - Sammen med en anden, hvem? _____
 - Alene?

1

Forbeholdt
kodning

- #### 4. Hvornår er dit barn født?

The diagram consists of three groups of boxes. The first group, labeled 'dag', contains two empty boxes. The second group, labeled 'md.', contains one empty box. The third group, labeled 'år', contains four empty boxes.

- ## 5 Er dit barn født i Danmark?

- Ja (*gå til spørgsmål 7*)
 - Nej, i et andet nordisk land
 - Nej, i et andet land end et nordisk

Hvis nei, angiv venligst hvilket land?

1

Forbeholdt kodning

6. Hvor gammelt var dit barn, da han/hun flyttede til Danmark?

1

år

- ## 7 Hvilket køn har dit barn?

- Dreng
 - Pige

8. Hvor høj er dit barn? (mål venligst dit barn uden sko og rund op til hele centimeter).

cm

9. Hvad vejer dit barn? (vej venligst uden tøj og rund op til hele kilo).

k



Dit barns familiesituation

10. Har forældresituationen ændret sig for dit barn? (regn venligst også graviditets-perioden med) (**Sæt ét eller flere krydser**)

Nej, ingen forandring



Måned

Årstad

Ja, separation/skilsmissé

Ja, dødsfald



Ja, der er kommet en ny forælder til



11. Hvor mange personer bor på samme bopæl som dit barn? (barnets bopælsadresse)

Voksne (fyldt 18 år)

--	--

Børn 0-17 år (barnet i denne undersøgelse skal også tælles med)

--	--

Hvilket nummer er han/hun i søskendeflokken? (det ældste barn = nr. 1., osv.)

Dit barn, som er udvalgt til denne undersøgelse, er nummer:

--	--

Hvilke voksne bor på dit barns bopæl?

(**Sæt ét eller flere krydser**)

Mor

Far

Søskende fyldt 18 år. I så fald hvor mange?

--	--

Stedmor (fars nye ægtefælle eller samlever)

Stedfar (mors nye ægtefælle eller samlever)

Andre, hvilke? _____

--	--

Forbeholdt
kodning

12. Hvis dit barns forældre bor hver for sig:

- a) Hvor ofte ser dit barn den anden forælder (den som ikke har samme bopæl som barnet)?

cirka

--	--

 gange pr. måned

eller cirka

--	--	--

 gange pr. år

Aldrig, eller næsten aldrig

- b) Hvis dit barn bor skiftevis hos sin mor og far:

Hvor mange dage om året bor (overnatter) barnet hos den anden forælder?

cirka

--	--	--

 dage pr. år



Barnets sundhed

13. Har dit barn inden for de seneste 3 måneder måttet blive hjemme (fra vuggestue, børnehave, dagpleje, børnehaveklasse, skole, arbejde eller lignende) på grund af sygdom eller kontakt med sundhedsvæsenet?

Nej

Ja

--	--

antal dage

14. Har dit barn en langvarig sygdom eller et handicap, som du synes har påvirket barnets daglige liv i mindst 3 måneder gennem det sidste år?

(Sæt ét kryds i hver række)

Hvis ja, angiv i hvilken grad du anser dit barns sygdom/handicap for at være

	Nej	Ja	→	Mild	Middel	Svær
Diabetes (sukkersyge)	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nedsat syn	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nedsat hørelse	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taleproblemer	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psykisk lidelse	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsi	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mavetarmsygdom	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astma	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergisk snue	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eksem	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bevægelseshæmmet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overvægt	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MBD/DAMP/ADHD ("hyperaktivitet")	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvis andet, angiv venligst hvilken sygdom/handicap?

--	--

Forbeholdt
kodning



15. Hver uge eller hver anden uge: Har dit barn et eller flere af følgende symptomer eller gener?

(Sæt ét kryds i hver række)

Hvis ja, angiv i hvilken grad du anser
symptomet eller genen for at være...

	Nej	Ja		Mild	Middel	Svær
Mavepine	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hovedpine	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Søvnsløshed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Svimmelhed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ondt i ryggen	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetitløshed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvis andet, angiv venligst hvilket symptom/gene?

--	--

Forbeholdt
kodning

Nej, mit barn har ingen symptomer eller gener

16. a) Har dit barn været utsat for skader/ulykker/forgiftning inden for de seneste 12 måneder?

Nej (*gå til spørgsmål 17*)

Ja

--	--

 antal gange

b) Hvor skete det?

(Sæt ét eller flere krydser)

Medførte det:

Hjemme/nærmiljøet

Lægebesøg?

Sygehuisindlæggelse?

Nej Ja Nej Ja

Vuggestue/børnehave/skole/arbejde

Nej Ja

Nej Ja

I trafikken

Nej Ja

Nej Ja

Et andet sted, hvor? _____

Nej Ja

Nej Ja

--	--

Forbeholdt
kodning



17. a) Har dit barn brug for medicin på recept til behandling af sygdom?

Nej

Ja

b) **Hvis ja:** Hvilken slags medicin og hvor længe har dit barn fået medicinen? Hvis barnet får mere end to slags medicin, vil vi bede dig angive de to vigtigste

Lægemiddel 1: _____

--	--

Forbeholdt
kodning

Hvor længe har barnet brugt det?

--	--

 antal måneder

Mindre end en måned

Lægemiddel 2: _____

--	--

Forbeholdt
kodning

Hvor længe har barnet brugt det?

--	--

 antal måneder

Mindre end en måned

18. Inden for de seneste 4 uger: Har dit barn fået håndkøbsmedicin (uden recept)?
(Sæt ét kryds i hver række)

Nej Ja Mod hovedpine

Nej Ja Mod led- og muskelsmerter eller lignende

Nej Ja Mod forkølelse, hoste eller feber

Nej Ja Mod søvnløshed eller nervøsitet

Nej Ja Mod træthed

Nej Ja Mod mavepine eller forstoppelse

Nej Ja Andet. Hvilket? _____

--	--

Forbeholdt
kodning

19. Hvor ofte snakker I i familien med dit barn om sundhed og sundhedsforebyggelse
(f.eks. om at spise sundt, være fysisk aktiv)?
(Sæt ét kryds)

Aldrig

En eller flere gange om året

En eller flere gange om måneden

En eller flere gange om ugen

Dagligt



20. Hvor får du viden om dit barns sundhed og sygdomsforebyggelse?

(Sæt ét eller flere krydser)

- Venner/familie
- Vuggestue/børnehave/dagpleje/skole
- Selvhjælpsgrupper
- Internettet/hjemmesider
- Jeg lægger spørgsmål på internettet/blogger
- Dagblade/ugeblade
- Bøger
- Informationsbrochurer
- Radio/TV
- Andet, hvad? _____
- Ikke relevant, jeg har ikke haft behov for at søge viden om det



Forbeholdt
kodning

21. Hvor godt forstår du generelt den information du modtager om dit barns sundhed?
(Sæt ét kryds i hver række)

	Meget dårligt	Dårligt	Hverken godt eller dårligt	Godt	Meget godt	Bruger ikke denne form for information
Information, som jeg får mundtligt af medicinsk uddannet personale (læge, sygeplejerske, apoteks-ansat, m.fl.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruktioner i eller på emballage af medicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochurer f.eks. fra kommune eller lægens venteværelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information på internettet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Spørgsmål om barnets kontakter i forbindelse med sygdom og sundhed

22. Kontakt til sundhedspersonale vedrørende dit barn:

Har du, din ægtefælle/samlever eller dit barn selv inden for de seneste 3 måneder haft telefonkontakt til sundhedspersonale?

(Sæt ét kryds i hver række)

	Nej	Ja	Antal gange		
Praktiserende læge	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Sundhedsplejerske	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Andet sundhedspersonale	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		

Hvis andet sundhedspersonale, hvem (angiv profession)?



Forbeholdt
kodning

23. Har dit barn inden for de seneste 3 måneder besøgt eller haft besøg af nedenstående? (Rutine-helbredsundersøgelse hos sundhedsplejerske, skolelæge eller praktiserende læge skal ikke tælles med)

(Sæt ét kryds i hver række)

	Nej	Ja	Antal gange		
Praktiserende læge	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Speciallæge (på sygehus eller privat praktiserende speciallæge)	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Lægebesøg i hjemmet	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Sundhedsplejerske eller syge- plejerske hos praktiserende læge	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Sygeplejerske hos speciallæge eller sygehusambulatorium	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Tandlæge/tandplejer	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Fysioterapeut	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Psykolog	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Diætist	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Andet sundhedspersonale (f.eks. social- rådgiver, talepædagog, ergoterapeut)	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		

Hvis andet, hvem (angiv profession)?



Forbeholdt
kodning

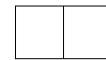


24. a) Kontakt til nogen uden for det almindelige sundhedsvæsen vedrørende dit barn:
Har du eller din ægtefælle/samlever eller barnet selv inden for de seneste 3 måneder haft kontakt til alternative behandlere (f.eks. homøopat, zoneterapeut, kiropraktor, naturmediciner)?

Nej

Ja

Hvem (angiv stillingsbetegnelse)?



Forbeholdt
kodning

- b) Hvad var årsagen til, at I søgte denne behandlingsform?



Forbeholdt
kodning

25. Hvor havde dit barn sin seneste kontakt med læge eller sundhedsplejerske?
(*Sæt ét kryds*)

Hos praktiserende læge

Hos speciallæge på sygehus eller hos praktiserende speciallæge

Lægebesøg i hjemmet

Hos sundhedsplejerske

Hos skolelæge/skolesundhedsplejerske

Andre, hvilke? _____



Forbeholdt
kodning

26. Synes du lægen/sundhedsplejersken brugte tilstrækkelig tid på dit barns problem?
(*Sæt ét kryds*)

Ja

Nej

Ved ikke



27. Hvad er vigtigt for dig, når du søger læge for dit barns helbredsproblemer?
(Sæt ét kryds i hver række)

	1	2	3	4	5	6	7
At lægen har specialistuddannelse i børnesygdomme	<input type="checkbox"/>						
At lægen har specialistuddannelse i den aktuelle sygdom (f.eks. øjenlæge, hudlæge)	<input type="checkbox"/>						
At lægen er let at træffe (bor tæt på, har kort ventetid osv.)	<input type="checkbox"/>						
At lægen kender dit barn og jeres familie	<input type="checkbox"/>						
At lægen kan tale dit barns modersmål	<input type="checkbox"/>						

28. Har dit barn været indlagt på sygehus inden for de seneste 12 måneder?

Nej *(gå til spørgsmål 30)*

Ja

--	--

 antal gange

--	--

 antal dage sammenlagt

29. Hvis dit barn har været på sygehuset inden for de seneste 12 måneder.

Var dit barn ved sidste indlæggelse på:

- En børneafdeling
- En børnestue på voksenafdeling
- En voksenafdeling

Fik I ved sidste indlæggelse lov til at overnatte hos jeres barn?

- Ja
- Nej
- Ikke relevant

Måtte I ved sidste indlæggelse besøge jeres barn så tit, I ville?

- Ja
- Nej
- Ikke relevant



30. Inden for de seneste 12 måneder: Hvor tilfreds eller utilfreds er du/I med kontakten med sundhedsvæsenet på dit barns vegne?

(Sæt ét kryds i hver række)

	Meget tilfreds	Temmelig tilfreds	Temmelig utilfreds	Meget utilfreds	Ved ikke/ ikke aktuelt
Tilgængelighed til behandling/pleje (geografisk afstand, åbningstid, m.v.)	<input type="checkbox"/>				
Imødekommenhed, venlighed	<input type="checkbox"/>				
Tidsforbrug til dit barns problem	<input type="checkbox"/>				
Kommunikation (lyttes der til barnets og forældrenes behov?)	<input type="checkbox"/>				
Information (om f.eks. behandling, sygdomme og helbredstilstand)	<input type="checkbox"/>				
Behandlingens/plejens kvalitet, f.eks. undersøgelser og medicinsk behandling	<input type="checkbox"/>				
Samråd imellem sundhedspersonale og barn/forældre angående behan- dlingen/plejen	<input type="checkbox"/>				
Gennemgående person i behandlingen (samme læge, sygeplejerske, osv.)	<input type="checkbox"/>				

Barnets aktiviteter og udvikling

31. Hvor er dit barn i dagtimerne på hverdage?

(Sæt ét eller flere krydser)

- Passes udelukkende i hjemmet
- Passes hos slægtninge, f.eks. bedsteforældre
- Har plads i dagpleje eller passes hos anden familie
- Har plads i børnehave/dagplejeinstitution. Hvor mange timer pr. uge? timer
pr. uge
- Har plads i skolefritidsordning/fritidshjem
- Går i folkeskole
- Går i gymnasium
- Er under erhvervsuddannelse
- Arbejder
- Arbejdsløs
- Andet, hvad? _____

Forbeholdt
kodning



32. Hvilke aktiviteter har dit barn?

(Sæt ét kryds i hver række)

	Aldrig	En eller flere gange:			
		Pr. år	Om månedens	Om ugen	Dagligt
Går i biograf, teater eller til sports-arrangementer	<input type="checkbox"/>				
Læser bøger (udover skolebøger)	<input type="checkbox"/>				
Besøger eller får besøg af kammerater	<input type="checkbox"/>				
Spiller musikinstrument	<input type="checkbox"/>				
Dyrker sport	<input type="checkbox"/>				
Deltager i foreningsvirksomhed	<input type="checkbox"/>				
Lytter til musik	<input type="checkbox"/>				
Går til koncert	<input type="checkbox"/>				
Ser tv/video/DVD	<input type="checkbox"/>				
Spiller computerspil, playstation og lign.	<input type="checkbox"/>				
Surfer/blogger på nettet	<input type="checkbox"/>				
Andre aktiviteter (giv eksempler nedenfor)	<input type="checkbox"/>				

Hvilke? _____



Forbeholdt
kodning

33. Uden for skoletid: Hvor mange timer om ugen dyrker dit barn sammenlagt idræt eller motion? (så meget, at han/hun bliver forpustet og/eller sveder)

(Sæt ét kryds)

- Ingen
- Ca. ½ time
- Ca. 1 time
- Ca. 2-3 timer
- Ca. 4-6 timer
- 7 timer eller mere



34. Nedenfor er angivet en liste med egenskaber, som er modsætninger. Sæt et kryds det sted, som du mener bedst passer til dit barn sammenlignet med andre børn i samme alder.

Er det din opfattelse, at han/hun er:
(Sæt ét kryds i hver række)

	1	2	3	4	5	6	7	
Uselvstændig	<input type="checkbox"/>	Selvstændig						
Passiv	<input type="checkbox"/>	Aktiv						
Ensom	<input type="checkbox"/>	Ikke ensom						
Urolig	<input type="checkbox"/>	Rolig						
Trist	<input type="checkbox"/>	Glad						
Utryg	<input type="checkbox"/>	Tryg						
Umoden for sin alder	<input type="checkbox"/>	Moden for sin alder						

35. Hvor mange gode venner/veninder har dit barn nu?
(Sæt ét kryds)

- Ingen
- En eller to
- Tre eller flere



36. Hvordan synes du dit barn trives i sine daglige omgivelser uden for hjemmet (daginstitution/børnehave/skole/på arbejde)? Her må du gerne spørge dit barn direkte!
(Sæt ét kryds)

- Ikke relevant
- Meget godt
- Godt
- Mindre godt
- Ved ikke

37. Hvordan synes du, at dit barn klarer sit skolearbejde?
(Sæt ét kryds)

- Ikke relevant
- Meget godt
- Godt
- Middel
- Under middel
- Dårligt
- Ved ikke

38. Det sker ofte og til, at flere børn/unge går sammen om at mobbe/drille en anden (f.eks. slås med ham/hende, gør nar af ham/hende). Har dit barn nogensinde været med til at mobbe andre børn?

(Sæt ét kryds)

- Ofte
- Af og til
- Sjældent/aldrig
- Ved ikke

39. Har du oplevet at dit barn selv er blevet mobbet?
(Sæt ét kryds)

- Ja, ofte
- Af og til
- Sjældent/aldrig
- Ved ikke



40. Styrker og svagheder (SDQ-DAN)

- a) Vi vil nu bede dig besvare spørgsmål, som følger det internationalt anvendte spørgeskema SDQ (Strengths & Difficulties Questionnaires, se www.sdqinfo.org) for at gøre en international sammenligning mulig. Sæt venligst kryds ved det alternativ (Passer ikke, Passer delvist eller Passer godt), som du synes passer bedst. Det vil være til stor hjælp, hvis du besvarer alle spørgsmålene, også selv om du er i tvivl eller synes, at spørgsmålene ikke helt giver mening. Spørgsmålene handler om dit barns opførsel inden for de sidste 6 måneder.

(Sæt ét kryds i hver række)

	Passer ikke	Passer delvist	Passer godt
Er hensynsfuld og betænksom overfor andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er rastløs, "overaktiv", har svært ved at holde sig i ro i længere tid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klager ofte over hovedpine, ondt i maven eller kvalme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er god til at dele med andre børn (slik, legetøj, blyanter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har ofte raserianfald eller bliver let hidsig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er lidt af en enspænder, leger mest alene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gør for det meste, hvad de voksne siger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bekymrer sig om mange ting, virker ofte bekymret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prøver at hjælpe, hvis nogen slår sig, er kede af det eller skidt tilpas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidder konstant uroligt på stolen, har svært ved at holde arme og ben i ro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har mindst én god ven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kommer ofte i slagsmål eller mobber andre børn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er ofte ked af det, trist eller har let til gråd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er generelt vellidt af andre børn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er nem at distrahere, mister let koncentrationen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er utryg og klæbende i nye situationer, bliver nemt usikker på sig selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er god mod yngre børn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Passer ikke	Passer delvist	Passer godt
Lyver eller snyder ofte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bliver mobbet eller drillet af andre børn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tilbyder ofte af sig selv at hjælpe andre (forældre, lærere, andre børn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tænker sig om, før han/hun handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stjæler fra hjemmet, i skolen eller andre steder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kommer bedre ud af det med voksne end med andre børn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er bange for mange ting, er nem at skræmme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gør tingene færdige, er god til at koncentrere sig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nej	Ja, mindre vanskelig- heder	Ja, tydelige vanskelig- heder	Ja, alvorlige vanskelig- heder
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- b) Mener du samlet set at dit barn har vanskeligheder på et eller flere af følgende områder: det følelsesmæssige område, koncentration, adfærd, samspil med andre mennesker?

Hvis "Ja", vær venlig at besvare følgende spørgsmål:

Mindre end 1 måned	1-5 måneder	6-12 måneder	Mere end 1 år
-------------------------------	------------------------	-------------------------	--------------------------

- c) Hvor længe har disse vanskeligheder stået på?

- d) Er dit barn ulykkeligt eller ked af disse vanskeligheder?

Slet ikke	Kun lidt	Ret meget	Virkeligt meget
------------------	-----------------	------------------	------------------------



e) Påvirker disse vanskeligheder dit barns dagligdag

	Slet ikke	Kun lidt	Ret meget	Virkeligt meget
Derhjemme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I barnets forhold til venner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med hensyn til indlæring i skolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forbindelse med fritidsaktiviteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f) Er disse vanskeligheder en belastning for dig eller familien som helhed?

	Slet ikke	Kun lidt	Ret meget	Virkeligt meget
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brug af computer og Internet

41. Har I adgang til internettet derhjemme?

- Nej (*gå til spørgsmål 43*)
 Ja

42. Har I lavet regler for, hvor ofte/meget barnet må bruge internettet?

- Nej
 Ja

43. Hvor mange timer om dagen ser dit barn tv, video/DVD?
(*Sæt ét kryds ved hhv. "På hverdage" og "I weekenden"*)

- På hverdage
- Ingen
 Ca. ½ time
 Ca. 1 time
 Ca. 2-3 timer
 Ca. 4-6 timer
 7 timer eller mere

- I weekenden
- Ingen
 Ca. ½ time
 Ca. 1 time
 Ca. 2-3 timer
 Ca. 4-6 timer
 7 timer eller mere



44. Hvor mange timer om dagen spiller dit barn computerspil, playstation eller lign.?
(Sæt ét kryds ved hhv. "På hverdage" og "I weekenden")

På hverdage

- Ingen
- Ca. ½ time
- Ca. 1 time
- Ca. 2-3 timer
- Ca. 4-6 timer
- 7 timer eller mere

I weekenden

- Ingen
- Ca. ½ time
- Ca. 1 time
- Ca. 2-3 timer
- Ca. 4-6 timer
- 7 timer eller mere

45. Hvor mange timer om dagen bruger dit barn internettet?
(Sæt ét kryds ved hhv. "På hverdage" og "I weekenden")

På hverdage

- Ingen
- Ca. ½ time
- Ca. 1 time
- Ca. 2-3 timer
- Ca. 4-6 timer
- 7 timer eller mere

I weekenden

- Ingen
- Ca. ½ time
- Ca. 1 time
- Ca. 2-3 timer
- Ca. 4-6 timer
- 7 timer eller mere

46. Af og til diskutes det, hvordan mediernes indhold påvirker, hvad mennesker mener og tænker. I hvilken udstrækning tror du, at dit barn og andres børn i almindelighed påvirkes af indholdet i følgende medier?

(Sæt ét kryds i hver række)

a) Dit barn:

	I meget stor udstrækning	I temmelig stor udstrækning	I hverken stor/lille udstrækning	I temmelig lille udstrækning	I meget lille udstrækning
Tv/video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerspil, osv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internettet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



b) Børn i almindelighed:

	I mycket stor utsträckning	I temmelig stor udstrækning	I hverken stor/lille udstrækning	I temmelig lille udstrækning	I meget lille udstrækning
Tv/video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerspil, osv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internettet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Sætter du grænser for dit barns brug af medier, fordi du mener, at de kan påvirke dit barn negativt?

(Sæt ét kryds i hver række)

	I mycket stor utsträckning	I temmelig stor udstrækning	I hverken stor/lille udstrækning	I temmelig lille udstrækning	I mycket lille udstrækning
Tv/video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerspil, osv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internettet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Familiens levevilkår

48. I hvilken type område bor du/I?

(Sæt ét kryds)

- Storbyområde med mere end 100 000 indbyggere (også forstæder)
- Byområde med mere end 3000 indbyggere
- Land- eller byområde med mindre end 3000 indbyggere

49. Er du?

(Sæt ét kryds)

- Gift
- Samlevende
- Eneforsørger

Har du ingen ægtefælle/samlever, skal du i spørgsmål 50-57 kun svare på spørgsmål, der vedrører dig selv.

50. Du og din ægtefælles/samlevers alder?

Den svarende
forælder: år

Ægtefælle/
samlever: år



51. Er du og din eventuelle ægtefælle/samlever født i Danmark eller i udlandet?
(*Sæt ét kryds for hhv. "Den svarende forælder" og "Ægtefælle/samlever"*)

Den svarende forælder:

- I Danmark
- I et andet nordisk land
- I et andet land end et nordisk

Hvilket land? _____

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Forbeholdt
kodning

Ægtefælle/samlever:

- I Danmark
- I et andet nordisk land
- I et andet land end et nordisk

Hvilket land? _____

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Forbeholdt
kodning

52. Hvilken uddannelse har du og din ægtefælle/samlever? Angiv kun den højeste uddannelse. (*Sæt ét kryds for hhv. "Den svarende forælder" og "Ægtefælle/samlever"*)

Den svarende forælder:

- Universitet/handelshøjskole (mere end 12 år)
- Mindst 3-årigt gymnasium (12 år)
- 10. klasse eller højst 2-årigt gymnasium eller tilsvarende (10-11 år)
- Folkeskole (9 år eller mindre)
- Anden skoleuddannelse, hvilken? _____

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Forbeholdt
kodning

Ægtefælle/samlever:

- Universitet/handelshøjskole (mere end 12 år)
- Mindst 3-årigt gymnasium (12 år)
- 10. klasse eller højst 2-årigt gymnasium eller tilsvarende (10-11 år)
- Folkeskole (9 år eller mindre)
- Anden skoleuddannelse, hvilken? _____

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Forbeholdt
kodning



53. Hvad er dit og din ægtefælles/samlevers hovederhverv?

(Ved hovederhverv forstås, at arbejdsindsatsen er sammenhængende og mindst 16 timer pr. uge. Arbejdes der periodisk eller lidt, markeres den primære beskæftigelse, f.eks. studerende). OBS! Det er vigtigt at få oplysninger om både din og din ægtefælles/samlevers beskæftigelse.

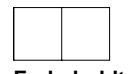
(*Sæt ét kryds for hhv. "Den svarende forælder" og "Ægtefælle/samlever"*)

Den svarende forælder:

- Selvstændig landmand
- Selvstændig i øvrigt
- Ansat
- Studerende
- Lærling, elev
- Pensionist
- Hjemmegående (passer husholdning og familie/børn)
- Arbejdsløs. Hvor længe?

--	--

 måned
- Langtidssygemeldt
- Værnepligtig
- På forældreorlov
- Andet, hvad? _____



Forbeholdt
kodning

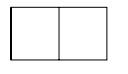
Stillingsbetegnelse?

(*Hvis du ikke arbejder nu, angiv da seneste erhvervsarbejde*)



Forbeholdt
kodning

Kan du kortfattet anføre arbejdsopgaverne:



Forbeholdt
kodning



Ægtefælle/samlever:

- Selvstændig landmand
- Selvstændig i øvrigt
- Ansat
- Studerende
- Lærling, elev
- Pensionist
- Hjemmegående (passer husholdning og familie/børn)
- Arbejdsløs. Hvor længe?

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 måned
- Langtidssygemeldt
- Værnepligtig
- På forældreorlov
- Andet, hvad? _____

--	--

Forbeholdt
kodning

Stillingsbetegnelse?

(*Hvis du ikke arbejder nu, angiv da seneste erhvervsarbejde*)

--	--

Forbeholdt
kodning

Kan du kortfattet anføre arbejdsopgaverne:

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--	--

Forbeholdt
kodning



54. Hvor mange timers erhvervsarbejde har I pr. uge?

(Medregn også overarbejdstimer, ekstra timer, ekstraarbejde og eventuelt ekstrajob (ikke husholdningsarbejde))

Den svarende
forælder: timer pr. uge

Ægtefælle/
samlever: timer pr. uge

55. Har du/I inden for de seneste 12 måneder haft en tillidspost i en forening eller organisation?

Den svarende
forælder: Ja Nej

Ægtefælle/
samlever: Ja Nej

56. Hvor ofte plejer du og din ægtefælle/samlever at gøre følgende ting med dit barn?

(Sæt ét kryds i hver række)

Den svarende forælder:	Aldrig	En eller flere gange:			
		Om året	Om måneden	Om ugen	Dagligt
Leger, spiller spil	<input type="checkbox"/>				
Går i biografen, teater eller til sportsarrangementer	<input type="checkbox"/>				
Laver lektier	<input type="checkbox"/>				
Læser bøger	<input type="checkbox"/>				
Går tur	<input type="checkbox"/>				
Spiller musik/synger	<input type="checkbox"/>				
Dyrker idræt, sport, motion	<input type="checkbox"/>				
Ser tv/video/DVD	<input type="checkbox"/>				
Spiller tv-spil/computerspil	<input type="checkbox"/>				
Surfer/blogger på internettet	<input type="checkbox"/>				
Går i butikker	<input type="checkbox"/>				
Følger dit barn til aktiviteter	<input type="checkbox"/>				
Går til koncert	<input type="checkbox"/>				
Gør noget andet (angiv eksempel nedenfor)	<input type="checkbox"/>				

Hvilke? _____

Forbeholdt
kodning



(Sæt ét kryds i hver række)

Ægtefælle/samlever:	Aldrig	En eller flere gange:			
		Om året	Om måneden	Om ugen	Dagligt
Leger, spiller spil	<input type="checkbox"/>				
Går i biografen, teater eller til sportsarrangementer	<input type="checkbox"/>				
Laver lektier	<input type="checkbox"/>				
Læser bøger	<input type="checkbox"/>				
Går tur	<input type="checkbox"/>				
Spiller musik/synger	<input type="checkbox"/>				
Dyrker idræt, sport, motion	<input type="checkbox"/>				
Ser på tv/video/DVD	<input type="checkbox"/>				
Spiller tv-spil/computerspil	<input type="checkbox"/>				
Surfer/blogger på internettet	<input type="checkbox"/>				
Går i butikker	<input type="checkbox"/>				
Følger dit barn til aktiviteter	<input type="checkbox"/>				
Går til koncert	<input type="checkbox"/>				
Gør noget andet (angiv eksempel nedenfor)	<input type="checkbox"/>				

Hvilke?



Forbeholdt
kodning

57. Hvor tit bruger du selv og din ægtefælle/samlever internettet i fritiden?
(Sæt ét kryds for hhv. "Den svarende forælder" og "Ægtefælle/samlever")

Den svarende forælder:

- Aldrig
- En eller flere gange om året
- En eller flere gange om måneden
- En eller flere gange om ugen
- Dagligt

Ægtefælle/samlever:

- Aldrig
- En eller flere gange om året
- En eller flere gange om måneden
- En eller flere gange om ugen
- Dagligt



58. Hvor stor er husstandens månedlige disponible indkomst? Medregn den samlede indkomst efter skat for hele husstanden. Med indkomst menes løn, pension, indkomst fra egen virksomhed/landbrug samt bidrag af forskellige slags (f.eks. børnebidrag, underholdsbidrag, bistandshjælp og socialhjælp).

Familiens disponible indkomst:

--	--	--	--	--	--

kroner pr. måned

59. Hvis familien pludselig skulle havne i en uforudset situation, hvor du/I på en uge må fremskaffe 15 000 kr., ville du/I kunne klare det?

- Ja
 Nej

60. I løbet af de sidste 12 måneder: Har I været ude for, at familien har haft svært ved at klare de faste udgifter (til mad, husleje, regninger)?

- Nej
 Ja

61. a) Hvordan bor I?

- I lejlighed
 I villa, parcel-, eller rækkehus
 På landejendom
 Anden bolig, hvilken? _____



- b) Ejer eller lejer I jeres bolig?

- Ejer boligen/ejendomsret
 Lejer boligen

62. Hvor stor er den bolig, I bor i?

- a)

--	--

 Antal værelser inkl. køkken
- b)

--	--	--

 m²

63. Har dit barn sit eget værelse?

(Sæt ét kryds)

- Ja
 Nej, barnet deler værelse med søskende
 Nej, barnet deler værelse med forældre
 Nej, barnet deler værelse med en anden person



64. Synes du, at du får den hjælp og aflastning til at passe hjem og barn, som du har behov for?

Ja Hvis ja, hvem giver dig den hjælp?
(Sæt gerne flere kryds)

Ægtefælle/samlever

Tidligere ægtefælle

Barnet/børnene

Slægtninge, f.eks. bedsteforældre

Naboer/venner/bekendte

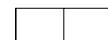
Samfundet (kommunale tjenester, f.eks. hjemmehjælp, aflastning)

Andet, hvem? _____



Forbeholdt
kodning

Nej Hvis nej, hvordan kunne du ønske at få hjælp til aflastning/pasning af hjem og barn?



Forbeholdt
kodning

65. Hvor meget hjælp får du til hverdagsproblemer omkring dit barns sundhed, helbred, opvækst, m.m.?

(Sæt ét kryds i hver række)

Ikke særlig
megen hjælp

Ganske
megen hjælp

Al tænkelig
hjælp

Af folk, som via deres profession/arbejde
kan hjælpe barnet (læger, sundheds-
plejersker, socialrådgivere, personale i
børnehave/ vuggestue/dagpleje, lærere,
osv.)?

Af folk, som tilhører din bekendtskabskreds,
slægtninge eller kolleger?

66. Har familien været på ferierejse inden for de seneste 12 måneder?

I Danmark Ja Nej

Udenlands Ja Nej



Forældrenes sundhed og velbefindende

Har du ingen ægtefælle/samlever, skal du i spørgsmål 67 og 68 kun svare på spørgsmål, der vedrører dig selv.

67. Hver eller hver anden uge: Har du eller ægtefælle/samlever jævnligt nogle af følgende symptomer eller gener?

(Sæt ét kryds i hver række)

Den svarende forælder

Hvis ja, angiv i hvilken grad du anser symptomet eller genen for at være

	Nej	Ja		Mild	Middel	Svær
Mavepine/-besvær	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hovedpine	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Søvnløshed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Svimmelhed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rygbesvær	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetitløshed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervøsitet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Langvarig sygdom eller handicap	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I så fald, hvilken?

Forbeholdt
kodning

Ægtefælle/samlever:

Hvis ja, angiv i hvilken grad du anser symptomet eller genen for at være

	Nej	Ja		Mild	Middel	Svær
Mavepine/-besvær	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hovedpine	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Søvnløshed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Svimmelhed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rygbesvær	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetitløshed	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervøsitet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Langvarig sygdom eller handicap	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I så fald, hvilken?

Forbeholdt
kodning

Nej, ingen symptomer eller gener



68. Har du eller din ægtefælle/samlever været sygemeldt inden for de seneste 12 måneder?

Den svarende forælder: Ja. Hvor længe?

--	--	--

 antal dage totalt
 Nej

Ægtefælle/samlever: Ja. Hvor længe?

--	--	--

 antal dage totalt
 Nej

69. Hvor tilfreds er du med dit liv, når det angår:

(Sæt ét kryds i hver række)

	Meget Tilfreds	Ganske Tilfreds	Hverken Tilfreds eller Utilfreds	Ganske Utilfreds	Meget Utilfreds
Bolig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arbejde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Økonomi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uddannelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helbred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiesituation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fritid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kontakt med venner og bekendte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mulighed for at påvirke din egen og familiens livssituation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Synes du selv du kan finde en løsning på problemer og vanskeligheder, som andre
synes er håbløse?

(Sæt ét kryds)

- Ja, oftest
- Ja, af og til
- Nej

71. Plejer dit daglige liv at give dig personlig tilfredsstillelse?
(Sæt ét kryds)

- Ja, oftest
- Ja, af og til
- Nej



72. Plejer de ting, som sker dig i din dagligdag, at være svære at forstå?

(Sæt ét kryds)

- Nej
- Ja, af og til
- Ja, oftest

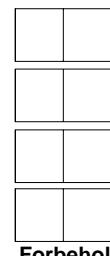
73. Synes du det er svært at få dagligdagen til at hænge sammen?

(Sæt ét kryds)

- Nej
- Ja, af og til
- Ja, for det meste

Dette var sidste spørgsmål. Mange tak fordi du ville deltage i undersøgelsen.

Hvis du har kommentarer eller vigtige oplysninger, som ikke er dækket af spørgsmålene, er du meget velkommen til at skrive dem her.



Forbeholdt
kodning

Vær venlig at kontrollere, at du ikke har glemt at svare på nogle spørgsmål,
og læg derefter skemaet i svarkuerten og send den venligst snarest.



Lomakkeen numero, älkää täyttäkö				
-------------------------------------	--	--	--	--

Lapsen perhesuhteet

1. Lapsen ikä

--	--

vuotta

2. Onko lapsi syntynyt Suomessa vai ulkomailta?

- Suomessa → Voitte siirtyä kysymykseen 4
- Muussa Pohjoismaassa
- Pohjoismaiden ulkopuolella

Missä maassa? _____

3. Miten vanha lapsi oli, kun hän muutti Suomeen?

--	--

vuotta

4. Lapsen sukupuoli

- Poika
- Tyttö

5. Lapsen pituus (Mitataa lapsi ilman kenkiä)

--	--	--

cm

6. Lapsen paino (ilman vaatteita)

--	--	--

Kg

7. Kuinka monta henkeä asuu lapsen kanssa samassa taloudessa (syövät yleensä vähintään yhden aterian päivässä yhdessä)?

a) Aikuisia (18 vuotta tai yli)

--	--

b) Lapsia 0 - 17 vuotta tutkimukseen valittu lapsi mukaanlaskettuna

--	--

c) Mikä on tutkimukseen valitun lapsen iän mukainen järjestys?

(Vanhin lapsi = nro 1. jne)

Tutkimukseen valitun lapsen järjestys:

--	--

d) Keitä aikuisia asuu lapsen luona? (Voitte merkitä useampia rasteja)

Äiti

Isä

Lapsi asuu vaihdellen äidin ja isän luona

Yli 18-vuotiaita sisaruksia. Kuinka monta?

--	--

Isän uusi puoliso/avopuoliso

Äidin uusi puoliso/avopuoliso

Muita. Ketä? _____

8. Onko lapsen vanhempien tilanne muuttunut tämän syntymän jälkeen?

Ei, samat vanhemmat koko ajan

Kyllä, asumusero/avioero

Kuinka vanha lapsi oli silloin?

--	--

Kyllä, kuolemantapaus

Kuinka vanha lapsi oli silloin?

--	--

Kyllä, uusi aikuinen
on tullut perheeseen.

Kuinka vanha lapsi oli silloin?

--	--

9. Jos lapsen vanhemmat asuvat erillään, kuinka usein lapsi tapaa toisen vanhempansa?

Noin / kertaa/kk

Vai
Noin / kertaa/vuosi

- Ei koskaan tai tuskin koskaan
- Lapsi asuu vaihdellen äidin ja isän luona

Lapsen terveys

10. Onko lapsi ollut viimeisen 3 kk:n aikana poissa päivähoidosta, esikoulusta, koulusta, työstä tai vastaavasta sairauden tai terveyspalveluiden käytön vuoksi?

- Ei
- Kyllä / päivää

11. Onko lapsella jokin pitkääikainen sairaus, vamma tai haitta, joka on oleellisesti vaikuttanut hänen päivittäiseen elämäänsä vähintään 3 kk:n ajan viime vuoden aikana?

Jos kyllä, onko lapsen sairaus/vamma/haitta mielestäenne

	Ei	Kyllä	Lievä	Kohtalainen	Vaikea
a) Diabetes (sokeritauti)	<input type="checkbox"/>				
b) Näkövamma	<input type="checkbox"/>				
c) Kuulovamma	<input type="checkbox"/>				
d) Puhevamma	<input type="checkbox"/>				
e) Psyykkisiä vaivoja (hermostuneisuutta)	<input type="checkbox"/>				
f) Epilepsia (kaatumatauti)	<input type="checkbox"/>				
g) Vatsa/suolistovaivoja	<input type="checkbox"/>				
h) Astma	<input type="checkbox"/>				
i) Allerginen nuha	<input type="checkbox"/>				

j) Ihottumaa	<input type="checkbox"/>				
k) Liikuntavamma	<input type="checkbox"/>				
l) Ylipaino	<input type="checkbox"/>				
m) MBD/DAMP/ADHD (yliaktiivinen lapsi)	<input type="checkbox"/>				
n) Syömishäiriö (esim. anoreksia/laihuushäiriö, bulimia/ahmimishäiriö)	<input type="checkbox"/>				
o) Jokin muu	<input type="checkbox"/>				
Mikä? _____					

12. Kärsiikö lapsi joistakin seuraavista vaivoista joka tai joka toinen viikko?

Jos kyllä, ovatko mielestänne lapsen vaivot

	Ei	Kyllä	Lieviä	Kohtalaisia	Vaikeita
Vatsavaivat	<input type="checkbox"/>				
Päänsärky	<input type="checkbox"/>				
Unettomuus	<input type="checkbox"/>				
Huimaus	<input type="checkbox"/>				
Selkävaivat	<input type="checkbox"/>				
Ruokahaluttomuus	<input type="checkbox"/>				
Muuta	<input type="checkbox"/>				

Mitä? _____

Ei mitään vaivoja

13a Onko lapsellenne sattunut viime 12 kuukauden aikana vahinkoja/tapaturmia/myrkytyksiä?

Kyllä kertaa

Ei ➔ Voitte siirtyä kysymykseen 14

13b	Missä tapaturmat sattuivat? (Yksi tai useampia rasteja)	Johtiko tapaturma	
		terveyskeskuksen lääkäriissä tai sairaalassa poliklinikalla käyntiin	sairaalahoitoon?
	<input type="checkbox"/> Kotona/lähiympäristössä	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä
	<input type="checkbox"/> Päiväkodissa/koulussa/työssä	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä
	<input type="checkbox"/> Liikenteessä	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä
	<input type="checkbox"/> Jossain muualla. Missä? _____	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä
<hr/>			
14.	Käyttääkö lapsi jotain lääkärin määräämää reseptilääkettä?		
	<input type="checkbox"/> Ei		
	<input type="checkbox"/> Kyllä	Mitä lääkettä/lääkkeitä?	_____
 Kuinka kauan on käytänyt? <input type="text"/> <input type="text"/> Kk			
15.	Onko lapsi syönyt neljän viime viikon aikana jotain ilman reseptiä saatavaa lääkettää johonkin/joihinkin seuraavista vaivoista?		
	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	Päänsärkyyn	
	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	Nivel- tai muihin särkyihin	
	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	Nuhaan, yskään tai kuumeeseen	
	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	Unettomuuteen tai hermostuneisuuteen	
	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	Väsymykseen	
	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	Vatsavaivoihin tai ummetukseen	
	<input type="checkbox"/> Ei <input type="checkbox"/> Kyllä	Muuhun vaivaan. Mihin vaivaan? _____	

16. Kuinka usein keskustelette perheen kesken yhdessä lasten kanssa terveyteen ja terveydenhoitoon liittyvistäasioista (kuten terveellisen ruokavalion tai liikunnan vaikutuksesta terveyteen)?

Ei koskaan

Kerran tai
muutaman
kerran/yuosi

Kerran tai muutaman kerran/kk

Kerran tai muutaman kerran/viikko

Päivittäin

1

1

1

1

1

17. Jos etsitte tietoa lapsenne terveyteen ja terveydenhoitoon liittyvistä asioista, kenen/minkä puoleen käännytte? (Rasti yhteen tai useampaan ruutuun).

- a) Ystävät/perhe
 - b) Koulu/esikoulu
 - c) Oma-apuryhmät
 - d) Internet/kotisivut
 - e) Laadin aktiivisesti kysymyksiä internettiin/bloggaan
 - f) Päivälehdet/viikkolehdet
 - g) Kirjat
 - h) Tiedotteet/esitteet
 - i) Radio/TV
 - j) Muu. Mikä? _____
 - l) Ei ajankohtaista

18. Miten hyvin ymmärrätte yleensä lapsenne terveyteen liittyvää tietoa?

Eritt
vähä

Ei
hy

Kohta-
laisesti

Hyvi

Erittäin
hyvin

En käytä
tämän-
tyyppistä
tietoa

- a) Suullinen tieto lääketieteellisen koulutuksen saaneelta henkilöltä (lääkäri, sairaanhoitaja, farmaseutti ym)
 - b) Lääkepakauksissa olevat ohjeet
 - c) Tervyteen esim. huumeet

d) Internetissä olevaa lapsen terveyteen liittyvä tiota	<input type="checkbox"/>					
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Terveydenhuoltopalvelujen käyttö

19. Oletteko Te tai puolisonne/avopuolisonne soittanut jollekulle alla mainituista henkilöistä lapsen vuoksi kolmen viime kuukauden aikana? (Tai onko lapsi mahdollisesti soittanut itse?)
 (Merkitkää rasti joka riville)

Lääkäri Ei Kyllä

--	--

 kertaa

Terveydenhoitaja Ei Kyllä

--	--

 kertaa

Muu terveydenhuollon henkilökunta Ei Kyllä

--	--

 kertaa

Jos muu terveydenhuollon henkilökunta: kenelle? _____

20. Onko lapsi tavannut kolmen viime kuukauden aikana jonkin tai joitakuita alla luetellusta? Terveystarkastuksia neuvolassa tai koulussa ei oteta huomioon tässä kysymyksessä.

Terveyskeskuslääkäri (yleislääkäri), myös yleislääketieteen erikoislääkäri Ei Kyllä Montako kertaa

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Erikoislääkäri sairaalan poliklinikalla/terveyskeskuksessa tai yksityislääkärin vastaanotolla Ei Kyllä Montako kertaa

--	--

Lääkäri teki kotikäynnin Ei Kyllä Montako kertaa

--	--

Terveydenhoitaja tai sairaanhoitaja terveyskeskuksessa Ei Kyllä Montako kertaa

--	--

Sairaanhoitaja erikoisvastaanotolla (esim. lastenkliniikka) Ei Kyllä Montako kertaa

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Hammaslääkäri, hammashoitaja/suuhygienisti Ei Kyllä Montako kertaa

--	--

Lääkintävoimistelija Ei Kyllä Montako kertaa

--	--

Psykologi Ei Kyllä Montako kertaa

--	--

Ravitsemusterapeutti Ei Kyllä Montako kertaa

--	--

Jokin muu terveydenhuollon henkilöstöö Ei Kyllä Montako kertaa

Mikä muu terveydenhuollon ammattilainen? _____

21a Oletteko Te tai puolisonne/avopuolisonne ottaneet yhteyttä lapsen terveyden vuoksi kolmen viime kuukauden aikana kansanparantajaan tai muuhun vaihtoehtoista hoitomuotoa tarjoavaan henkilöön, esim. homeopatiaa, vyöhyketerapiaa, kiropraktiikkaa, yrtilääkintää tms.?

Ei

Kyllä

Mikä? _____

21b Minkä vuoksi otitte yhteyttä tästä hoitomuotoa tarjoavaan? _____

22. Missä lapsi kävi viimeksi lääkärissä?

Terveyskeskuksessa

Erikoislääkärin vastaanotolla sairaalassa/terveyskeskuksessa tai yksityislääkäriillä

Lääkäri teki kotikäynnin

Neuvolassa

Koulussa

Jollakin muulla vastaanotolla

Millä? _____

23. Käyttikö lääkäri mielestänne tarpeeksi aikaa lapsen ongelman tutkimiseen?

Kyllä

Ei

En tiedä

24. Miten tärkeänä pidätte seuraavia seikkoja hakeutuessaanne lääkäriin lasten terveysongelmien vuoksi? Merkitkää rasti jokaisen allemainitun seikan kohdalle. Mitä tärkeämpänä pidätte seikkaa, sitä suuremman luvun rastitatte.

	Ei mitään merkitystä							Erittäin suuri merkitys	
	1	2	3	4	5	6	7		
a) Lääkäri on erikoistunut lastensairauksien hoitoon	<input type="checkbox"/>								
b) Lääkäri on erikoistunut kyseisen sairauden hoitoon	<input type="checkbox"/>								
c) Lääkärin luokse on helppo päästää (esim. lyhyt matka, lyhyet odotusajat)	<input type="checkbox"/>								
d) Lääkäri tuntee lapsen/perheen	<input type="checkbox"/>								
e) Lääkäri hallitsee lapsen äidinkielen	<input type="checkbox"/>								

25. Onko lapsenne ollut hoidettavana sairaalassa viime 12 kk:n aikana?

Kyllä

Kuinka monta kertaa?

--	--

Päiviä yhteensä

--	--

Ei ➔ Voitte siirtyä kysymykseen 27

26. Jos lapsi on ollut hoidettavana sairaalassa viime 12 kk:n aikana:

- a) Lapsi hoidettiin viime kerralla Lastensairaalassa
 Lasten huoneessa aikuisten osastolla
 Aikuisten osastolla
- b) Saitteko te viimeksi olla yötä lapsen luona? Kyllä
 Ei
 Ei ollut tarpeen
- c) Saitteko te viimeksi käydä tapaamassa lasta niin usein kuin halusitte? Kyllä
 Ei
 Ei ollut tarpeen

27. Miten kokemuksenne ovat vastanneet odotuksianne viime 12 kk:n aikana terveydenhuollossa lapsen hoidossa tai tutkimusten yhteydessä seuraavilla alueilla?

Jos ei ole ollut terveydenhuollon kontakteja, siirtykää kysymykseen 28. (Yksi rasti joka riville)

	Täysin tyytyväinen <input type="checkbox"/>	Melko tyytyväinen <input type="checkbox"/>	Melko tyytymätön <input type="checkbox"/>	Täysin tyytymätön <input type="checkbox"/>	En tiedä/ei ajankohtaista <input type="checkbox"/>
a) Hoitoon pääsy					
b) Kohtelu, ystäväillisyyys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ajankäyttö lapsen ongelman tutkimiseen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Vuorovaikus. Hoitohenkilökunta kuuntelee lasta ja vanhempiä	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Tiedonanto (esim. hoidosta, sairaudesta, terveydentilasta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Hoidon laatu (esim. lääkehoito, hoitolutkimus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Yhteistyö hoidon suunnittelussa (hoitohenkilökunta – lapsi/vanhemmat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Hoitopalvelujen jatkuvuus (sama lääkäri, sama sairaanhoitaja)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lapsen vapaa-ajanharrastukset ja kehitys

28. Missä tutkimukseen valittu lapsi viettää päivänsä?

(Voitte merkitä useampia rasteja)

- Hoidetaan yksinomaan kotona
- Hoidetaan sukulaisten luona, esim. isovanhempien luona
- Perhepäivähoidossa tai hoidossa toisessa perheessä
- Hoidossa päiväkodissa/käy esikoulua. Kuinka monta tuntia/viikko?tuntia/viikko
- Hoidossa koululaisten iltapäiväkerhossa
- Käy peruskoulu
- Käy lukiota
- Käy ammattikoulu
- Käy työssä

<input type="checkbox"/> On työtön
<input type="checkbox"/> Tekee muuta. Mitä? _____

29. Osallistuuko lapsenne joihinkin seuraavista vapaa-ajan harrastuksista? (Yksi rasti jokaiselle riville)

	Ei koskaan	Kerran tai muutaman kerran vuodessa	Kuussa	Viikossa	Päivittäin
a) Käy elokuvissa, teatterissa, urheilutapahtumissa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Lukee kirjoja (koulukirjojen ohella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Käy tovereitten luona tai toverit kävät lapsen luona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Soittaa jotakin soitinta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Urheilee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Osallistuu yhdistystoimintaan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Kuuntelee musiikkia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Käy konsertissa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Katsoo televisiota/videota/DVD:tä	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Pelaa TV-pelejä/tietokonepelejä	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Surfailee/bloggaa netissä	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Muita toimintoja, esimerkiksi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Kuinka monta tuntia kaiken kaikkiaan viikossa lapsi harrastaa urheilua ja liikuntaa siten, että hän hengästytyy ja/tai hikoilee? (Kouluajan ulkopuolella)

- Ei lainkaan
- Noin ½ tuntia
- Noin 1 tunti
- Noin 2-3 tuntia
- Noin 4-6 tuntia
- 7 tuntia tai enemmän

31. Alla on lueteltu joukko luonteenpiirteitä ja niiden vastakohdat. Merkitkää rasti kohtaan, joka vastaa käsitystänne lapsesta verrattuna muihin samanikäisiin.

Esim.	1	2	3	4	5	6	7	
Pieni ikäisekseen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suuri ikäisekseen				

Mitä pienemmän numeron ruudun rastititte, sitä enemmän vasemmalla oleva piirre vallitsee lapsenne kohdalla. Mitä suurempi numero, sitä enemmän oikealla oleva piirre vallitsee. Merkitkää nopeasti ensimmäinen mieleen tuleva käsitys. Älkää miettikö pitkään.

Käsityksenne mukaan hänen täällä hetkellä:

	1	2	3	4	5	6	7	
Epäitsenäinen	<input type="checkbox"/>	Itsenäinen						
Passiivinen	<input type="checkbox"/>	Aktiivinen						
Yksinäinen	<input type="checkbox"/>	Ei yksinäinen						
Rauhaton	<input type="checkbox"/>	Rauhallinen, tasapainoinen						
Alakuloinen	<input type="checkbox"/>	Iloinen						
Pelokas	<input type="checkbox"/>	Varma						
Myöhään kehittynyt ikään nähdien	<input type="checkbox"/>	Aikaisin kehittynyt ikään nähdien						

32. Kuinka monta ystävää (parasta kaveria) lapsella on parhaillaan?

- Ei yhtään
- Yksi tai kaksi
- Kolme tai useampia

33. Kuinka lapsi viihtyy päivähoidossa/esikoulussa/koulussa/työssä? (Vanhemmat kysyvät lapselta)

- Ei ajankohtaista
- Erittäin hyvin
- Hyvin
- Ei kovin hyvin
- En tiedä

34. Kuinka lapsi menestyy koulussa?

- Ei ajankohtaista
- Erittäin hyvin
- Hyvin
- Keskinkertaisesti
- Alle keskitason
- Huonosti
- En tiedä

35. Lapsilla on joskus tapana joukossa kiusata toista lasta (esim. lyövät häntä tai pilkkaavat häntä). Kiusaako lapsenne toisia lapsia?

- Usein
- Toisinaan
- Harvoin/ei koskaan
- En tiedä

36. Kiusataanko lastanne?

- Usein
- Toisinaan
- Harvoin/ei koskaan
- En tiedä

37. Vahvuudet ja heikkoudet (SDQ-SVE)

Haluamme tässä kohtaa, että vastaatte kysymyksiin, jotka ovat kansainvälisesti käytetyn SDQ- (Vahvuusien & Vaikeuksien kyselylomake, katso www.sdqinfo.org) kyselylomakkeen mukaisia, jotta voimme verrata tuloksia kansainvälisesti. Merkitkää rasti sen vaihtoehdon (Ei pidä paikkansa, Pitää osittain paikkansa, Pitää täysin paikkansa) kohdalle, joka vastaa käsitystänne parhaiten. On hyvä, jos vastaatte kaikkiin kysymyksiin, vaikka ette ole aivan varma tai pidätte kysymystä outona. Kysymykset koskevat lapsenne käyttäytymistä viime kuuden kuukauden aikana.

		Ei päde	Pätee jonkinverran	Pätee varmasti
Ottaa muiden tunteet huomioon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Levoton, yliaktiivinen, ei pysty olemaan kauan hiljaa paikoillaan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valittaa usein päänsärkyä, vatsakipua tai pahoinvointia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jakaa auliisti tavaroitaan (karkkeja, leluja, värikyniä jne.) muiden lasten kanssa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hänellä on usein kiukunpuuskia, tai hän kiivastuu helposti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ei näytä kaipaavan seuraa, leikkii usein itsekseen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
On yleensä tottelevainen, tavallisesti tekee niin kuin aikuinen käskee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hänellä on monia huolia, näyttää usein huolestuneelta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tarjoutuu auttamaan, jos joku loukkaa itsensä, on pahoilla mielin tai huonovointinen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jatkuvasti hypistelevässä jotakin tai kiemurtelee paikoillaan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hänellä on ainakin yksi hyvä ystävä	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Usein tappelee toisten lasten kanssa tai kiusaa muita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Usein onneton, mieli maassa tai itkuinen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yleensä muiden lasten suosiossa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helposti häiriintyvä, mielenkiinto harhailee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uusissa tilanteissa pelokas tai aikaiseen takertuva, vailla itseluottamusta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kiltti nuorempiaan kohtaan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valehtelee tai petkuttaa usein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muiden lasten silmätikku tai kiusaamisen kohte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tarjoutuu usein auttamaan muita (vanhempiaan, opettajia, muita lapsia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Harkitsee tilanteen ennen kuin toimii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varastaa kotoa, koulusta tai muualta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tulee paremmin toimeen aikuisten kuin toisten lasten kanssa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kärsii monista peloista, usein peloissaan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saattaa tehtävät loppuun, hyvin pitkäjänteinen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Onko teillä muita kommentteja tai huolia, jotka haluatte tuoda esille?

	Ei	Kyllä, pieniä vaikeuksia	Kyllä, selviä vaikeuksia	Kyllä, vakavia vaikeuksia
Kaiken kaikkiaan, onko lapsellanne mielestänne vaikeuksia yhdellä tai useammalla seuraavista alueista: tunteet, keskittyminen, käyttäytyminen tai muiden ihmisten kanssa toimiminen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jos vastasitte "Kyllä", olkaa hyvä ja vastatkaa seuraaviin kysymyksiin:

	Vähem-män kuin 1 kk	1-5 kk	6-12 kk	Pitempään kuin vuoden
Kuinka kauan vaikeudet ovat kestäneet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Ei lainkaan	Vain vähän	Melko paljon	Erittäin paljon
Onko lapsenne huolestunut tai kärsiikö hän vaikeuksistaan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Häiritsevätkö vaikeudet lapsen arkea jollakin seuraavista alueista?

	Ei lainkaan	Vain vähän	Melko paljon	Erittäin paljon
Kotona perheessä	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kavereiden kanssa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Koulutyössä, oppimista	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapaa-ajan harrastuksissa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tuleeko vaikeuksista Teille tai perheelleenne kokonaisuutena taakka?

		Ei lainkaan	Vain vähän	Melko paljon	Erittäin paljon
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tietokoneen ja internetin käyttö.

38. Onko teillä kotona mahdollisuus käyttää internettiä? Ei Kyllä

39. Oletteko laatineet säännöt miten usein/kuinka paljon lapsi saa käyttää internettiä? Ei Kyllä

40. Kuinka monta tuntia päivässä lapsi katselee televisiota, videota/DVD:tä?

- Ei yhtään
- Noin ½ tuntia
- Noin 1 tunnin
- Noin 2-3 tuntia
- Noin 4-6 tuntia
- 7 tuntia tai enemmän

41. Kuinka monta tuntia päivässä lapsi pelaa TV-pelejä/tietokonepelejä?

Arkisin

- Ei yhtään
- Noin ½ tuntia
- Noin 1 tunnin
- Noin 2-3 tuntia
- Noin 4-6 tuntia
- 7 tuntia tai enemmän

Viikonloppuisin

- Ei yhtään
- Noin ½ tuntia
- Noin 1 tunnin
- Noin 2-3 tuntia
- Noin 4-6 tuntia
- 7 tuntia tai enemmän

42. Kuinka monta tuntia päivässä lapsi surffaa internetissä?

Arkisin

- Ei yhtään
- Noin ½ tuntia
- Noin 1 tunnin
- Noin 2-3 tuntia
- Noin 4-6 tuntia
- 7 tuntia tai enemmän

Viikonloppuisin

- Ei yhtään
- Noin ½ tuntia
- Noin 1 tunnin
- Noin 2-3 tuntia
- Noin 4-6 tuntia
- 7 tuntia tai enemmän

43. Joskus puhutaan kuinka eri medioiden sisältö vaikuttaa ihmisten mielipiteisiin ja ajatuksiin. Missä määrin arvioitte, että seuraavien medioiden sisältö vaikuttaa a) Teidän lapseenne / b) Toisten lapsiin yleisesti?

a) Lapsenne

	Hyvin suuressa määrin	Melko suuressa määrin	Ei suuressa eikä pienessä määrin	Melko pienessä määrin	Hyvin pienessä määrin
TV/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tietokonepelit jne.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Toisten lapset yleisesti

	Hyvin suuressa määrin	Melko suuressa määrin	Ei suuressa eikä pienessä määrin	Melko pienessä määrin	Hyvin pienessä määrin
TV/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tietokonepelit jne.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Missä määrin Teidän huolenne alla mainittujen medioiden sisällön mahdollisesta kielteisistä vaikutuksista lapseenne saa teidät rajoittamaan lapsenne alla mainittujen medioiden käyttöä?

	Hyvin suuressa määrin	Melko suuressa määrin	Ei suuresta eikä pienessä määrin	Melko pienessä määrin	Hyvin pienessä määrin
TV/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tietokonepelit jne.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Perheen elinolot

45. Millaisella paikkakunnalla asutte?

- Suurkaupunkialueella (esikaupungit lasketaan tähän), yli 100 000 asukasta
- Yli 3000 asukkaan taajamassa
- Maaseudulla tai alle 3000 asukkaan taajamassa

46. Oletteko

- Aviopari
- Avopari
- Yksihuoltaja

47. Teidän ja puolisonne/avopuolisonne ikä?

*Kysymyksiin
vastaava
vanhempi:*

--	--

vuotta

*Puoliso/
avopuoliso:*

--	--

vuotta

48. Oletteko Te ja puolisonne/avopuolisonne syntyneet Suomessa tai ulkomailla?

Kysymyksiin vastaava vanhempi

- Suomessa
- Toisessa Pohjoismaassa
- Pohjoismaiden ulkopuolella

Puoliso/avopuoliso

- Suomessa
- Toisessa Pohjoismaassa
- Pohjoismaiden ulkopuolella

Missä? _____

Missä? _____

49. Mikä on koulutuksenne? Merkitkää ainoastaan korkein koulutus. (Suluissa on annettu koulutusaika vuosissa).

Kysymyksiin vastaava vanhempi

- Yliopisto- tai korkeakoulututkinto (yli 12 v)
 - Lukio tai opistotasoinen tutkinto (12 v)
 - Ammattikoulu (10-11 v)
 - Kansa-, kansalais-, keski- tai peruskoulu
(9 v tai alle)
 - Muu koulutus. Mikä?
-

Puoliso/avopuoliso

- Yliopisto- tai korkeakoulututkinto (yli 12 v)
 - Lukio tai opistotasoinen tutkinto (12 v)
 - Ammattikoulu (10-11 v)
 - Kansa-, kansalais-, keski- tai peruskoulu
(9 v tai alle)
 - Muu koulutus. Mikä?
-

- 50. Mikä on nykyisin Teidän ja puolisonne/avopuolisonne päätoiminta?** (Henkilö, joka työskentelee satunnaisesti tai vähän, merkitsee pääasiallisen toiminnan).
 Huom! On tärkeää saada sekä kysymyksiin vastaavan vanhemman, että puolison/avopuolison tiedot.

Kysymyksiin vastaava van hempi

- Maanviljelijä, työssä omalla maatalalla
- Yksityisyrittäjä
- Palkkutyössä (toisen palveluksessa)
- Oppisopimuskoulutuksessa
- Opiskelija
- Eläkkeellä
- Omaa kotitaloutta hoitava
- Työtön tai lom

--	--

Miten kauan?

kk

- Pitkäaikaisella sairaslomalla
- Asevelvollinen
- Vanhempainvapaalla
- Muuta. Mitä? _____

Mikä on ammattinne/toimenne?

(Jos ette ole palkkutyössä, mikä oli viimeisin ammattinne/toimenne?)

Puoliso/avopuoliso

- Maanviljelijä, työssä omalla maatalalla
- Yksityisyrittäjä
- Palkkutyössä (toisen palveluksessa)
- Oppisopimuskoulutuksessa
- Opiskelija
- Eläkkeellä
- Omaa kotitaloutta hoitava
- Työtön tai lom

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Miten kauan?

kk

- Pitkäaikaisella sairaslomalla
- Asevelvollinen
- Vanhempainvapaalla
- Muuta. Mitä? _____

Mikä on ammattinne/toimenne?

(Jos ette ole palkkutyössä, mikä oli viimeisin ammattinne/toimenne?)

Kuvailkaa lyhyesti tehtäviänne:

Kysymyksiin vastaava van hempi:

Kuvailkaa lyhyesti tehtäviänne:

Puoliso/avopuoliso:

51. Jos käytte työssä, montako tuntia työskentelette viikossa?

(Laskekaa mukaan myös ylityötunnit, muut ylimääräiset työt sekä kotona tehtävät työt, ei kuitenkaan varsinaisia kotitöitä).

*Kysymyksiin
vastaava
vanhempi:*

--	--

tuntia/viikossa

*Puoliso/
avo-
puoliso*

--	--

tuntia/viikossa

52. Mikä on perheen keskimääräinen kuukausitulo? Laskekaa yhteen kaikkien perheenjäsenten tulot veronpidätyksen jälkeen (= nettotulo). Tulolla tarkoitamme palkkatuloa, eläkettä, tuloja omasta yrityksestä/maanviljelyksestä sekä erilaisia avustuksia (esim. lapsilisät, elatusavut, asuntotuet, sosiaaliavustukset).

Perheen keskimääräinen kuukausitulo

--	--	--	--	--	--

euroa/kk

53. Jos perheenne yllättäen joutuisi tilanteeseen, jossa Teidän pitäisi hankkia 1500 euroa viikon aikana, pystyisit tekemään tämän?

- Kyllä
- Ei

54. Onko perheellänne ollut vaikeuksia 12 viime kuukauden aikana suoriutua juoksevista menoista kuten ruokamenot vuokramenot, muut laskut jne.?

- Kyllä
- Ei

55a Minkä tyyppinen asunto perheellänne on?

- Huoneisto kerrostalossa
- Omakotitalo/rivitalo
- Muu. Mikä? _____

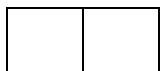
55b Omistusasunto/omistusoikeus

- Vuokra-asunto

Asunnon koko?

56.

a)



huonetta ja keittiö I

b)

m²**57. Onko lapsella oma makuuhuone?**

- Kyllä
- Ei, lapsi jakaa huoneen muiden sisarusten kanssa
- Ei, lapsi jakaa huoneen vanhempien kanssa
- Ei, lapsi jakaa huoneen muun henkilön kanssa

58. Kuinka usein Teillä ja puolisollanne/avopuolisollanne on tapana yhdessä lapsen kanssa tehdä seuraavaa?**a) Kysymyksiin vastaava vanhempi**

	Ei koskaan	Kerran tai muutaman			päivässä
		vuo-	kuussa	viikossa	
Leikkiä, pelata pelejä	<input type="checkbox"/>				
Käydä elokuvissa, teatterissa, tai urheilutapahtumissa	<input type="checkbox"/>				
Lukea läksyjä, tehdä kotitehtäviä	<input type="checkbox"/>				
Lukea kirjoja	<input type="checkbox"/>				
Käydä kävelemässä	<input type="checkbox"/>				
Soittaa jotakin soitinta	<input type="checkbox"/>				
Harrastaa urheilua ja liikuntaa	<input type="checkbox"/>				
Katsoa televisiota/videota/DVD:tä	<input type="checkbox"/>				
Pelata TV-pelejä/tietokonepelejä	<input type="checkbox"/>				
Surfata/blogata internetissä	<input type="checkbox"/>				
Käydä kaupoissa	<input type="checkbox"/>				
Kyyditä lapsi harrastuksiin	<input type="checkbox"/>				
Käydä konserteissa	<input type="checkbox"/>				
Tehdä joitain muuta, esimerkiksi:	<input type="checkbox"/>				

b) Puoliso/avopuoliso:

	Ei koskaan	Kerran tai muutaman			
		vuodessa	kuussa	viikossa	päivässä
Leikkiä, pelata pelejä	<input type="checkbox"/>				
Käydä elokuvissa, teatterissa, tai urheilutapahtumissa	<input type="checkbox"/>				
Lukea läksyjä, tehdä kotitehtäviä	<input type="checkbox"/>				
Lukea kirjoja	<input type="checkbox"/>				
Käydä kävelemässä	<input type="checkbox"/>				
Soittaa jotakin soitinta	<input type="checkbox"/>				
Harrastaa urheilua ja liikuntaa	<input type="checkbox"/>				
Katsoa televisiota/videota/DVD:tä	<input type="checkbox"/>				
Pelata TV-pelejä/tietokonepelejä	<input type="checkbox"/>				
Surfata/blogata internetissä	<input type="checkbox"/>				
Käydä kaupoissa	<input type="checkbox"/>				
Kyyditä lapsi harrastuksiin	<input type="checkbox"/>				
Käydä konserteissa	<input type="checkbox"/>				
Tehdä jotain muuta, esimerkiksi:	<input type="checkbox"/>				

Kuinka usein Te ja puolisonne/avopuolisonne käytätte internettiä vapaa-ajallanne?

59. *Kysymyksiin vastaava vanhempi* *Puoliso/avopuoliso*

<input type="checkbox"/> Ei koskaan	<input type="checkbox"/> Ei koskaan
<input type="checkbox"/> Kerran tai muutaman vuodessa	<input type="checkbox"/> Kerran tai muutaman vuodessa
<input type="checkbox"/> Kerran tai muutaman kuussa	<input type="checkbox"/> Kerran tai muutaman kuussa
<input type="checkbox"/> Kerran tai muutaman viikossa	<input type="checkbox"/> Kerran tai muutaman viikossa
<input type="checkbox"/> Päivittäin	<input type="checkbox"/> Päivittäin
	<input type="checkbox"/> Ei puolisoa/avopuolisoa

60. Saatteko tarvitsemanne avun ja tuen kodin- ja lastenhoidossa?

Kyllä

Keneltä saatte tämän avun?
(Merkitkää yksi tai useampia rasteja)

- Puolisolta/avopuolisolta
 - Aikaisemmalta puolisolta/avopuolisolta
 - Lapsilta
 - Sukulaisilta
 - Naapureilta/ystäviltä/tuttavilta
 - Kunnalta
 - Muualta. Keneltä?
-

Ei

Kuinka tulisi mielestänne järjestää kodin- ja lastenhoidossa tarvitsemanne apu ja tuki?

61. Kuinka paljon apua saatte mielestänne lapsen terveyteen, kasvatukseen yms. liittyvissä arkiongelmissä? (Merkitkää yksi rasti joka riville)

Ei kovinkaan paljon apua	Melko paljon apua	Kaikki mahdollinen apu
--------------------------	-------------------	------------------------

a) Henkilöiltä, jotka työkseen auttavat lasta
(lääkärit, hoitajat, kuraattorit,
päiväkotihenkilökunta, opettajat jne)?

b) Henkilöiltä, jotka kuuluvat tuttavapiiriinne;
sukulaisilta tai työtovereilta?

62. Onko perheenne tehnyt lomamatkan viime 12 kk:n aikana?

Kotimaassa

Kyllä Ei

Ulkomailla

Kyllä Ei

63. Onko Teillä ja puolisollanne/avopuolisollanne ollut viime vuosien aikana luottamustehtäviä jossakin yhdystyksessä tai järjestössä?

Kysymyksiin vastaava vanhempi

Kyllä Ei

Puoliso/avopuoliso

Kyllä Ei

Vanhempien terveys ja hyvinvointi

64. Kärsittekö Te tai puolisonne/avopuolisonne joistakin seuraavista vaivoista joka tai joka toinen viikko?

a) Kysymyksiin vastaava vanhempi

Jos kyllä, ovatko vaivat

	Ei	Kyllä	Lievä	Kohtalaisia	Vaikeita
Vatsavaivat	<input type="checkbox"/>				
Päänsärky	<input type="checkbox"/>				
Unettomuus	<input type="checkbox"/>				
Huimaus	<input type="checkbox"/>				
Selkävaivat	<input type="checkbox"/>				
Ruokahaluttomuus	<input type="checkbox"/>				
Hermostuneisuus	<input type="checkbox"/>				
Pitkääikainen sairaus/vamma	<input type="checkbox"/>				

Mikä? _____

Ei mitään vaivoja

b) Puoliso/avopuoliso

Jos kyllä, ovatko vaivat

	Ei	Kyllä	Lievä	Kohtalaisia	Vaikeita
Vatsavaivat	<input type="checkbox"/>				
Päänsärky	<input type="checkbox"/>				
Unettomuus	<input type="checkbox"/>				
Huimaus	<input type="checkbox"/>				
Selkävaivat	<input type="checkbox"/>				
Ruokahaluttomuus	<input type="checkbox"/>				

Hermostuneisuus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitkääikainen sairaus/vamma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mikä? _____					
Ei mitään vaivoja <input type="checkbox"/>					
65. Oletteko Te tai puolisonne/avopuolisonne ollut sairaslomalla viime 12 kk:n aikana?					
Kysymyksiin vastaava vanhempi:			Puoliso/avopuoliso:		
<input type="checkbox"/> Kyllä. Miten kauan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> päiviä kaikkiaan	<input type="checkbox"/> Kyllä. Miten kauan?	<input type="checkbox"/>
<input type="checkbox"/> Ei	<input type="checkbox"/> päiviä kaikkiaan				
66. Kuinka tyytyväinen tai tyytymätön olette elämänne seuraaviin osa-alueisiin:					
(Yksi rasti joka riville)					
Asunto	<input type="checkbox"/> Hyvin tyytyväinen	<input type="checkbox"/> Melko tyytyväinen	<input type="checkbox"/> Ei tyytymätön eikä tyytyväinen	<input type="checkbox"/> Melko tyytymätön	<input type="checkbox"/> Hyvin tyytymätön
Työ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Koulutus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perhetilanne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapaa-aika	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yhteydet tuttaviin ja ystäviin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mahdollisuus vaikuttaa Teidän ja perheenne elämään	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Onko Teillä tapana löytää ratkaisu ongelmiin ja vaikeuksiin, joita muut pitävät toivottomina?					
<input type="checkbox"/> Kyllä, useimmiten					
<input type="checkbox"/> Kyllä, joskus					
<input type="checkbox"/> Ei					

68. Onko Teillä tavallisesti tunne, että olette tyytyväinen arkiseen elämäänne?

- Kyllä, useimmiten
- Kyllä, joskus
- Ei

69. Onko Teillä tavallisesti tunne, että tapahtumat arkisessa elämässänne ovat vaikeita ymmärtää?

- Kyllä, useimmiten
- Kyllä, joskus
- Ei

70. Onko Teillä tavallisesti tunne, että Teillä on vaikea ehtiä arkisessa elämässänne?

- Kyllä, useimmiten
- Kyllä, joskus
- Ei

71. Oletteko Te, joka pääasiassa vastaa kysymyksiin
(Vain yksi rasti)

- Lapsen biologinen äiti
- Lapsen biologinen isä
- Joku muu. Kuka? _____

72. Vastaatteko Te
(Yksi tai useampi rasti)

- Yhdessä toisen vanhemman kanssa
- Yhdessä lapsen kanssa
- Yhdessä jonkun toisen kanssa. Kenen? _____
- Yksin

Muita tärkeitä tietoja tai näkökulmia:

Olkaa hyvä ja tarkistakaa, ettette ole unohtaneet vastata johonkin kysymykseen. Sulkekaa sen jälkeen kysymyslomake vastauskuoreen ja postittakaa se mahdollisimman pian.

Kiitos avustanne!

Terveyden ja hyvinvoinnin laitos (THL)

Terveyden ja hyvinvoinnin laitos (THL) on sosiaali- ja terveysministeriön hallinnonalalla toimiva tutkimus- ja kehittämislaitos. Sen tehtäväänä on väestön hyvinvoinnin ja terveyden edistäminen, sairauksien ja sosiaalisten ongelmien ehkäiseminen sekä sosiaali- ja terveyspalveluiden kehittäminen.

THL toimii alansa tilastoviranomaisena sekä huolehtii tehtäväalueensa tietoperustasta ja sen hyödyntämisestä. Se toteuttaa tehtävänsä tutkimuksen, seurannan ja arvioinnin, kehittämistyön, asiantuntijavaikuttamisen ja viranomaistehtävien sekä kansainvälisen yhteistyön avulla. THL palvelee valtion ja kuntien päätäjiä, alan toimijoita, järjestöjä, tutkimusmaailmaa ja kansalaisia.

Pohjoismainen kansanterveystieteen korkeakoulu

Pohjoismainen kansanterveystieteen korkeakoulu (NHV) on Pohjoismaisen ministerineuvoston alainen kansanterveyden alan koulutus- ja tutkimuslaitos. NHV on tarjonnut eri terveydenhuollon ammattilaisille jatkokoulutusta jo vuodesta 1953. NHV:ssä nykyisin on noin 50 tohtorin tutkintoa ja noin 200 maisteritutkintoa suorittavaa opiskelijaa. Joka vuosi NHV:n järjestämille kursseille osallistuu noin 700 opiskelijaa.

NHV tekee paljon pohjoismaista yhteistyötä. Se on myös Maailman terveysjärjestön (WHO):n yhteistyökeskus (Collaborating Centre) ja tekee yhteistyötä myös mm. OECD:n, Euroopan neuvoston ja EU:n kanssa.



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Leiðbeiningar með spurningalistanum

Svona gengur rannsóknin fyrir sig

Spurningunum er beint til foreldra barnsins. Sá sem best þekkir til kringumstæðna tiltekins barns, foreldri eða maki foreldris eða annar forráðamaður ef svo ber undir, skal svara spurningunum en svarið gjarnan í samvinnu við barnið sjálf.

- Mikilvægt er að öll svör eigi við barnið sem umslagið er stílað á.
- Þegar þú svarar spurningum sem snúa að maka er mikilvægt að þú fáir leyfi frá honum eða henni til að veita þessar upplýsingar.
- Í sumum spurningum er spurt um aðstæður „foreldris sem svarar“. Þar er átt við foreldri eða forráðamann eftir aðstæðum hverju sinni. Orðið foreldri er notað til einföldunar.
- Lestu spurningarnar og svarmöguleikana áður en svarað er.
- Flestum spurningunum er svarað með því að setja kross við þann valmöguleika sem þér finnst eiga best við.
- Einungis má setja fleiri en einn kross við spurningu þegar það er sérstaklega tekið fram.
- Ef spurningunni fylgja ekki staðlaðir svarmöguleikar skal skrifa svörin í frátekna reiti.
- Nokkrar spurninganna eru ekki ætlaðar öllum börnum. Lítill börn eru t.d. ekki atvinnulaus, 17 ára börn eru ekki á leikskóla o.s.frv. Fylltu bara út það sem á við þitt barn.
- Sumum spurningum er auðveldara að svara en öðrum. Sé erfitt að svara viðum spurningum skaltu frekar halda áfram en hætta við að fylla út spurningalistann.
- Það er mikilvægt að þú sendir spurningalistann til okkar í svarumslaginu sem fylgir með, jafnvel þó að nokkrum spurningum sé ósvarað.
- Hafðu endilega samband ef þig vantar frekari upplýsingar um tilgang rannsóknarinnar eða aðstoð við spurningarnar.

Spurningalistinn verður lesinn rafrænt. Því viljum við biðja þig að hafa eftirfarandi í huga þegar þú svarar:

- Notið svartan eða bláan kúlupenna, ekki rauðan eða annan lit. Helst ekki nota blýant.
- Skrifið skýra tölustafi:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---
- Skrifið skýra og STÓRA bókstafi:

A	B	C	D	E	F	G	H	I	J
---	---	---	---	---	---	---	---	---	---
- Merkið við svörin með krossi eins og þessum en ekki þessum
- Ef þú vilt breyta svarinu fylltu þá út í reitinn svona og merktu í nýjan svona
- Ef þú vilt skrifa meiri texta en pláss er fyrir í reitunum eða vilt útskýra eitthvað betur skalt þú skrifa það á sérstaka síðu fyrir athugasemdir aftast í spurningalistanum.

Ef þú hefur spurningar um rétt þinn sem þáttakandi í vísindarannsókn eða vilt hætta þáttöku í rannsókninni getur þú snúið þér til Vísindasíðanefndar, Vegmúla 3, 108 Reykjavík. Sími: 551-7100, fax: 551-1444, tölvupóstfang: visindasidanefnd@vsn.stjr.is.

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Fjölskylduaðstæður barnsins

1. Hve gamalt er barnið?



ára

2. Í hvaða landi er barnið fætt?

1 Á Íslandi ————— Svarið næst spurningu 4

2 Í einhverju öðru Norðurlandanna. Hverju?

3 Utan Norðurlandanna,
í hvaða landi?

3. Hve gamalt var barnið þegar það flutti til Íslands?



ára

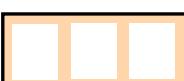
4. Hvert er kyn barnsins?

1 Drengur

2 Stúlka

5. Hver er hæð barnsins?

Námundið upp í heilan sentímetra.



cm

6. Hver er þyngd barnsins?

Námundið upp í heilt kíló.



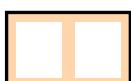
kg

7. a) Hversu margir búa á heimili barnsins (borða að jafnaði eina máltíð saman daglega)?

Ef barnið býr til skiptis hjá móður og föður skal svara miðað við lögheimili barnsins.



Fullorðnir (18 ára og eldri)



Börn 0 - 17 ára að meðtöldu
barninu sem spurt er um

+

+

b) Hvar í systkinaröðinni er barnið sem spurt er um í þessari könnun?*Elsta barnið er talið númer 1 o.s.frv.*

--	--

Barnið sem spurt er um er númer:

c) Hvaða fullorðnu einstaklingar búa með barninu?*Merktu í einn eða fleiri reiti eftir því sem við á.*

- Móðir
 Faðir
 Barnið býr til skiptis hjá móður og föður
 Systkini/hálfsystkini 18 ára og eldri. Ef já, hve mörg?
 Nýr maki föður
 Nýr maki móður

--	--

- Aðrir. Hverjir?

--

8. Hefur staða foreldra barnsins breyst eftir fæðingu þess?*Merktu í einn eða fleiri reiti eftir því sem við á.*

- Nei, engin breyting

- Já, skilnaður/sambúðarslit → Hve gamalt var barnið þá?

--	--

- Já, andlát maka/sambýlisaðila → Hve gamalt var barnið þá?

--	--

- Já, nýtt foreldri → Hve gamalt var barnið þá?

--	--

9. a) Ef foreldrar barnsins búa ekki saman, hve oft hittir barnið hitt foreldrið?Um það bil

--	--

 sinnum í mánuði

eða

Um það bil

--	--

 sinnum á ári

- 1 Barnið býr til skiptis hjá móður og föður
 2 Aldrei eða nær aldrei

b) Hversu marga daga á ári býr barnið hjá hinu foreldrinu?Um það bil

--	--	--

 daga á ári

+

+

+

+

Heilsufar barnsins

10. Hefur barnið verið fjarverandi frá dagforeldri, skóla (leik-, grunn- eða framhaldsskóla), vinnu eða samsvarandi vegna eigin veikinda eða vegna þess að það hefur þurft að leita til heilbrigðisþjónustunnar á síðastliðnum þremur mánuðum?

1 Nei

2 Já, fjöldi daga:

11. Hefur barnið einhvern langvinnan sjúkdóm eða fötlun, þ.e. ástand sem í ríkum mæli hefur haft áhrif á daglegt líf þess a.m.k. þrjá mánuði á síðasta ári?

Ef já, telur þú óþægindi barnsins...

	Nei 1	Já 2	Væg 3	Allnokkur 4	Mikil 5
a. Sykursýki	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
b. Sjónskaði	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
c. Heyrnartap	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
d. Málhelti	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
e. Kvíði, óróleiki, geðræn einkenni	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
f. Flogaveiki	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
g. Meltingarkvillar	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
h. Astmi	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
i. Ofnæmiskvef	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
j. Exem	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
k. Hreyfihömlun	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
l. Ofþyngd	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
m. ADD/ADHD (athyglisbrestur /ofvirkni með athyglisbrest)	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
n. Einhverfuróf	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
o. Annað, hvað? Skrifist hér fyrir Neðan	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

Hvað?

+

+

+

+

12. Á barnið við einhver af neðantöldum óþægindum að stríða?

Merkir aðeins við ef óþægindi gera vart við sig aðra hvora viku eða oftar.

Ef já, telur þú óþægindi barnsins...

	Nei 1	Já 2	Væg 3	Allnokkur 4	Mikil 5
a. Magaóþægindi	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
b. Höfuðverkur	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
c. Svefnleysi	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
d. Svimi	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
e. Bakverkur	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
f. Lystarleysi	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
g. Annað, hvað? Skrifist hér fyrir neðan.	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

Hvað?

Engin óþægindi

13. a) Hefur barnið orðið fyrir meiðslum/slysum/eitrunum á síðastliðnum 12 mánuðum?

1 Já, hve oft



sinnum

2 Nei → Svarið næst spurningu 14

b) Hvar urðu slysin/óhöppin?

Merktu í einn eða tvo reiti í hverjum lið eftir því sem við á.

Leiddu þau til...

	Læknisheimsóknar		Sjúkrahúsvistar	
	Nei 1	Já 2	Nei 3	Já 4
a. <input type="checkbox"/> Heima/nánasta umhverfi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Leikskóla/skóla/vinnu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Í umferðinni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Annars staðar, hvar? Skrifíð hér að neðan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. a) Notar barnið lyfseðilsskyld lyf?

1 Nei → Svarið næst spurningu 15

2 Já

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b) Ef já, hvað heitir lyfið/-in og hve lengi hefur barnið tekið það/pau?

Lyf 1

Hve lengi?

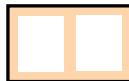


Mánuði

 Innan við mánuð

Lyf 2

Hve lengi?



Mánuði

 Innan við mánuð

15. Hefur barnið á síðastliðnum fjórum vikum tekið inn lyf sem fást án lyfseðils?

Vegna...	Nei	Já
a. Höfuðverkjar	<input type="checkbox"/>	<input type="checkbox"/>
b. Liðverkja eða annarra verkja	<input type="checkbox"/>	<input type="checkbox"/>
c. Kvefs, hósta eða hita	<input type="checkbox"/>	<input type="checkbox"/>
d. Svefnleysis eða kvíða	<input type="checkbox"/>	<input type="checkbox"/>
e. Þreytu	<input type="checkbox"/>	<input type="checkbox"/>
f. Meltingaróþæginda eða hægðartregðu	<input type="checkbox"/>	<input type="checkbox"/>
g. Vegna annarra óþæginda, skrifioð hér fyrir neðan.	<input type="checkbox"/>	<input type="checkbox"/>

Hvaða óþæginda?

16. Hversu oft ræðið þið innan fjölskyldunnar við börnin um atriði sem snúa að heilsu og hreysti (s.s. að viðhalda góðri heilsu með hollu mataræði og hreyfingu)?

- 1 Aldrei
- 2 Einu sinni eða oftar á ári
- 3 Einu sinni eða oftar í mánuði
- 4 Einu sinni eða oftar í viku
- 5 Daglega

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17. Ef þú leitar upplýsinga um heilsufar barnsins, hvert leitar þú?

Merktu í einn eða fleiri reiti eftir því sem við á.

- Til vina/fjölskyldu
- Til skóla/leikskóla
- Til ung- og smábarnaverndar eða skólaheilsugæslu
- Til sjálfshjálparhópa
- Á internetinu/heimasíðum; hvaða síðum helst? _____
- Leggur fram spurningar á internetinu/bloggi
- Í dagblöðum/tímaritum
- Í bókum
- Í upplýsingabæklingum
- Í útvarpi/sjónvarpi

- Annað, hvað? _____

- Á ekki við

18. Hversu vel eða illa finnst þér þú almennt skilja upplýsingar um heilsu barnsins þíns?

Merktu í einn reit í hverjum lið.

	Mjög vel	Vel	Hvorki vel né illa	Illia	Mjög illa	Nýti ekki þessa tegund upplýsinga
	1	2	3	4	5	6
a. Upplýsingar sem gefnar eru munnlega af heilbrigðisstarfsmanni (læknin, hjúkrunarfræðingi, sjúkraliða o.s.fr.)	<input type="checkbox"/>					
b. Upplýsingar/leiðbeiningar með eða á lyfjapakkningum	<input type="checkbox"/>					
c. Leiðbeiningar og bæklingar um heilsu, t.d. um fíkniefni, heilsusamlegt mataræði o.s.fr.	<input type="checkbox"/>					
d. Upplýsingar um heilsu barnsins á internetinu	<input type="checkbox"/>					

19. Hversu auðvelt eða erfitt finnst þér að nálgast gott fræðsluefni frá fagfólkum um eftirtalið?

Merktu í einn reit í hverjum lið.

	Mjög erfitt	Frekar erfitt	Hvorki auðvelt né erfitt	Frekar auðvelt	Mjög auðvelt
	1	2	3	4	5
a. Sjúkdóma barna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heilsu barna, annað en sjúkdóma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Slysavarnir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Þroskaskeið barna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tannheilbrigði barna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Næringu barna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hreyfingu barna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Notkun barnsins á heilbrigðisþjónustu

- 20. Hefur þú eða maki þinn hringt til einhvers neðangreindra aðila síðastliðna þrjá mánuði vegna barnsins (eða barnið hringt sjálft)?**

Merktu við einn reit í hverjum lið.

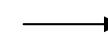
a. Læknis

1 Nei2 Já

Hve oft

--	--

b. Hjúkrunarfræðings

1 Nei2 Já

Hve oft

--	--

c. Annars heilbrigðisstarfsfólks

1 Nei2 Já

Hve oft

--	--

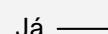
Ef til annars, hvers?

--

- 21. Hefur barnið leitað til eða þess verið vitjað af einhverjum neðantalinna aðila á síðastliðnum þremur mánuðum?**

Heimsóknir í ungbarnaeftirlit og skólahelsgugæslu teljast ekki með. Merktu í einn reit í hverjum lið.

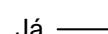
a. Heilsugæslulæknir eða heimilislæknir

1 Nei2 Já

Hve oft

--	--

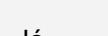
b. Sérfræðilæknir á sjúkrahúsi (heilsugæslu eða læknastofu)

1 Nei2 Já

Hve oft

--	--

c. Heilsugæslu-/heimilislæknir, vitjun

1 Nei2 Já

Hve oft

--	--

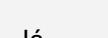
d. Hjúkrunarfræðingur á heilsugæslu

1 Nei2 Já

Hve oft

--	--

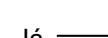
f. Hjúkrunarfræðingur í sérþjónustu

1 Nei2 Já

Hve oft

--	--

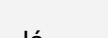
g. Tannlæknir, tannfræðingur

1 Nei2 Já

Hve oft

--	--

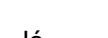
h. Sjúkrapjálfari

1 Nei2 Já

Hve oft

--	--

i. Sálfræðingur

1 Nei2 Já

Hve oft

--	--

j. Næringerfræðingur/ráðgjafi

1 Nei2 Já

Hve oft

--	--

k. Annar heilbrigðisstarfsmaður (t.d. talmeinafræðingur, iðjuþjálfari)

1 Nei2 Já

Hve oft

--	--

Annar heilbrigðisstarfsmaður, hver?

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22. a) Hefur þú/maki þinn haft samband vegna barnsins við einhvern aðila utan hefðbundinnar læknisfræði á síðastliðnum þremur mánuðum (til dæmis hómópata, svæðanuddara, kírópraktors, grasalæknis o.s.frv.)?

1 Nei2 Já, hvaða?

- b) Af hvaða ástæðu var leitað þessa aðila utan hefðbundinnar læknisfræði?
-
-
-

23. Hvar var síðasta læknisheimsókn barnsins?

1 Hjá heimilislækni á heilsugæslustöð/á stofu hjá heilsugæslulækni2 Hjá sérfræðingi (á sjúkrahúsi, göngudeild eða móttöku)3 Læknisvitjun heim4 Í ungbarnaeftirliti5 Í skólaheilsugæslu6 Hjá öðrum lækni, hvar?

24. Gaf læknirinn sér nægan tíma til að skoða barnið?

1 Já2 Nei3 Veit ekki

25. Hversu mikilvæg telur þú eftifarandi atriði vera þegar leitað er til læknis vegna heilsuvanda barns?

*Því mikilvægara sem það er, þeim mun hærri tölu krossar þú við.
Merkið við einn reit í hverjum lið.*

	Léttvægt						Mikilvægt
	1	2	3	4	5	6	7
a.	Að læknirinn hafi sérfræðimenntun í barnalækningum	<input type="checkbox"/>					
b.	Að læknirinn hafi sérfræðimenntun varðandi viðkomandi sjúkdóm	<input type="checkbox"/>					
c.	Að læknirinn sé aðgengilegur (stutt að fara/bíða)	<input type="checkbox"/>					
d.	Að læknirinn þekki barnið/fjölskylduna	<input type="checkbox"/>					
e.	Að læknirinn tali móðurmál barnsins	<input type="checkbox"/>					

26. Hefur barnið verið lagt inn á sjúkrahús á síðastliðnum 12 mánuðum?

1 Já

Fjöldi skipta

Hversu marga daga samanlagt

2 Nei → Svarið næst spurningu 28

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27. Ef barnið hefur verið lagt inn á sjúkrahús síðastliðna 12 mánuði...

- | | |
|--|---|
| a) ... var barnið (við síðustu innlögn) á | 1 <input type="checkbox"/> barnadeild |
| | 2 <input type="checkbox"/> barnastofu á fullorðinsdeild |
| | 3 <input type="checkbox"/> fullorðinsdeild |
| b) ... fenguð þið (við síðustu innlögn) að vera hjá
barninu yfir nótt? | 1 <input type="checkbox"/> Já |
| | 2 <input type="checkbox"/> Nei |
| | 3 <input type="checkbox"/> Á ekki við |
| c) ... fenguð þið (við síðustu innlögn) að
heimsækja barnið eins oft og þið vilduð? | 1 <input type="checkbox"/> Já |
| | 2 <input type="checkbox"/> Nei |
| | 3 <input type="checkbox"/> Á ekki við |

**28. Hve ánægð/-ur eða óánægð/-ur ert þú með þau samskipti sem þú hefur haft við
heilbrigðisþjónustuna vegna barnsins síðastliðna 12 mánuði hvað varðar neðantalin atriði?
Merktu í einn reit í hverjum lið.**

	Mjög ánægð/-ur	Frekar ánægð/-ur	Frekar óánægð/-ur	Mjög óánægð/-ur	Veit ekki/ á ekki við
	1	2	3	4	5
a. Aðgengi að þjónustu	<input type="checkbox"/>				
b. Viðmót heilbrigðisstarfsfólks	<input type="checkbox"/>				
c. Þann tíma sem vandi barnsins fær	<input type="checkbox"/>				
d. Samskipti (hlustað á þarfir barns og foreldra)	<input type="checkbox"/>				
e. Upplýsingar t.d. um meðferð, sjúkdóma og heilsufar	<input type="checkbox"/>				
f. Gæði þjónustunnar (læknisfræðileg skoðun og meðferð)	<input type="checkbox"/>				
g. Samráð heilbrigðisstarfsfólks við foreldra og barn um meðferð	<input type="checkbox"/>				
h. Samfella í þjónustu (sami læknir, hjúkrunarfræðingur)	<input type="checkbox"/>				

29. Hversu oft eru tennur barnsins burstaðar?

- 1 Aldrei
- 2 Sjaldnar en einu sinni í viku
- 3 Að minnsta kosti einu sinni í viku
- 4 Einu sinni á dag
- 5 Tvisvar sinnum á dag
- 6 Oftar en tvisvar sinnum á dag

30. Hver burstar tennur barnsins?

- 1 Alltaf foreldri eða annar fullorðinn
- 2 Ýmist fullorðinn eða barnið sjálft
- 3 Alltaf barnið sjálft án aðstoðar fullorðins
- 4 Annar, hver?

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31. Hversu oft fer barnið í eftirlit til tannlæknis?

- 1 Að minnsta kosti tvívar á ári
- 2 Einu sinni á ári
- 3 Annað hvert ár
- 4 Þriðja hvert ár
- 5 Fjórða hvert ár
- 6 Barnið hefur ekki farið síðustu 5 ár
- 7 Barnið hefur aldrei farið til tannlæknis

Athafnir og þroski barnsins

32. Hvar er barnið á daginn?

Merktu í einn eða fleiri reiti eftir því sem við á.

- Heima
- Hjá ættingjum, t.d. afa og ömmu
- Hjá dagforeldri eða öðrum óskyldum aðilum
- Í leikskóla. Hversu margar klst. á viku? klst. á viku
- Á fristundaheimili
- Í grunnskóla
- Í framhaldsskóla
- Í starfsmenntun
- Í vinnu
- Atvinnulaus
- Annað, hvað?

33. Hversu oft gerir barnið eftirfarandi ?

Merktu í einn reit í hverjum lið.

	Aldrei	Einu sinni eða oftar...				
		1	2	3	4	5
a.	Fer í bíó, leikhús eða á íþróttaviðburði	<input type="checkbox"/>				
b.	Les bækur (aðrar en skólabækur)	<input type="checkbox"/>				
c.	Heimsækir vini eða fær vini í heimsókn til sín	<input type="checkbox"/>				
d.	Leikur á hljóðfæri	<input type="checkbox"/>				
e.	Tekur þátt í íþróttum	<input type="checkbox"/>				
f.	Tekur þátt í félagsstarfsemi	<input type="checkbox"/>				
g.	Hluster á tónlist	<input type="checkbox"/>				

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Frh. Hversu oft gerir barnið eftirfarandi ?

Merktu í einn reit í hverjum lið.

	Aldrei	Einu sinni eða oftar...				
		1	2	3	4	Daglega
h. Fer á tónleika	<input type="checkbox"/>					
i. Horfir á sjónvarp/video/DVD	<input type="checkbox"/>					
j. Spilar tölvuleiki	<input type="checkbox"/>					
k. Er eitt heima	<input type="checkbox"/>					
l. Vafrar/bloggar á internetinu	<input type="checkbox"/>					
m. Annað, nefndu dæmi hér að neðan	<input type="checkbox"/>					
Hvað?						

34. Hversu margar klukkustundir á viku stundar barnið íþróttir eða aðra hreyfingu þannig að það mæðist og/eða svitnar (utan skólatíma)?

- 1 Enga
- 2 Um það bil ½ klst.
- 3 Um það bil 1 klst.
- 4 Um það bil 2-3 klst.
- 5 Um það bil 4-6 klst.
- 6 7 klst. eða meira

35. Hér að neðan er listi yfir eiginleika sem eru andstæður. Krossið við á þeim stað sem svarar til hugmynda ykkar um hvernig barnið er, samanborið við önnur börn á sama aldrí.

Dæmi (barn að meðalstærð):

Barnið er	1	2	3	4	5	6	7	
Lítið (eftir aldrí)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stórt (eftir aldrí)

Eiginleikinn **til vinstri** gildir meira ef krossað er við **lægri** tölu. Eiginleikinn **til hægri** gildir meira ef krossað er við **hærrí** tölu. Ef krossað er við töluna 4 þýðir það að barnið er í meðallagi hvað viðkomandi atriði varðar. Skrifíð fljótt niður það sem kemur fyrst upp í hugann án mikillar umhugsunar. Að þínu mati er barnið nú:

	1	2	3	4	5	6	7	
a. Ósjálfstætt	<input type="checkbox"/>	Sjálfstætt						
b. Óvirkkt	<input type="checkbox"/>	Virkkt						
c. Einfari/einmana	<input type="checkbox"/>	Félagslynt						
d. Órólegt	<input type="checkbox"/>	Rólegt, stöðuglynt						
e. Niðurdregið	<input type="checkbox"/>	Glatt						
f. Órsluggt	<input type="checkbox"/>	Örsluggt						
g. Seinþroska	<input type="checkbox"/>	Bráðþroska						

+

+

36. Hve marg að vini (besta vin/bestu vinkonu) á barnið nú?

- 1 Engan
- 2 Einn eða tvo
- 3 Þrjá eða fleiri

37. Hvernig líður barninu í leikskóla/skóla/vinnu?

Foreldri spyr barnið.

- 1 Mjög vel
- 2 Vel
- 3 Ekki vel
- 4 Veit ekki
- 5 Á ekki við

38. Hvernig telur þú að barninu gangi með námið í skólanum?

- 1 Mjög vel
- 2 Vel
- 3 Í meðallagi
- 4 Undir meðallagi
- 5 Illa
- 6 Veit ekki
- 7 Á ekki við

39. Stundum taka börn sig saman um að gera einhverju barni lífið leitt eða leggja það í einelti (stríða því, berja það, halda því utan við hópinn). Hefur þitt barnið tekið þátt í því að leggja önnur börn í einelti?

- 1 Oft
- 2 Stundum
- 3 Sjaldan/aldrei
- 4 Veit ekki

40. Er barnið sjálft lagt í einelti af öðrum börnum?

- 1 Oft
- 2 Stundum
- 3 Sjaldan/aldrei
- 4 Veit ekki

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41. Spurningar um styrk og vanda (SDQ-Ice)

Við viljum biðja þig að svara spurningum sem tilheyra alþjóðlega kvarðanum SDQ (Strengths & Difficulties Questionnaires, sjá www.sdqinfo.org) til þess að gera alþjóðlegan samanburð mögulegan. Svarið hverri fullyrðingu með því að merkja í einn reit: Ekki rétt, Að nokkru rétt eða Örugglega rétt. Þið eruð beðin um að merkja við allar fullyrðingarnar, jafnvel þótt þið séuð ekki alveg viss eða þær sýnist undarlegar.

Svarið með tilliti til atferlis barnsins síðustu sex mánuði

	Ekki rétt	Að nokkru rétt	Örugglega rétt
	1	2	3

Tekur tillit til tilfinninga annarra

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Eirðarlaus, ofvirk/-ur, getur ekki verið kyrr lengi

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Kvartar oft um höfuðverk, magaverk eða flökurleika

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Deilir greiðlega með öðrum börnum (nammi, dóti, blyöntum o.s.frv.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Fær oft skapofsaköst eða er heitt í hamsi

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Frekar einræn/-n, leikur sér oft ein/-n

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Almennt hlýðin/-n, gerir yfirleitt eins og fullorðnir óska

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Áhyggjur af mörgu, virðist oft áhyggjufull/-ur

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Hjálpsamur/-söm ef einhver meiðir sig, er í uppnámi eða líður illa

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Stöðugt með fikt eða á iði

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Á að minnsta kosti einn góðan vin

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Flýgst oft á eða leggur börn í einelti

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Oft óhamingjusamur/-söm, langt niðri eða tárast

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Almennt vel þokkaður/pokkuð af öðrum börnum

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Auðvelt að stela athygli hans/hennar, einbeiting á flakki

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Óörugg/-ur, hangir í foreldrum við ókunnar aðstæður, missir sjálfstraust

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Góð/-ur við yngri börn

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Lýgur oft eða svindlar

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Verður fyrir stríðni eða einelti af hálfu annarra barna

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Býðst oft til að hjálpa öðrum (foreldrum, kennurum, öðrum börnum)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Hugsar áður en að hann/hún framkvæmir

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Stelur heima, í skóla eða annars staðar

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Semur betur við fullorðna en önnur börn

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Óttast margt, verður auðveldlega hrædd/-ur

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Fylgir verkefnum eftir til enda, heldur góðri athygli

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

+

+

Almennt séð, teljið þið barnið ykkar eiga við erfiðleika að stríða á einu eða fleirum eftirtalinna sviða: Tilfinningar, einbeiting, hegðun eða samspil við aðra?

Nei 1	Já, væga erfiðleika 2	Já, greinilega erfiðleika 3	Já, alvarlega erfiðleika 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ef svarið var „Já“ gerið þá svo vel að svara eftifarandi spurningum um þessa erfiðleika:

Hve lengi hafa þessir erfiðleikar verið til staðar?

Minna en mánuð 1	1–5 mánuði 2	6–12 mánuði 3	Meira en ár 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Valda þessir erfiðleikar barninu ykkar hugarangri eða vanlíðan?

Alls ekki 1	Lítils háttar 2	Í meðallagi 3	Mjög mikið 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trufla þessir erfiðleikar daglegt líf barnsins á eftifarandi sviðum?

	Alls ekki 1	Lítils háttar 2	Í meðallagi 3	Mjög mikið 4
Heimilislíf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vináttu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nám í skólanum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tómstundaiðkun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eru þessir erfiðleikar barnsins íþyngjandi fyrir þig eða fjölskylduna í heild?

Alls ekki 1	Lítils háttar 2	Í meðallagi 3	Mjög mikið 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

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+

+

Notkun á tölvu og interneti

42. Hafið þið aðgang að internetinu á heimilinu?

- 1 Nei → Svarið næst spurningu 44
 2 Já

43. Hafið þið sett reglur um hversu mikið/oft barnið fær að nota internetið?

- 1 Nei
 2 Já

44. Hversu margar klukkustundir horfir barnið daglega á sjónvarp, video, DVD?

- 1 Enga
 2 Um það bil ½ klukkustund
 3 Um það bil 1 klukkustund
 4 Um það bil 2-3 klukkustundir
 5 Um það bil 4-6 klukkustundir
 6 7 klukkustundir eða meira

45. Hversu margar klukkustundir á dag spilar barnið tölvuleiki?

Virka daga

- 1 Enga
 2 Um það bil ½ klukkustund
 3 Um það bil 1 klukkustund
 4 Um það bil 2-3 klukkustundir
 5 Um það bil 4-6 klukkustundir
 6 7 klukkustundir eða meira

Um helgar

- 1 Enga
 2 Um það bil ½ klukkustund
 3 Um það bil 1 klukkustund
 4 Um það bil 2-3 klukkustundir
 5 Um það bil 4-6 klukkustundir
 6 7 klukkustundir eða meira

46. Hversu margar klukkustundir á dag notar barnið internetið?

Virka daga

- 1 Enga
 2 Um það bil ½ klukkustund
 3 Um það bil 1 klukkustund
 4 Um það bil 2-3 klukkustundir
 5 Um það bil 4-6 klukkustundir
 6 7 klukkustundir eða meira

Um helgar

- 1 Enga
 2 Um það bil ½ klukkustund
 3 Um það bil 1 klukkustund
 4 Um það bil 2-3 klukkustundir
 5 Um það bil 4-6 klukkustundir
 6 7 klukkustundir eða meira

+

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+

+

47. Stundum er rætt um það hvernig innihald fjöldiðla hefur áhrif á hvað fólk finnst og hvað það hugsar. Að hvaða leyti telur þú að annars vegar a) þitt barn og hins végars b) börn almennt verði fyrir áhrifum af eftirfarandi miðlum?

a) Þitt barn

	Að mjög miklu leyti 1	Að frekar miklu leyti 2	Hvorki að miklu né litlu leyti 3	Að frekar litlu leyti 4	Að mjög litlu leyti 5
Sjónvarp/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tölvuleikir o.b.h.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internetið:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Börn almennt

	Að mjög miklu leyti 1	Að frekar miklu leyti 2	Hvorki að miklu né litlu leyti 3	Að frekar litlu leyti 4	Að mjög litlu leyti 5
Sjónvarp/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tölvuleikir o.b.h.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internetið:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Að hve miklu leyti kemur fyrir að þú takmarkir notkun barnsins á eftirfarandi miðlum vegna áhyggna af því að innihald þeirra hafi neikvæð áhrif á barnið?

	Að mjög miklu leyti 1	Að frekar miklu leyti 2	Hvorki að miklu né litlu leyti 3	Að frekar litlu leyti 4	Að mjög litlu leyti 5
Sjónvarp/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tölvuleikir o.b.h.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internetið:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

+

Aðstæður og búseta fjölskyldunnar

49. Á hvernig stað býrð þú?

- 1 Í Reykjavík eða nágrenni (Hafnarfjörður, Kópavogur, Mosfellsbær, Seltjarnarnes, Álfanes, Garðabær)
- 1 Í öðru þéttbýli með meira en 3000 íbúa
- 2 Í þéttbýli með 200–3000 íbúa
- 3 Á stað með innan við 200 íbúa eða í sveit

50. Ert þú gift/-ur, í sambúð eða einstæð/-ur?

- 1 Gift/-ur
- 2 Í sambúð
- 3 Einstæð/-ur

51. Hver er aldur þinn og aldur maka?

Foreldrið sem svarar:



ára

Maki:



ára

52. Hvar eru þú og maki þinn fædd/ur?

Foreldrið sem svarar

- 1 Á Íslandi
- 2 Í öðru norrænu landi
- 3 Í landi utan Norðurlandanna

Hvaða landi?

Maki

- 1 Á Íslandi
- 2 Í öðru norrænu landi
- 3 Í landi utan Norðurlandanna

Hvaða landi?

53. Hver er hæsta prófgráða sem þú og maki þinn hafið lokið?

Foreldrið sem svarar

- 1 Barna-, unglings- eða grunnskólapróf
- 2 Gagnfræða- eða landspróf
- 3 Sveinspróf í iðngrein
- 3 Meistarapróf í iðngrein
- 3 Stúdentspróf
- 3 Annað próf á framhaldsskólastigi
- 4 Tækniskólapróf
- 5 Grunnpróf úr háskóla (t.d. BA., BS., B.Ed.)
- 6 Framhaldspróf úr háskóla (t.d. MA-, MS- eða M.Ed. próf)
- 7 Doktorspróf
- 8 Önnur menntun

Maki

- 1 Barna-, unglings- eða grunnskólapróf
- 2 Gagnfræða- eða landspróf
- 3 Sveinspróf í iðngrein
- 3 Meistarapróf í iðngrein
- 3 Stúdentspróf
- 3 Annað próf á framhaldsskólastigi
- 4 Tækniskólapróf
- 5 Grunnpróf úr háskóla (t.d. BA., BS., B.Ed.)
- 6 Framhaldspróf úr háskóla (t.d. MA-, MS- eða M.Ed. próf)
- 7 Doktorspróf
- 8 Önnur menntun

54. Hver neðantalinna valmöguleika lýsir best stöðu þinni og maka þíns?

Sá sem vinnur lítið merkir við það sem hann/hún fæst helst við, t.d. nám. Ath. mikilvægt er að fá upplýsingar um bæði þann sem svarar og maka viðkomandi.

Merkið í eins margra reiti og við á.

Foreldrið sem svarar

- 01 Bóndi
- 02 Eigin atvinnurekstur
- 03 Launþegi
- 04 Lærlingur/nemi á launum
- 05 Ellilífeyrisþegi
- 06 Heimavinnandi (sér um heimilisstörf og sinnir fjölskyldu/börnum)
- 07 Atvinnulaus. Hve lengi?  mán.
(Ef það er innan við einn mánuður, merktu þá 0)
- 08 Á sjúkradagpeningum/örorkubótum
- 09 Þigg framfærslustyrk frá sveitarfélagi
- 10 Í foreldraorlofi
- 11 Annað, hvað? Skrifist hér að neðan

Maki

- 01 Bóndi
- 02 Eigin atvinnurekstur
- 03 Launþegi
- 04 Lærlingur/nemi á launum
- 05 Ellilífeyrisþegi
- 06 Heimavinnandi (sér um heimilisstörf og sinnir fjölskyldu/börnum)
- 07 Atvinnulaus. Hve lengi?  mán.
(Ef það er innan við einn mánuður, merktu þá 0)
- 08 Á sjúkradagpeningum/örorkubótum
- 09 Þigg framfærslustyrk frá sveitarfélagi
- 10 Í foreldraorlofi
- 11 Annað, hvað? Skrifist hér að neðan

Hver er atvinnan/starfið?

Ef þú vinnur ekki, hver var þá síðasta vinna/starf.

Hver er atvinnan/starfið?

Ef þú vinnur ekki, hver var þá síðasta vinna/starf.

Gefðu örstutta starfslýsingu:

Gefðu örstutta starfslýsingu:

55. Hversu margar klukkustundir á viku vinnur þú og maki þinn?

Teldu með yfirvinnu, aukavinnu og aukastarf (ekki heimilisstörf).

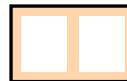
Foreldrið sem svarar:



tímar á viku

Vinn ekki

Maki:



tímar á viku

Vinnur ekki

56. Hverjar eru ráðstöfunartekjur fjölskyldunnar á mánuði í þúsundum króna?

Átt er við samanlagðar tekjur allra í fjölskyldunni eftir að skattar hafa verið dregnir frá. Með tekjum er átt við laun, lífeyri, tekjur af eigin fyrirtæki, hlunnindi, bætur og slíkt.

Ráðstöfunartekjur fjölskyldunnar eru



þúsund krónur á mánuði

+

+

57. Gæti fjölskyldan reitt fram 300 þúsund krónur á innan við viku ef þær aðstæður kæmu upp að þess væri skyndilega þörf?

- 1 Já
2 Nei

58. Hefur fjölskyldan á síðastliðnum 12 mánuðum átt í erfiðleikum með að greiða dagleg útgjöld, eins og mat, húsnæði, reikninga o.s.frv.?

- 1 Já
2 Nei

59. a) Hvernig býr fjölskyldan?

- 1 Í íbúð, í tví- eða fjölbýlishúsi
2 Í einbýlis- eða raðhúsi
3 Í annarskonar húsnæði, hvernig?

b) Hvernig er eignarhaldi á húsnæðinu háttað?

- 1 Eigið húsnæði
2 Búseturéttur (t.d. Búseti, Búmenn)
3 Leighuhúsnæði

60. Hvað er húsnæðið stórt í a) herbergjum talið og b) í fermetrum?

- a)  herbergi (svefnherbergi og stofa/ur teljast með)
b)  fermetrar (m^2)

61. Hefur barnið eigið svefnherbergi?

- 1 Já
2 Nei, barnið deilir herbergi með systkini/-um
3 Nei, barnið deilir herbergi með foreldri/-um
4 Nei, barnið deilir herbergi með öðrum (en ofantöldum)

62. a) Hve oft tekur þú þátt í eftifarandi með barninu?

	Aldrei 1	Einu sinni eða oftar...				
		2 á ári	3 í mánuði	4 í viku	5 Daglega	
a.	Leika við barnið, spila (á) spil	<input type="checkbox"/>				
b.	Fara í bíó, leikhús, á íþróttaviðburði	<input type="checkbox"/>				
c.	Hjálpa við heimalærdóm	<input type="checkbox"/>				
d.	Lesa bækur	<input type="checkbox"/>				
e.	Fara í gönguferðir	<input type="checkbox"/>				
f.	Leika á hljóðfæri og/eða syngja	<input type="checkbox"/>				
g.	Taka þátt í íþróttum, líkamsþjálfun	<input type="checkbox"/>				

+

+

+

+

Frh. a) Hve oft tekur þú þátt í eftirfarandi með barninu?

	Aldrei	á ári	í mánuði	í viku	Daglega
h. Horfa á sjónvarp/video/DVD	<input type="checkbox"/>				
i. Spila tölvuleiki	<input type="checkbox"/>				
j. Vafra á netinu/blogga	<input type="checkbox"/>				
k. Fara í búðir	<input type="checkbox"/>				
l. Keyra barnið (annað en í skólann)	<input type="checkbox"/>				
m. Fara á tónleika	<input type="checkbox"/>				
o. Gera eitthvað annað (nefnið dæmi)	<input type="checkbox"/>				

b) Hve oft tekur maki þinn þátt í eftirfarandi með barninu?

	Aldrei 1	á ári 2	í mánuði 3	í viku 4	Daglega 5
a. Leika við barnið, spila (á) spil	<input type="checkbox"/>				
b. Fara í bíó, leikhús, á íþróttaviðburði	<input type="checkbox"/>				
c. Hjálpa við heimalærdóm	<input type="checkbox"/>				
d. Lesa bækur	<input type="checkbox"/>				
e. Fara í gönguferðir	<input type="checkbox"/>				
f. Leika á hljóðfæri og/eða syngja	<input type="checkbox"/>				
g. Taka þátt í íþróttum, líkamsþjálfun	<input type="checkbox"/>				
h. Horfa á sjónvarp/video/DVD	<input type="checkbox"/>				
i. Spila tölvuleiki	<input type="checkbox"/>				
j. Vafra á netinu/blogga	<input type="checkbox"/>				
k. Fara í búðir	<input type="checkbox"/>				
l. Keyra barnið (annað en í skólann)	<input type="checkbox"/>				
m. Fara á tónleika	<input type="checkbox"/>				
o. Eitthvað annað (nefnið dæmi)	<input type="checkbox"/>				

63. Hversu oft notar þú og maki þinn internetið í frítíma ykkar?

Foreldrið sem svarar

- 1 Aldrei
- 2 Einu sinni eða oftar á ári
- 3 Einu sinni eða oftar í mánuði
- 4 Einu sinni eða oftar í viku
- 5 Daglega

Maki

- 1 Aldrei
- 2 Einu sinni eða oftar á ári
- 3 Einu sinni eða oftar í mánuði
- 4 Einu sinni eða oftar í viku
- 5 Daglega
- 6 Enginn maki

+

+

+

+

64. Telur þú að þú fáir þá hjálp og aðstoð með barn/börn og heimili sem þú þarf á að halda?

1 Já —————> **Hver veitir þér þá aðstoð?**

Merktu í einn eða fleiri reiti eftir því sem við á.

- Maki
- Fyrri maki
- Börnin
- Ættingjar
- Nágrannar/vinir/kunningjar
- Samfélagið (þjónusta sveitarfélagsins, t.d. heimaþjónusta, skammtímavistun)
- Aðrir, hverjir?

2 Nei —————> **Hvernig hjálp myndir þú vilja fá við heimilisstörf og umönnun barna?**

65. Hve mikla hjálp telur þú þig fá við spurningar eða hversdagsleg vandamál sem upp koma varðandi heilbrigði barnsins, uppeldi og fleira?

Merkið í einn reit í hverjum lið.

	Litla hjálp 1	Nokkra hjálp 2	Alla hugsanlega hjálp 3
a. Frá fólki sem starfar að heilbrigðis- og uppeldismálum (s.s. læknum, hjúkrunarfræðingum, kennurum, félagsráðgjöfum, námsráðgjöfum o.s.frv.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Frá ættingjum, vinum eða vinnufélögum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. Hefur fjölskyldan farið saman í ferðalag síðastliðna 12 mánuði?

Innanlands	1 <input type="checkbox"/> Nei	2 <input type="checkbox"/> Já
Utanlands	1 <input type="checkbox"/> Nei	2 <input type="checkbox"/> Já

67. Hefur þú/þið haft með höndum einhver trúnaðarstörf í felagi eða samtökum síðastliðin ár?

Foreldrið sem svarar:

1 Já 2 Nei

Maki:

1 Já 2 Nei

+

+

+

+

Heilsa og líðan foreldra

68. Finnur þú eða maki þinn til einhverra eftirtalinna óþæginda?

Krossið einungis við ef óþægindin gera vart við sig a.m.k. vikulega eða aðra hvora viku að jafnaði.

a) Foreldrið sem svarar

	Nei 1	Já 2	Lítill 3	Allnokkur 4	Mikil 5
--	----------	---------	-------------	----------------	------------

- | | | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Magaóþægindi | <input type="checkbox"/> |
| b. Höfuðverkur | <input type="checkbox"/> |
| c. Svefnleysi | <input type="checkbox"/> |
| d. Svimi | <input type="checkbox"/> |
| e. Bakverkur | <input type="checkbox"/> |
| f. Lystarleysi | <input type="checkbox"/> |
| g. Kvíði, óróleiki | <input type="checkbox"/> |
| h. Langvinnur sjúkdómur eða fötlun | <input type="checkbox"/> |

- i. Ef langvinnur sjúkdómur eða fötlun, þá hver?

1 Engin óþægindi

b) Maki

	Nei 1	Já 2	Lítill 3	Allnokkur 4	Mikil 5
--	----------	---------	-------------	----------------	------------

- | | | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Magaóþægindi | <input type="checkbox"/> |
| b. Höfuðverkur | <input type="checkbox"/> |
| c. Svefnleysi | <input type="checkbox"/> |
| d. Svimi | <input type="checkbox"/> |
| e. Bakverkur | <input type="checkbox"/> |
| f. Lystarleysi | <input type="checkbox"/> |
| g. Kvíði, óróleiki | <input type="checkbox"/> |
| h. Langvinnur sjúkdómur eða fötlun | <input type="checkbox"/> |

- i. Ef langvinnur sjúkdómur eða fötlun, þá hver?

Engin óþægindi

69. Hefur þú eða maki þinn verið frá vinnu vegna veikinda einhvern tíma á síðastliðnum 12 máð?

Foreldrið sem svarar:

Maki:

1 Já. Hve lengi?

daga alls

1 Já. Hve lengi?

daga alls

2 Nei

2 Nei

+

+

+

+

- 70. Hversu ánægð/-ur eða óánægð/-ur ert þú með aðstæður þínar hvað varðar eftirfarandi?**
Merktu í einn reit í hverri línu.

	Mjög ánægð/-ur 1	Frekar ánægð/-ur 2	Hvorki ánægð/-ur né óánægð/-ur 3	Frekar óánægð/-ur 4	Mjög óánægð/-ur 5
a. Húsnaði	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Atvinnu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fjárhag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Menntun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Heilsu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fjölskylduaðstæður	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Frítíma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Samband við vini og kunningja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Möguleika þína á að hafa áhrif á líf þitt og fjölskyldunnar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 71. Finnur þú oft lausn á vandamálum og erfiðleikum sem öðrum þykja vonlaus?**

- 1 Já, oftast
 2 Já, stundum
 3 Nei

- 72. Ertu yfir höfuð ánægð/-ur með þitt daglega líf?**

- 1 Já, oftast
 2 Já, stundum
 3 Nei

- 73. Finnst þér erfitt að skilja það sem gerist í lífi þínu frá degi til dags?**

- 1 Já, oftast
 2 Já, stundum
 3 Nei

- 74. Finnst þér þú eiga í vandræðum með að halda utan um þitt daglega líf?**

- 1 Já, oftast
 2 Já, stundum
 3 Nei

- 75. Hver svaraði aðallega spurningalistanum?**

Merkið aðeins í einn reit.

- 1 Móðir barnsins
 2 Faðir barnsins
 3 Annar, hver?

+

+

+

+

76. Svaraðirðu spurningunum ásamt öðru foreldri, barninu sjálfu eða einhverjum öðrum?
Merkið í eins marga reiti og við á.

- Ásamt öðru foreldri
 - Ásamt barninu sjálfu
 - Ásamt öðrum, hverjum?
 - Ein/n

For more information about the study, please contact Dr. [REDACTED] at [REDACTED].

77. Aðrar upplýsingar eða sjónarmið sem þú vilt koma á framfæri:

Vinsamlegast athugaðu hvort öllum spurningunum hefur verið svarað.
Ef svo er settu spurningalistann þá í svarumslag og komdu því í póst.

Með kærri þökk fyrir þátttökuna

+

+

+

+

Kærar þakkir fyrir þátttökuna

+

26

+

Helse og velferd blant barn og ungdom i de nordiske landene

Formål

Nordiske barns helse og velferd er tidligere blitt kartlagt i to omfattende studier i 1984 og 1996. Undersøkelsene har vært koordinert av Nordisk høyskole for folkehelsevitenskap i samarbeid med faginstitusjoner i de nordiske land.

Formålet med denne studien er å analysere helse, velferd og livskvalitet hos barn i alderen 2-17 år i Norge og relatere resultatene til samfunnsforandringer de siste tiårene. Slik kunnskap er verdifull når man planlegger helsefremmende tiltak rettet mot barn. Den samme studien gjennomføres i Danmark, Island, Sverige og Finland, hvilket gir oss mulighet til å analysere likheter og forskjeller i barns helse mellom de nordiske landene og mellom denne og de to tidigere studiene. Undersøkelsen gjennomføres av Nasjonalt folkehelseinstitutt i samarbeid med Nordisk høyskole for folkehelsevitenskap i Göteborg. Folkehelseinstituttet tar seg av utsendelse, innsamling og registrering av innkomne svar samt påminnelser.

Alle svar er viktige

Du tilhører en av 3200 familier med barn i alderen 2 – 17 år som har blitt tilfeldig trukket ut fra Folkeregisteret ved hjelp av statistiske metoder. Din deltagelse er frivillig, men ditt svar er svært viktig og bidrar til at undersøkelsens resultat blir pålitelig. Ditt svar kan ikke erstattes av noen annens.

Vi ber deg svare på spørsmålene og sende tilbake spørreskjemaet i den portofrie returkonvoluten så fort som mulig.

På forhånd takk for din deltagelse!

Med vennlig hilsen

Else-Karin Grøholt

Avdelingsdirektør

Nasjonalt folkehelseinstitutt

Heidi Lyshol

Seniorrådgiver

Nasjonalt folkehelseinstitutt

Dine svar er hemmelige

Dine opplysninger beskyttes iht forvaltningsloven § 13, personopplysningsloven § 13, samt helseregisterloven § 15. Det innebærer at alle som arbeider med undersøkelsen har taushetsplikt og at de innsamlede opplysningene legges fram på en slik måte at det ikke er mulig å finne fram til svarene fra noen enkeltperson. Løpenummeret på spørreskjemaet er derfor for at Folkehelseinstituttet skal kunne se hvem som har svart og hvem som skal få en påminnelse.

Etter avsluttet datainnsamling fjernes alle identitetsopplysninger. Datamaterialet vil bli bevart i 10 år og vil bli brukt til forskning. Når du svarer på spørreundersøkelsen innebærer det at du godkjenner dette.

Resultater

Resultatene fra undersøkelsen vil bli publisert i rapporter og vitenskapelige tidsskrifter både nasjonalt og internasjonalt.

Slik foregår undersøkelsen

Brevet er blitt adressert til barnets foresatte. Spørsmålene bør besvares av den som best kjenner til forholdene rundt barnet det gjelder, men svar gjerne i samarbeid med barnet. Merk at alle svar gjelder det barnet som står på brevetiketten. Les nøye gjennom spørsmålene og svaralternativene før du besvarer spørsmålene. De fleste av spørsmålene besvares ved å krysse av for det alternativet du synes passer best. Bare der det står oppgitt kan du sette flere kryss. Hvis det ikke står et ferdig svaralternativ, er det meningen at du skal skrive svaret i svarfeltet.

En del av spørsmålene passer ikke for alle barn. Små barn er for eksempel ikke arbeidsløse, 17-åringene går ikke i barnehage osv. Fyll bare i det som passer for ditt barn. Visse spørsmål er lettere å besvare enn andre. Skulle det være vanskelig å svare på et spørsmål, gå heller videre i stedet for å la være å fylle ut skjemaet. Det er viktig at du uansett returnerer spørreskjemaet til oss i den frankerte svarkonvolten, selv om noen spørsmål ikke er blitt besvart.

Kontakt oss gjerne!

For informasjon om undersøkelsens formål eller hjelp med spørsmålene:

Heidi Lyshol

Telefon 21 07 81 53 – E-post: heidi.lyshol@fhi.no

Nasjonalt folkehelseinstitutt: www.fhi.no

Skjemaet skal leses av en maskin. Det er derfor viktig at du legger vekt på følgende ved utfyllingen:

- Bruk blå eller sort kulepenn.
- I de små avkrysningsboksene setter du et kryss for det svaret som du mener passer best, slik: 
- Hvis du mener at du har satt kryss i feil boks, kan du rette det ved å fylle boksen helt, slik: 
- I de store boksene skriver du tall.

Det er viktig at du bare skriver i det hvite feltet i boksene, slik:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

8. Er foreldresituasjonen forandret etter at barnet ble født?

(Flere alternativer kan velges)

+

Nei, ingen endring

+

Ja, separasjon/skilsmisse



Hvor mange år var barnet da

--	--

Ja, dødsfall



Hvor mange år var barnet da

--	--

Ja, en forelder er kommet til



Hvor mange år var barnet da

--	--

9. a) Dersom barnets foreldre bor fra hverandre, omtrent hvor ofte treffer barnet den andre av foreldrene?

Omtrent ganger per måned

eller

Omtrent ganger per år

Barnet bor vekselsvis hos mor og far

+

Aldri eller nesten aldri

b) Hvor mange dager i året bor barnet hos den andre av foreldrene?

Omtrent dager per år

Barnets helse

10. Har barnet i løpet av de siste 3 måneder noen gang vært borte fra daghjem, dagmamma, førskole, skole, arbeid eller tilsvarende på grunn av sykdom eller på grunn av besøk hos helse- og sykehuspersonell?

Nei

Ja, antall dager:

--	--

+

+

11. Har barnet noen langvarig sykdom eller funksjonshemmning, dvs. en tilstand som i vesentlig grad har påvirket barnets daglige liv i løpet av minst 3 måneder i løpet av det siste året?

Om ja, kan du oppgi om barnets sykdom/funksjonshemmning er...

+

+

	Nei	Ja	Om ja, hvor alvorlig		
			Lett	Middels	Alvorlig
...Diabetes (sukkersyke)	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Synshemmning	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Hørselshemmning	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Talefeil	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Psykiske (nervøse) plager	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Epilepsi	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Mage/tarmplager	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Astma	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Allergisk rhinit (snue)	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Eksem	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Bevegelseshindring	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Overvekt	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
... "Hyperaktivitet"(MBD/DAMP/ADHD/ADD(H)) ..	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Annet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

I så fall hva?

+

12. Har barnet noe eller noen av følgende plager? (Kryss bare dersom det gjelder hver eller hver annen uke)

Om ja, anser du at barnets plager er...

	Nei	Ja	Lette	Middels	Alvorlige
...Vondt i magen	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Vondt i hodet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Søvnloshet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Svimmelhet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Vondt i ryggen	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Appetittmangel	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
...Andre plager	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

Hvilke?

 Ingen plager

+

+

13. a) Har barnet i løpet av de siste 12 månedene vært utsatt for skader/ulykker/forgiftning?

+

 Ja, antall ganger:

--	--

 Nei —————→ *Gå til spørsmål 14*

+

b) Hvor inntraff ulykken/skaden?

(Ett eller flere kryss)

Medførte ulykken...

	Legebesøk		Sykehusinnleggelse	
	Nei	Ja	Nei	Ja
Hjemme/nærmiljøet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barnehage/skole/arbeid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trafikken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Et annet sted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor?

--

14. a) Anvender barnet noe reseptbelagt legemiddel?

- Nei
 Ja

+

b) Om ja, hvilken/hvilke medisin/er og hvor lenge har barnet tatt dem?

Legemiddel 1

--

Hvor lenge?

--	--

måneder

- Mindre enn en måned

Legemiddel 2

--

Hvor lenge?

--	--

måneder

- Mindre enn en måned

+

15. Har barnet de siste 4 ukene tatt medisiner som kan fås uten resept?

+	Nei	Ja
<i>Mot....</i>		
Hodepine	<input type="checkbox"/>	<input type="checkbox"/>
Ledd eller andre smerter	<input type="checkbox"/>	<input type="checkbox"/>
Snue, hoste eller feber	<input type="checkbox"/>	<input type="checkbox"/>
Søvnløshet eller nervøsitet	<input type="checkbox"/>	<input type="checkbox"/>
Trøtthet	<input type="checkbox"/>	<input type="checkbox"/>
Mageplager eller forstoppelse	<input type="checkbox"/>	<input type="checkbox"/>
Andre plager	<input type="checkbox"/>	<input type="checkbox"/>

Hvilke plager?

16. Hvor ofte diskuterer dere i familien sammen med barna spørsmål om helse og forebygging (som å bli frisk ved å spise sunt, være fysisk aktiv)?

- Aldri
- En eller flere ganger/år
- En eller flere ganger/måned
- En eller flere ganger/uke
- +
- Daglig

17. Hvor vender du deg hvis du leter etter spørsmål om helse og forebygging for barnet ditt?

(Flere kryss kan settes)

+

- Venner/familie
- Skole/barnehage
- Helsestasjon, skolehelsetjeneste, helse- og pleiepersonell
- Selvhjelpsgrupper
- Internett/hjemmesider
- Legger aktivt ut spørsmål på internett/blogger
- Dagsaviser/ukeblader
- Bøker
- Informasjonsbrosjyrer
- Radio/TV

Annet, hva?

Ikke aktuelt

18. Hvor godt forstår du i alminnelighet informasjon om ditt barns helse?

	Svært godt	Godt	Verken godt eller dårlig	Dårlig	Svært dårlig	Bruker ikke denne typen informasjon
Informasjon som gis muntlig av medisinsk utdannet personale (lege, sykepleier, apoteker m.fl.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruksjon i eller på legemiddelforpakninger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruksjon og brosjyrer om helse, f eks narkotika, sunn kost osv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informasjon om barnets helse på internett.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

+

Bruk av helsetjenester for barnet

19. Har du/din partner eller barnet selv i løpet av de siste 3 månedene ringt til noen av de nedenstående?
(Fyll i ett kryss for hver rekke)

+

Lege..... Nei Ja → Antall ganger

--	--

Sykepleier/helsesøster Nei Ja → Antall ganger

--	--

Annet helsepersonell Nei Ja → Antall ganger

--	--

+

Dersom annet helsepersonell, hvem?

+

20. Har barnet i løpet av de siste 3 månedene søkt eller blitt besøkt av noen av de nedenstående?

(Helsekontroller ved helsestasjon eller skolehelsetjenesten skal ikke medregnes i dette spørsmålet)

+

Fastlege/allmennpraktiserende lege..... Nei Ja → Antall ganger

--	--

Spesialistlege ved sykehus/poliklinikk, eller privat praksis Nei Ja → Antall ganger

--	--

Legebesøk i hjemmet Nei Ja → Antall ganger

--	--

Helsesøster eller sykepleier hos fastlege/allmennpraktiserende lege Nei Ja → Antall ganger

--	--

Sykepleier ved spesialsenter (f.eks. barneklinik) Nei Ja → Antall ganger

--	--

Tannlege, tannpleier Nei Ja → Antall ganger

--	--

Fysioterapeut Nei Ja → Antall ganger

--	--

Psykolog Nei Ja → Antall ganger

--	--

Dietetiker Nei Ja → Antall ganger

--	--

Annet helse- og sosialpersonell (f.eks. sosionom, ergoterapeut) Nei Ja → Antall ganger

--	--

Hva slags annet helse- og sosialpersonale?

+

21 a) Har du/din partner (evt. barnet selv) for barnets skyld i løpet av de siste 3 måneder kontaktet noen utenfor den vanlige helsetjenesten – såkalt alternativ medisin – f.eks. homeopat, soneterapeut, kiropraktor, urtemedisiner osv?

Nei

<input type="checkbox"/> Ja, hvilken?

+

+

b) Hva var grunnen til at dere oppsøkte denne behandlingsformen?

--

22. Hvor skjedde barnets siste legebesøk?

- Hos allmennpraktiserende lege/fastlege
- Hos spesialistlege/poliklinikk/sykehus
- Ved legebesøk i hjemmet
- Ved helsestasjon
- Ved skolehelsetjenesten

Ved annen helsetjeneste, hvilken?

--

23. Brukte legen tilstrekkelig tid for barnets problem?

+

- Ja
- Nei
- Vet ikke

24. Hvor viktige anser du de forskjellige punktene er når man søker lege for barnets helseproblem?

(Angi for hvert synspunkt under hvor viktig du anser punktet. Jo viktigere, desto høyere siffer krysser du av for)

	Uten betydning							Meget stor betydning
	1	2	3	4	5	6	7	
At legen har spesialutdannelse i barnesykdommer.....	<input type="checkbox"/>							
At legen har spesialutdannelse for den aktuelle sykdommen....	<input type="checkbox"/>							
At legen er lett å treffe (kort reise, kort ventetid).....	<input type="checkbox"/>							
At legen kjenner barnet/familien.....	<input type="checkbox"/>							
At legen behersker barnets morsmål	<input type="checkbox"/>							

+

+

25. Har barnet vært innlagt på sykehus i løpet av de siste 12 månedene?

+

 Ja

+

Antall ganger

--	--

Antall dager tilsammen

--	--

 Nei

Gå til spørsmål 27

26. Dersom barnet har vært innlagt på sykehus i løpet av de siste 12 månedene...

... ble barnet (siste gang) innlagt på

 Barneklinikk? Barnesal/barnerom på voksenavdeling? Voksenavdeling?

... fikk dere (siste gang) være hos barnet over natten?

 Ja Nei Ikke aktuelt

... fikk dere (siste gang) besøke barnet så ofte dere ville?

 Ja Nei Ikke aktuelt

+

27. Hvor fornøyd eller misfornøyd er du med de kontakter du har hatt med helse- og sykehusvesenet for barnets skyld i løpet av de siste 12 måneder med henblikk på følgende forhold? --**Med vennlig hilsen**

(Fyll i ett alternativ på hver rad)

	Meget fornøyd	Ganske førerd	Ganske misfornøyd	Meget misfornøyd	Vet ikke/ uaktuelt
Tilgjengelighet til lege / sykehus	<input type="checkbox"/>				
Måten du er møtt på, vennlighet.....	<input type="checkbox"/>				
Tid brukt for barnets problem.....	<input type="checkbox"/>				
Kommunikasjon (evne til å lytte på barnets og foreldrenes behov).....	<input type="checkbox"/>				
Informasjon (om f.eks. behandling, sykdommer, helsetilstand)	<input type="checkbox"/>				
Kvaliteten av f.eks. medisinsk behandling, eller undersøkelse..	<input type="checkbox"/>				
Samråd mellom helsepersonell og de som søkte hjelp ang. omfang / utforming / planlegging av omsorgen.....	<input type="checkbox"/>				
Oppfølging av barnet (samme lege / sykepleier)	<input type="checkbox"/>				

+

+

Barnets aktiviteter og utvikling

28. Hvor oppholder barnet seg på dagtid? (Ett eller flere kryss)

+

- Oppholder seg i hjemmet
- Passes hos slektninger, f.eks. besteforeldre
- Har plass i familiebarnehage eller oppholder seg hos annen familie / dägmamma
- Har plass i barnehage. Hvor mange timer/uke? timer/uke
- Har plass i fritidshjem/SFO (skolefritidsordning)
- Går på barneskole/ungdomsskole
- Går på videregående skole
- Er i yrkesutdannelse
- Arbeider
- Arbeidsløs
- Annet, hva?

+

29. Hvor ofte pleier barnet å gjøre noe av det følgende? (Fyll i ett kryss på hver rad)

	Aldri	En eller flere ganger			Daglig
		per år	i måneden	i uken	
Går på kino, teater eller idrettsstevne	<input type="checkbox"/>				
Leser bøker (utover skolebøker)	<input type="checkbox"/>				
Besøker eller får besøk av venner	<input type="checkbox"/>				
Spille musikkinstrument	<input type="checkbox"/>				
Drive idrett	<input type="checkbox"/>				
Delta i foreningsarbeid	<input type="checkbox"/>				
Lytte på musikk	<input type="checkbox"/>				
Gå på konsert	<input type="checkbox"/>				
Se på TV /video / DVD	<input type="checkbox"/>				
Spille TV-spill / dataspill	<input type="checkbox"/>				
Surfe / blogge på internett	<input type="checkbox"/>				
Andre aktiviteter (gi eksempel nedenfor)	<input type="checkbox"/>				

Hvilke?

+

30. Hvor mange timer sammenlagt i løpet av en uke driver barnet med idrett eller mosjon utenfor skoletid (så mye at han eller hun blir andpusten og/eller svetter)?

- Ingen
- Omtrent ½ time
- Omtrent 1 time
- Omtrent 2-3 timer
- Omtrent 4-6 timer
- 7 timer eller mer

+

+

31. Hvordan oppfatter du barnet sammenlignet med andre barn på samme alder? Nedenfor angis en liste med par av egenskaper som er motpoler til hverandre. (Sett ett kryss for hvert par av egenskaper)

Eksempel: +

	1	2	3	4	5	6	7	
Liten (for sin alder).....	<input type="checkbox"/>	X	<input type="checkbox"/>	Stor (for sin alder)				

Jo lavere siffer det er i ruten du krysser for jo mer gjelder egenskapen til venstre. Jo høyere siffer jo mer gjelder egenskapen til høyre. Avkryssing i ruten med siffer 4 innebærer at ingen av egenskapene dominerer. Skriv raskt ned di første oppfattelse uten å tenke for lenge. Etter din oppfatning er han/hun nå:

	1	2	3	4	5	6	7	
Uselvstendig	<input type="checkbox"/>	Selvstendig						
Passiv	<input type="checkbox"/>	Aktiv						
Ensom.....	<input type="checkbox"/>	Ikke ensom						
Urolig.....	<input type="checkbox"/>	Rolig, stabil						
Nedstemt	<input type="checkbox"/>	Glad						
Engstelig.....	<input type="checkbox"/>	Trygg						
utvikling sen for alderen.....	<input type="checkbox"/>	Utvikling langt fram for alderen						

32. Hvor mange nære venner (bestevenner/venninner) har barnet nå?

- Ingen
- En eller to
- Tre eller flere

33. Hvordan trives barnet i barnehage / skole / arbeid?
(Foresatte spør barnet.)

- Meget godt
- Godt
- Mindre godt
- Vet ikke
- Ikke aktuelt

+

34. Hvor godt synes du barnet klarer seg på skolen?

- Meget godt
- Godt
- Middels
- Under middels
- Dårlig
- Vet ikke
- Ikke aktuelt

+

35. Det hender i blant at flere barn slår seg sammen for å plaga/mobbe et annet barn (f.eks. slåss mot ham eller henne, gjør narr av ham eller henne). Har ditt barn noen gang vært med på å mobbe andre?

- Ofte
- Av og til
- Sjeldent/Aldri
- Vet ikke

36. Blir ditt barn mobbet?

- Ofte
- Av og til
- Sjeldent/Aldri
- Vet ikke

+

37. Styrker og svakheter (SDQ-SVE)

+

Vi vil nå at du skal svare på spørsmål som følger det internasjonalt brukte spørreskjemaet SDQ (Strengths & Difficulties Questionnaires, se www.sdqinfo.org) for å gjøre det mulig å sammenligne over landegrensene. Vennligst kryss av for det alternativet (Stemmer ikke, Stemmer delvis eller Stemmer helt) som du synes passer best. Det er verdifullt om du svarer på alle spørsmålene, selv om du ikke er helt sikker eller synes at spørsmålet virker merkelig. Spørsmålene gjelder ditt barns oppførsel de siste 6 månedene.

+	Stemmer ikke	Stemmer delvis	3 Stemmer helt
Omtenksom, tar hensyn til andre menneskers følelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rastlös, overaktiv, kan ikke være lenge i ro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klager ofte over hodepine, vondt i magen eller kvalme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deler gjerne med andre barn (godter, leker, andre ting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har ofte raserianfall eller dårlig humør	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ganske ensom, leker ofte alene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Som regel lydig, gjør vanligvis det voksne ber om	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mange bekymringer, virker ofte bekymret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hjelsom hvis noen er såret, lei seg eller føler seg dårlig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stadig urolig eller i bevegelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har minst en god venn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slåss ofte med andre barn eller mobber dem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ofte lei seg, nedfor eller på gråten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanligvis likt av andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lett avledet, mister lett konsentrasjonen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervös eller klengete i nye situasjoner, lett utrygg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snill mot yngre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyver eller juksar ofte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaget eller mobbet av andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tilbøy seg ofte å hjelpe andre (foreldre, lærere, andre barn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenker seg om før hun / han handler (gjør noe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stjeler hjemme, på skolen eller andre steder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kommer bedre overens med voksne enn med barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redd for mye, lett skremt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fullfører oppgaver, god konsentrasjonsevne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

Samlet, synes du at barnet ditt har vansker på ett eller flere av følgende områder: Med følelser, konsentrasjon, oppførelse eller med å komme overens med andre mennesker?

Nei	Ja, små vansker	Ja, tydelige vansker	Ja, alvorlige vansker
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvis du har svart "Ja", vennligst svar på følgende spørsmål:

Hvor lenge har disse vanskene vært til stede?

Mindre enn 1 måned	1-5 måneder	6-12 måneder	Mer enn 1 år
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

+

Blir barnet selv forstyrret eller plaget av vanskene?

+

+

	Ikke i det hele tatt	Bare litt	En god del	Veldig mye
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Påvirker vanskene barnets dagligliv på noen av de følgende områdene?

+

- Hjemme / i familien
 Forhold til venner
 Læring på skolen
 Fritidsaktiviteter.....

	Ikke i det hele tatt	Bare litt	En god del	Veldig mye
Hjemme / i familien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forhold til venner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Læring på skolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fritidsaktiviteter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Er vanskene en belastning for deg eller familien som helhet?

	Ikke i det hele tatt	Bare litt	En god del	Veldig mye
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

Bruk av datamaskin og internett**38. Har dere tilgang til internett hjemme?**

- Nei → *Gå til spørsmål 40*
 Ja

39. Har dere satt opp regler for hvor ofte/mye barnet får bruke internett?

- Nei
 Ja

40. Hvor mange timer per dag ser barnet på TV, video/DVD?

- Ikke i det hele tatt
 Omtrent ½ time
 Omtrent 1 time
 Omtrent 2-3 timer
 Omtrent 4-6 timer
 7 timer eller mer

41. Hvor mange timer per dag spiller barnet TV-spill/dataspill?**På hverdag**

- Ikke i det hele tatt
 Omtrent ½ time
 Omtrent 1 time
 Omtrent 2-3 timer
 Omtrent 4-6 timer
 7 timer eller mer

I helger

- Ikke i det hele tatt
 Omtrent ½ time
 Omtrent 1 time
 Omtrent 2-3 timer
 Omtrent 4-6 timer
 7 timer eller mer

42. Hvor mange timer per dag surfer barnet på internett?**På hverdag**

- Ikke i det hele tatt
 Omtrent ½ time
 Omtrent 1 time
 Omtrent 2-3 timer
 Omtrent 4-6 timer
 7 timer eller mer

I helger

- Ikke i det hele tatt
 Omtrent ½ time
 Omtrent 1 time
 Omtrent 2-3 timer
 Omtrent 4-6 timer
 7 timer eller mer

+

+

43. Av og til blir det diskutert hvordan medienes innhold påvirker hva mennesker mener og tenker. I hvilken utstrekning tror du at a) ditt barn/ respektive b) andres barn i alminnelighet påvirkes av innholdet i følgende medier?

a) Ditt barn:

+	I mycket stor utstrekning	I ganske stor utstrekning	I verken stor/liten utstrekning	I ganske liten utstrekning	I meget liten utstrekning
TV/Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dataspill osv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

b) Andres barn i alminnelighet:

+	I mycket stor utstrekning	I ganske stor utstrekning	I verken stor/liten utstrekning	I ganske liten utstrekning	I meget liten utstrekning
TV/Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dataspill osv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

44. I hvilken utstrekning hender det at du begrenser barnets bruk av følgende medier til fordi du bekymrer deg for at innholdet påvirker barnet negativt?

+	I mycket stor utstrekning	I ganske stor utstrekning	I verken stor/liten utstrekning	I ganske liten utstrekning	I meget liten utstrekning
TV/Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dataspill osv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

Familiens boforhold

45. Hva slags sted bor du/dere?

- Storbyområde (inkludert drabantbyer) med mer enn 100 000 innbyggere
- Tettsted med mer enn 3000 innbyggere
- Bygd eller tettsted med mindre enn 3000 innbyggere

46. Er du gift, samboer eller aleneforelder?

- Gift
- Samboer
- Aleneforelder

47. Hva er din og din eventuelle partners alder?

Den som svarer:  år.

Partneren:  år

+

48. Er du, din eventuelle partner født i Norge eller utenlands?

Den som svarer

- I Norge
- I annet nordisk land
- I land utenfor Norden

Hvilket land?

Partneren

- I Norge
- I annet nordisk land
- I land utenfor Norden

Hvilket land?

+

+

49. Hvilken utdannelse har du, din partner? (Oppgi bare den høyeste utdannelsen)

+

Den som svarer

- Universitet/høyskole
- Minst 3-årig videregående skole/gymnas
- Folkehøyskole, minst 2-årig videregående skole eller tilsvarende
- Grunnskole/ungdomsskole
- Annen utdannelse, hvilken? Skriv under.

Partneren

- Universitet/høyskole
- Minst 3-årig videregående skole/gymnas
- Folkehøyskole, minst 2-årig videregående skole eller tilsvarende
- Grunnskole/ungdomsskole
- Annen utdannelse, hvilken? Skriv under.

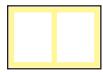
50. Hvilke av alternativene under stemmer best med din egen og din eventuelle partners nåværende arbeidsstatus?

(En person som arbeider sporadisk eller lite markerer sin viktigste aktivitet.

OBS! Det er viktig at få oppgifter om både den av foreldrene som svarer på skjemaet og den eventuelle partnerens arbeidsstatus)

Den som svarer

- Jordbruksarbeider
- Eget firma
- Ansatt
- Lærling
- (tar seg av husholdning og familie/barn)



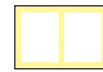
- Arbeidsløs. Hvor lenge? måneder

(hvis du har vært arbeidsløs mindre enn 1 måned, skriv 0)

- Langtidssykemeldt
- Vernepliktig
- Foreldrepermisjon
- Annet, hva? Skriv under.

Partneren

- Jordbruksarbeider
- Eget firma
- Ansatt
- Lærling
- Hjemmearbeidende (tar seg av husholdning og familie/barn)



- Arbeidsløs. Hvor lenge? måneder

(hvis du har vært arbeidsløs mindre enn 1 måned, skriv 0)

- Langtidssykemeldt
- Vernepliktig
- Foreldrepermisjon
- Annet, hva? Skriv under.

Hvilket yrke/hvilken stilling?

(Hvis ikke i arbeid, seneste yrke/stilling.)

Hvilket yrke/hvilken stilling?

(Hvis ikke i arbeid, seneste yrke/stilling.)

Angi kortfattet arbeidsoppgavene:

Angi kortfattet arbeidsoppgavene:

+

+

51. Hvis du/din partner er yrkesaktiv, hvor mange timer per uke?

(Regn også med overtid, ekstra timer, eventuell ekstrajobb (ikke husarbeid))

+

Den som svarer

timer/uke

- Ikke i betalt arbeid

Partneren

timer/uke

- Ikke i betalt arbeid

52. Hvilken disponibel inntekt har husholdningen per måned?

Regn med den sammenlagte inntekten etter skatt for alle i husholdningen. Med inntekt mener vi lønn, pensjon, trygd, inntekt av egen bedrift/jordbruk samt bidrag av forskjellige typer (f.eks. barnetrygd, barnebidrag, underholdningsbidrag, bostøtte, sosialstøtte, hjelpestønad og grunnstønad.)

Familiens disponible inntekt

kroner/måned

+

53. Om familien plutselig skulle havne i en uforutsett situasjon der du/dere på en uke måtte fremskaffe 17 000 kroner, ville du/dere klare det?

- Ja
 Nei

54. Har det i løpet av de siste 12 månedene hendt at familien har hatt vanskeligheter med å klare de løpende utgiftene for mat, husleie, regninger mm.?

- Ja
 Nei

55. a) Hvordan bor familien?

- Leilighet i flerfamiliehus (blokk)
 Enebolig/rekkehus
 Annen bolig, hvilken?

b) Eier eller leier familien boligen?

- Eier boligen/borettslag
 Leier boligen

56. Boligens størrelse?

a) rom og kjøkken

b) m²

57. Har barnet eget soverom?

- Ja
 Nei, barnet deler soverom med søsken
 Nei, barnet deler soverom med foreldre
 Nei, barnet deler soverom med annen person

+

58. a) Hvor ofte pleier du å delta i følgende aktiviteter sammen med barnet? (Fyll i ett kryss på hver rad)

+

+

- Leke, spille spill
 Gå på kino, teater eller på idrettsstevne
 Gjøre lekser
 Lese bøker
 Gå tur
 Spille musikkinstrument/syng
 Drive idrett, tren
 Se på TV /video / DVD
 Spille TV-spill / dataspill
 Surfe / blogge på internett
 Gå i butikker
 Kjøre barnet til aktiviteter
 Gå på konsert
 Gjøre noe annet (gi eksempel under)

Aldri

En eller flere ganger

per år i måneden i uken

Daglig

+

59. Hvor ofte bruker du selv og din eventuelle partner internett i fritiden?**Den som svarer**

+

- Aldri
- En eller flere ganger per år
- En eller flere ganger i måneden
- En eller flere ganger i uken
- Daglig

Partneren

- Aldri
- En eller flere ganger per år
- En eller flere ganger i måneden
- En eller flere ganger i uken
- Daglig
- Ingen partner

60. Synes du at du får den hjelp og avlastning med hjem og barn som du behøver? Ja →**Hjem gir deg hjelpen?**

(Sett ett eller flere kryss)

- Partner
- Tidligere partner
- Barna
- Slektninger
- Naboer/venner/bekjente
- Samfunnet (kommunale tjenester, f. eks. hjemmetjenesten, avlastningshjem)
- Andre, hvilke?

 Nei**Hvordan vil du ha ordnet hjelp og avlastning med hjemmearbeid og barn?**

+

**61. Hvor mye hjelp synes du at du får når det gjelder hverdagsproblemer omkring barnets helse, oppdragelse mm?
(Ett kryss i hver rad)**Ikke spesielt
mye hjelpGanske mye
hjelpAll tenkelig
hjelpa) Av personer som i sitt yrke/arbeid har oppgaven
å hjelpe barnet (lege, sykepleier,
sosionom, barnehagepersonale, lærere osv.)?b) Av personer som hører til i din daglige
omgangskrets, slektninger eller arbeidskolleger?**62. Har familien hatt en feriereise i løpet av de siste 12 månedene?**

Innenlands

 Nei Ja

Utenlands

 Nei Ja

+

+

63. Har du/dere i løpet av de siste årene hatt et tillitsverv i en forening eller organisasjon?

+

Den som svarer: Ja Nei**Partneren:** Ja Nei**Foreldrenes helse og velferd****64. Har du eller din eventuelle partner noe eller noen av følgende plager?**

(Kryss bare dersom det gjelder hver eller hver annen uke)

a) Den som svarer:

	Nei	Ja	Er plagen		
			Lett	middels	Alvorlig
Vondt i magen	<input type="checkbox"/>				
Vondt i hodet	<input type="checkbox"/>				
Søvnløshet	<input type="checkbox"/>				
Svimmelhet	<input type="checkbox"/>				
Vondt i ryggen	<input type="checkbox"/>				
Appetittmangel	<input type="checkbox"/>				
Nervøse plager	<input type="checkbox"/>				
Langvarig sykdom/funksjonshemmning	<input type="checkbox"/>				

I så fall, hvilken?

 Ingen plager

+

b) Partneren:

	Nei	Ja	Er plagen		
			Lett	middels	Alvorlig
Vondt i magen	<input type="checkbox"/>				
Vondt i hodet	<input type="checkbox"/>				
Søvnløshet	<input type="checkbox"/>				
Svimmelhet	<input type="checkbox"/>				
Vondt i ryggen	<input type="checkbox"/>				
Appetittmangel	<input type="checkbox"/>				
Nervøse plager	<input type="checkbox"/>				
Langvarig sykdom/funksjonshemmning	<input type="checkbox"/>				

I så fall, hvilken?

 Ingen plager

+

65. Har du, din eventuelle partner vært sykmeldt noen gang i løpet av de 12 månedene?**Den som svarer:** +

- Ja, hvor lenge?  antall dager totalt
 Nei

Partneren: +

- Ja, hvor lenge?  antall dager totalt
 Nei

66. Hvor fornøyd eller misfornøyd er du med ditt liv når det gjelder...

(Fyll i ett alternativ på hver rad)

	Meget fornøyd	Ganske fornøyd	Verken fornøyd eller misfornøyd	Ganske misfornøyd	Meget misfornøyd
...Bolig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Arbeid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Økonomi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Utdannelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Helse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Familiesituasjon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Fritid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Kontakt med venner og bekjente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Muligheter til å påvirke din og familiens livssituasjon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Bruker du å se en løsning på problemer og vanskeligheter som andre finner håpløse?

- Ja, oftest
 Ja, i blant
 Nei

68. Bruker du å føle at ditt daglige liv er en kilde til personlig tilfredsstillelse?

- Ja, oftest
 Ja, i blant
 Nei

+

69. Bruker du å føle at ting som hender deg i ditt daglige liv er vanskelige å forstå?

- Ja, oftest
 Ja, i blant
 Nei

70. Bruker du å føle at du har vanskelig for å få tid til ditt daglige liv?

- Ja, oftest
 Ja, i blant
 Nei

+

71. Er du som hovedsakelig svarer på spørsmålene
(Sett bare ett kryss)

- Barnets biologiske mor
 Barnets biologiske far
 Annen, hvem?

72. Besvarer du sammen med forelder, barnet eller en annen?

(Sett ett eller flere kryss)

- Sammen med annen av foreldrene
 Sammen med barnet
 Sammen med en avnne, hvem?

 Alene

+

73. Andre viktige opplysninger eller synspunkter:

+

+

+

Vær vennlig å kontrollere at du ikke har glemt å svare på noe enkeltspørsmål, og legg så spørreskjemaet inn i svarkonvolutten og post det så raskt som mulig.

Takk enda en gang for hjelpen!

+

+

Nasjonalt folkehelseinstitutt utfører denne spørreundersøkelsen i samarbeid med Nordisk høyskole for folkehelsevitenskap, NHV

Nasjonalt folkehelseinstitutt (FHI) er et forvalningsorgan underlagt Helse- og omsorgsdepartementet. FHI er en nasjonal kompetanseinstitusjon for myndigheter, helsetjeneste, rettsapparat, påtalemyndighet, politikere, media og publikum.

Instituttet består av fem fagdivisjoner: Smittevern, miljømedisin, epidemiologi, psykisk helse samt rettstoksiologi og rusmiddelforskning. I tillegg kommer Divisjon for samfunnkontakt og instituttressurser. Denne undersøkelsen er underlagt Divisjon for epidemiologi i et samarbeid mellom flere fagavdelinger.

NHV, som ligger i Göteborg, er en institusjon for utdannelse og forskning innen folkehelsevitenskapen. Den drives i samarbeid av de fem nordiske landene via Nordisk Ministerråd. NHV har arbeidet med videreutdanning i folkehelsefag for ulike yrkesgrupper innen helse- og sosialfeltet siden 1953. For tiden har skolen rundt 50 doktorgradskandidater, ca 200 mastergradsstudenter og holder hvert år kurs for ca 700 personer.



Hälsa och välfärd bland barn och ungdom i de nordiska länderna

Syfte

Nordiska barns hälsa och välfärd har kartlagts i två omfattande studier 1984 och 1996 från Nordiska högskolan för folkhälsovetenskap. Syftet med den nu aktuella studien är att analysera hälsa, välbefinnande och livskvalitet hos barn i åldrarna 2-17 år i Sverige och relatera resultaten till samhällsförändringar under senaste årtionden. Sådan kunskap är värdefull när man planerar hälsofrämjande åtgärder för barn. Samma studie genomförs i Danmark, Island, Norge och Finland, vilket ger möjligheter att analysera likheter och skillnader i barns hälsa mellan de nordiska länderna och mellan denna och de två tidigare studierna. Undersökningen genomförs av Statistiska centralbyrån (SCB) på uppdrag av Nordiska högskolan för folkhälsovetenskap, Göteborg. SCB har hand om utskick, insamling och registrering av inkomna svar samt påminnelser.

Alla svar är viktiga

Du tillhör en av 3200 familjer med barn i åldern från 2 - 17 år som har dragits med hjälp av statistiska metoder ur SCB:s register över totalbefolkningen. Din medverkan är frivillig men ditt svar är mycket viktigt och bidrar till att undersökningens resultat blir tillförlitligt. Ditt svar kan inte ersättas med någon annans.

Vi ber dig svara på frågorna och skicka tillbaka blanketten i det portofria svarskuvertet så snart som möjligt.

Tack på förhand för din medverkan!
Med vänliga hälsningar

Max Petzold
Docent folkhälsovetenskap
Nordiska högskolan för
Folkhälsovetenskap

Tania Hayden
Undersökningsledare
Statistiska centralbyrån

Kontakta oss gärna

Undersökningens syfte eller hjälp med frågorna:

Max Petzold
Telefon: 031-693 972 E-post: max.petzold@nhv.se

Insamling av blanketten:

SCB
Telefon: 019-17 69 30
Postadress: 701 89 Örebro
www.scb.se

Dina svar är skyddade

Dina uppgifter skyddas enligt 24 kap. 8 § offentlighets- och sekretesslagen (2009:400) samt personuppgiftslagen (1998:204). Det innebär att alla som arbetar med undersökningen har tytnadsplikt och att de insamlade uppgifterna endast redovisas i tabeller där ingen enskild persons svar kan utläsas. Numret högst upp på blanketten är till för att SCB under insamlingen ska kunna se vilka som har svarat och vilka som ska få en påminnelse.

Efter avslutad bearbetning hos SCB avlägsnas alla identitetsuppgifter innan materialet överlämnas till Nordiska högskolan för folkhälsovetenskap för fortsatt bearbetning och datamaterialet kommer att förvaras under 10 år för att möjliggöra granskning. När du besvarar enkäten innebär det att du godkänner detta.

Resultat

Resultaten från undersökningen kommer att redovisats till allmänheten och beslutsfattare redan nästa år i form av rapporter tillgängliga på Nordiska högskolan för folkhälsovetenskaps hemsida www.nhv.se. Därefter kommer även resultaten av publiceras i vetenskapliga tidskrifter för att denna unika studie skall nå ut internationellt.

Så här går undersökningen till

Brevet har adresserats till barnets föräldrar. Besvarandet av frågorna bör göras av den som bäst känner till det angivna barnets förhållanden, förälder eller partner, men svara gärna i samarbete med barnet. **Observera att alla svar gäller det barnet som står på brevetiketten.** Läs noga genom frågorna och svarsalternativen innan du besvarar frågorna. De flesta av frågorna besvaras genom att kryssa i det alternativ som du anser passar bäst. Endast om det står angivet får flera kryss sättas i samma fråga. Om frågan saknar färdiga svarsalternativ, skriv ditt svar på den reserverade platsen.

En del frågor är inte lämpliga på alla barn. Små barn är t ex inte arbetslösa, 17-åringar vistas inte på daghem/förskola osv. Fyll i bara det som passar för ditt barn. Vissa frågor är lättare att besvara än andra. Skulle det vara svårt att svara på någon fråga, gå heller vidare i stället än att helt avstå att fylla i formuläret. Det är viktigt att du under alla omständigheter sänder frågeformuläret till oss i det frankerade svarskuvertet även om några frågor inte är besvarade.

Instruktioner:

Enkäten kommer att läsas maskinellt. När du besvarar enkäten ber vi dig därför tänka på att:

- Använda kulspetspenna med svart eller blå färg, inte röd. Använd inte blyertspenna!
- Skriv tydliga siffror:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---
- Skriv tydliga och STORA bokstäver:

A	B	C	D	E	F	G	H	I	J
---	---	---	---	---	---	---	---	---	---
- Markera dina svar med kryss, så här och INTE så här:
- Om du vill ändra ditt svar, täck hela rutan:

--
- Om du vill skriva mer text än vad som får plats på de anvisade raderna/boxarna eller om du vill förklara/förtärliga något:
 - skriv inte mellan eller i närheten av svarsrutorna
 - skriv i stället på eventuell kommentarsida

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Barnets familjesituation

1. Hur gammalt är barnet?

år

2. Är barnet fött i Sverige eller utomlands?

1 Sverige —————> Gå till fråga 4

2 I annat nordiskt land, vilket?

3 I utomnordiskt land, vilket?

3. Hur gammalt var barnet när han/hon flyttade till Sverige?

år

4. Är det en pojke eller flicka?

1 Pojke

2 Flicka

5. Hur lång är barnet?

Mät barnet utan skor och avrunda uppåt till hel centimeter.

cm

6. Hur mycket väger barnet?

Väg barnet utan kläder och avrunda uppåt till helt kilo.

kg

a) Hur många personer finns det i hushållet (äter vanligen minst en daglig måltid tillsammans) där barnet bor?

Om barnet bor växelvis hos mor och far, ange för det hushåll där barnet är skrivet.

Vuxna (18 år och uppåt)

Barn 0 - 17 år det efterfrågade barnet inräknat

b) Vilket i ordningen är det barnet som valts för denna undersökning?

Det äldsta barnet = nr 1 osv.

Det efterfrågade barnets ordning är nr:

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c) Vilka vuxna bor barnet tillsammans med?

Flera alternativ kan väljas.

- 1 Mor
- 1 Far
- 1 Barnet bor växelvis hos mor och far
- 1 Syskon över 18 år. I så fall hur många?
- 1 Fars nya partner/samboende
- 1 Mors nya partner/samboende

1 Andra, vilka? Skriv i rutan:

8. Har föräldrasituationen förändrats efter barnets födelse?

Flera alternativ kan väljas.

- 1 Nej, ingen förändring

- 1 Ja, separation/skilsmässa →

Hur gammal var barnet då?

- 1 Ja, dödsfall →

Hur gammal var barnet då?

- 1 Ja, en förälder har tillkommit →

Hur gammal var barnet då?

9. a) Om barnets föräldrar bor isär hur ofta träffar barnet den andre föräldern?

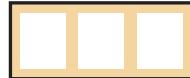
Ungefär  gånger/månad

eller

Ungefär  gånger/år

- 1 Barnet bor växelvis hos mor och far
- 2 Aldrig eller nästan aldrig

b) Hur många dagar om året bor barnet hos den andre föräldern?

Ungefär  dagar/år

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Barnets hälsa

- 10. Har barnet någon gång under de senaste 3 månaderna varit frånvarande från daghem, dagmamma, förskola, skola, arbete eller motsvarande på grund av egen sjukdom eller besök inom hälso- och sjukvården?**

1 Nej

--	--

2 Ja, antal dagar:

- 11. Har barnet någon långvarig sjukdom eller funktionsnedsättning, dvs en åkomma som i väsentlig grad påverkat barnets dagliga liv under minst 3 månader det senaste året?**

Om ja, anser du att barnets sjukdom/funktionsnedsättning är...

	Nej 1	Ja 2	→	Lindrig 3	Måttlig 4	Svår 5
a. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Synskada	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hörselskada	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Talfel	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Psykiska (nervösa) besvär	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Epilepsi	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mag-tarmbesvär	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Astma	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Allergisk snuva	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Eksem	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Rörelsehinder	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Övervikt	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. MBD/DAMP/ADHD (Barn med "hyperaktivitet")	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Annat. Vilket? Skriv nedan.	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vilket?

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+

12. Har barnet något eller några av följande besvär?

Kryssa för bara om det gäller varje eller varannan vecka.

Om ja, anser du att barnets besvär är...

	Nej 1	Ja 2		Lindrig 3	Måttlig 4	Svår 5
Magbesvär	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Huvudvärk	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sömnlöshet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yrsel	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ryggbesvär	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitlöshet	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annat. Vilket? Skriv nedan.	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vilket?

Inga besvär

13. a) Har barnet under de senaste 12 månaderna varit utsatt för skador/olyckor/förgiftning?

1 Ja, antal gånger 

2 Nej → Gå till fråga 14

b) Var inträffade olycksfallen?

Flera alternativ kan väljas.

Ledde de till...

	Läkarbesök		Sjukhusvistelse	
	Nej 1	Ja 2	Nej 3	Ja 4
1 <input type="checkbox"/> Hemma/närmiljön	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <input type="checkbox"/> Daghem/skolan/arbetet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <input type="checkbox"/> I trafiken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <input type="checkbox"/> Någon annanstans, var? Skriv nedan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. a) Använder barnet något receptbelagt läkemedel?

1 Nej

2 Ja

+

+

b) Om ja, vilken/vilka mediciner och hur länge har barnet tagit den?

Läkemedel 1

Hur länge?



Månader

 Mindre än en månad

Läkemedel 2

Hur länge?



Månader

 Mindre än en månad

15. Har barnet under de fyra senaste veckorna intagit mediciner som kan fås utan recept?

Nej	Ja
1	2

Mot huvudvärk

Led- eller annan värk

Snuva, hosta eller feber

Sömnlöshet eller nervositet

Trötthet

Magbesvär eller förstopning

Annat besvär, skriv nedan.

Vilket besvär?

16. Hur ofta diskuterar ni i familjen tillsammans med barnen frågor om hälsa och friskvård (som att bli frisk genom att äta hälsosamt, vara fysiskt aktiv)?

- 1 Aldrig
- 2 En eller flera gånger/år
- 3 En eller flera gånger/månad
- 4 En eller flera gånger/vecka
- 5 Dagligen

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17. Vart vänder du dig om du letar efter kunskap om ditt barns hälsa och friskvård?
Flera alternativ kan väljas.

- 1 Vänner/familj
- 1 Skola/förskola
- 1 Barnavårdscentralen (BVC), skolhälsovård, hälso- och sjukvårdspersonal
- 1 Självhjälpsgrupper
- 1 Internet/hemsidor
- 1 Lägger aktivt ut frågor på Internet/bloggar
- 1 Dagstidningar/veckotidningar
- 1 Böcker
- 1 Informationsbroschyror
- 1 Radio/TV

- 1 Annat, vilket?

- 1 Inte aktuellt

18. Hur väl förstår du i allmänhet information om ditt barns hälsa?

	Mycket bra	Bra	Varken bra eller dåligt	Dåligt	Mycket dåligt	Använder inte av denna typ av information
	1	2	3	4	5	6
a. Information som ges muntligt av medicinskt utbildad personal (läkare, sjuksköterska, receptarie m.fl.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Instruktioner i eller på förpackningar rörande medicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Instruktioner och broschyrer om hälsa t.ex. droger, hälsosam kost, osv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Information om barnets hälsa på Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hälsos- och sjukvård för barnet

19. Har du/din partner eller barnet själv någon gång under de senaste 3 månaderna ringt upp någon av nedanstående?
Fyll i ett alternativ i varje rad.

Läkare 1 Nej 2 Ja → Antal gånger

Sjuksköterska 1 Nej 2 Ja → Antal gånger

Annan sjukvårdspersonal 1 Nej 2 Ja → Antal gånger

Om annan sjukvårdspersonal, vem?

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20. Har barnet under de senaste 3 månaderna besökt eller besöks av någon av nedanstående?
Hälsokontroller vid barnhälsovård och skolhälsovård skall inte medräknas i denna fråga.

Allmänläkare/distriktsläkare	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Specialistläkare vid sjukhus/ vårdcentral/ privatläkarmottagning	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Läkarbesök i hemmet	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Distriktsköterska eller sjuksköterska vid distriktsläkarens mottagning	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Sjuksköterska vid specialistmottagning (t.ex. barnklinik)	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Tandläkare, tandsköterska/ tandhygienist	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Sjukgymnast	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Psykolog	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Dietist	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Annan hälso- och sjukvårdspersonal (tex kurator, talterapeut, arbetsterapeut)	1 <input type="checkbox"/> Nej	2 <input type="checkbox"/> Ja	→ Antal gånger	
Vilken annan hälso- och sjukvårdspersonal?	<input type="text"/>			

**21. a) Har du/din eventuella partner för barnets räkning under de senaste 3 månaderna kontaktat
någon utanför den allmänna hälso- och sjukvården den så kallade alternativa medicinen,
t.ex. homeopat, zonterapeut, kiropraktor, örtmedicin osv.?**

- 1 Nej
 2 Ja, vilken?

b) Vad var orsaken till att ni sökte denna vårdform?

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22. Var skedde barnets senaste läkarbesök?

- 1 Hos distriktsläkare/allmänläkare
- 2 Hos annan specialistläkare vid sjukhus/vårdcentral eller privatläkarmottagning
- 3 Läkarbesök i hemmet
- 4 Vid barnhälsovården
- 5 Vid skolhälsovården
- 6 Vid annan mottagning, vilken?

23. Använde läkaren tillräckligt med tid för barnets problem?

- 1 Ja
- 2 Nej
- 3 Vet inte

24. Hur viktiga anser du olika saker vara när man söker läkare för barns hälsoproblem?

Ange för varje synpunkt nedan hur viktig du anser den vara. Ju viktigare, desto högre siffra väljer du.

	Utan betydelse							Stor betydelse
	1	2	3	4	5	6	7	
a.	Att läkaren har specialistutbildning i barn-/ ungdomsmedicin	<input type="checkbox"/>						
b.	Att läkaren har specialistutbildning för den aktuella sjukdomen	<input type="checkbox"/>						
c.	Att läkaren är lätt anträffbar (korta resor, korta väntetider)	<input type="checkbox"/>						
d.	Att läkaren känner barnet/familjen	<input type="checkbox"/>						
e.	Att läkaren behärskar barnets modersmål	<input type="checkbox"/>						

25. Har barnet varit inlagd på sjukhus under de senaste 12 månaderna?

1 Ja

Antal gånger

Antal dagar sammanlagt

2 Nej —————> Gå till fråga 27

26. Om barnet vårdats på sjukhus under de senaste 12 månaderna...

a) ... vårdades barnet (senaste gången) på

- 1 barnklinik
- 2 barnsal på vuxenavdelning
- 3 vuxenavdelning?

b) ... fick ni (senaste gången) stanna hos barnet över natten?

- 1 Ja
- 2 Nej
- 3 Inte aktuellt

c) ... fick ni (senaste gången) besöka barnet så ofta ni ville?

- 1 Ja
- 2 Nej
- 3 Inte aktuellt

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+

- 27. Hur nöjd eller missnöjd är du med de kontakter du haft med hälso- och sjukvården för barnet under de senaste 12 månaderna i följande avseenden?**
Fyll i ett alternativ på varje rad.

	Mycket nöjd 1	Ganska nöjd 2	Ganska missnöjd 3	Mycket missnöjd 4	Vet ej/ ej aktuellt 5
a. Tillgänglighet till vård	<input type="checkbox"/>				
b. Bemötande, vänlighet	<input type="checkbox"/>				
c. Tid som ägnats åt barnets problem	<input type="checkbox"/>				
d. Kommunikation (lyssna på barnets och föräldrars behov)	<input type="checkbox"/>				
e. Information om t.ex. behandling, sjukdomar, hälsotillstånd	<input type="checkbox"/>				
f. Vårdens kvalitet t.ex. medicinsk behandling, undersökning	<input type="checkbox"/>				
g. Samråd vårdpersonal – barn/ föräldrar angående vårdens utformning	<input type="checkbox"/>				
h. Kontinuitet i vården (samma läkare, sjuksköterska)	<input type="checkbox"/>				

Barnets aktiviteter och utveckling

- 28. Var vistas barnet på dagen?**

Flera alternativ kan väljas.

- 1 Vistas i hemmet
- 1 Vistas hos släktingar, t.ex. mor-/farföräldrar
- 1 Har plats på familjedaghem eller vistas hos annan familj
- 1 Har plats på förskolan/dagis. Hur många timmar/vecka?
- 1 Har plats på fritidshem
- 1 Går i grundskola
- 1 Går i gymnasieskola
- 1 Går i yrkesutbildning
- 1 Arbetar
- 1 Arbetslös
- 1 Annat, vad?

timmar/vecka

+

+

+

+

29. Hur ofta brukar barnet göra något av följande?

Fyll i ett alternativ på varje rad.

	Aldrig 1	En eller flera gånger			
		per år 2	i månad 3	i veckan 4	dagligen 5
a. Gå på bio, teater eller sportevenemang	<input type="checkbox"/>				
b. Läsa böcker (utöver skolböcker)	<input type="checkbox"/>				
c. Besöka eller få besök av kamrater	<input type="checkbox"/>				
d. Spela musikinstrument	<input type="checkbox"/>				
e. Idrotta	<input type="checkbox"/>				
f. Delta i föreningsverksamhet	<input type="checkbox"/>				
g. Lyssna på musik	<input type="checkbox"/>				
h. Gå på konsert	<input type="checkbox"/>				
i. Titta på TV/video/DVD	<input type="checkbox"/>				
j. Spela TV-spel/datorspel	<input type="checkbox"/>				
k. Surfa/blogga på nätet	<input type="checkbox"/>				
l. Andra aktiviteter (ge exempel nedan)	<input type="checkbox"/>				

Vilka?

30. Hur många timmar sammanlagt i veckan idrottar eller motionerar barnet så mycket att han/hon blivit andfådd och/eller svettas? (Utanför skoltid)

- 1 Ingen
- 2 Ungefär ½ timme
- 3 Ungefär 1 timme
- 4 Ungefär 2-3 timmar
- 5 Ungefär 4-6 timmar
- 6 7 timmar eller mer

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- 31. Nedan anges en lista med par av egenskaper som är motsatser. Sätt ett kryss vid det läge som svarar mot din uppfattning om hur barnet är, jämfört med andra barn i samma ålder.**

Exempel

	1	2	3	4	5	6	7	
Liten (för sin ålder)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stor (för sin ålder)				

Ju lägre siffra för rutan du kryssar för, desto mer gäller egenskapen till vänster. Ju högre siffra, desto mer gäller egenskapen till höger. Kryss i rutan med siffran 4 innebär att ingendera egenskapen överväger. Skriv snabbt ner din första uppfattning fundera inte för länge. Enligt din uppfattning är han/hon nu:

	1	2	3	4	5	6	7	
Osjälvständig	<input type="checkbox"/>	Självständig						
Passiv	<input type="checkbox"/>	Aktiv						
Ensam	<input type="checkbox"/>	Ej ensam						
Orolig	<input type="checkbox"/>	Lugn, stabil						
Nedstämd	<input type="checkbox"/>	Glad						
Ängslig	<input type="checkbox"/>	Trygg						
Utveckling sen för åldern	<input type="checkbox"/>	Utveckling långt fram för åldern						

- 32. Hur många nära vänner (bästa vänner/väninnor) har barnet?**

- 1 Ingen
- 2 En eller två
- 3 Tre eller flera

- 33. Hur trivs barnet i dagis/förskolan/skolan/arbetet?**

Föräldern frågar barnet.

- 1 Mycket bra
- 2 Bra
- 3 Mindre bra
- 4 Vet inte
- 5 Inte aktuellt

- 34. Hur tycker du att barnet klarar sina studier i skolan?**

- 1 Riktigt bra
- 2 Bra
- 3 Medelmåttigt
- 4 Under medelnivån
- 5 Dåligt
- 6 Vet inte
- 7 Inte aktuellt

- 35. Det händer ibland att flera barn slår sig samman för att plåga/mobba ett annat barn (t.ex. slåss mot honom eller henne, gör narr av honom eller henne). Mobbar ditt barn andra barn?**

- 1 Ja, ofta
- 2 Ibland
- 3 Sällan/aldrig
- 4 Vet inte

+

+

36. Blir ditt barn mobbat?

- 1 Ja, ofta
 2 Ibland
 3 Sällan/aldrig
 4 Vet inte

37. Styrkor och svagheter (SDQ-SVE)

Vi vill nu att du besvarar frågor som följer det internationellt använda frågeformuläret SDQ (Strengths & Difficulties Questionnaires, se www.sdqinfo.org) för att möjliggöra en internationell jämförelse. Var vänlig kryssa för det alternativ (Stämmer inte, Stämmer delvis eller Stämmer helt) som du tycker passar bäst. Det är värdefullt om du besvarar alla frågor, även om du inte är helt säker eller tycker att frågan verkar konstig. Frågorna gäller ditt barns beteende de senaste 6 månaderna.

	Stämmer inte	Stämmer delvis	Stämmer helt
	1	2	3
Omtänksam, tar hänsyn till andra människors känslor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rastlös, överaktiv, kan inte vara stilla länge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klagar ofta över huvudvärk, ont i magen eller illamående	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delar gärna med sig till andra barn (t.ex. godis, leksaker, pennor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har ofta raseriutbrott eller häftigt humör	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ganska ensam, leker eller håller sig ofta för sig själv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Som regel lydig, följer vanligtvis vuxnas uppmaningar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oroar sig över mycket, verkar ofta bekymrad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hjälpsam om någon är ledsen, upprörd eller känner sig dålig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Svårt att sitta stilla, rör och vrider jämt på sig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har minst en god vän (kamrat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slåss;bråkar ofta med andra barn eller mobbar dem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ofta ledsen, nedstämd eller tårögd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanligtvis omtyckt av andra barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lättstörd, tappar lätt koncentrationen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervös eller klängig i nya situationer, blir lätt otrygg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snäll mot yngre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ljuger eller fuskar ofta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blir retad eller mobbad av andra barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ställer ofta upp och hjälper andra (föräldrar, lärare, andra barn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tänker sig för innan han/hon gör olika saker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stjäl hemma, i skolan eller på andra ställen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kommer bättre överens med vuxna än med andra barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rädd för mycket, är lättskrämnd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fullföljer uppgifter, bra koncentrationsförmåga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Sammantaget, tycker du att ditt barn har svårigheter på ett eller flera av följande områden: med känslor, koncentration, beteende eller med att komma överens och umgås med andra mäniskor?

Nej 1	Ja, små svårigheter 2	Ja, klara svårigheter 3	Ja, alvarliga svårigheter 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Om du svarade "ja", var vänlig besvara de följande frågorna:

Hur länge har svårigheterna funnits?	Mindre än 1 månad 1	1-5 månader 2	6-12 månader 3	Mer än 1 år 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oroas eller lider ditt barn av sina svårigheter?	Inte alls 1	Bara lite 2	Ganska mycket 3	Väldigt mycket 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stör svårigheterna barnets vardagsliv på något av följande områden?

Hemma i familjen	Inte alls 1	Bara lite 2	Ganska mycket 3	Väldigt mycket 4
<input type="checkbox"/>				
Med kamrater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I skolarbetet, lärande	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vid fritidsaktiviteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blir svårigheterna en belastning för dig eller för familjen som helhet?

Blir svårigheterna en belastning för dig eller för familjen som helhet?	Inte alls 1	Bara lite 2	Ganska mycket 3	Väldigt mycket 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bruk av dator och Internet

38. Har ni tillgång till Internet hemma?

- 1 Nej → Gå till fråga 40
 2 Ja

39. Har ni satt upp regler för hur ofta/mycket barnet får använda Internet?

- 1 Nej
 2 Ja

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40. Hur många timmar per dag ser barnet på TV, video/DVD?

- 1 Inte alls
- 2 Ungefär ½ timme
- 3 Ungefär 1 timme
- 4 Ungefär 2-3 timmar
- 5 Ungefär 4-6 timmar
- 6 7 timmar eller fler

41. Hur många timmar per dag spelar barnet TV-spel/datorspel?

På vardagar

- 1 Inte alls
- 2 Ungefär ½ timme
- 3 Ungefär 1 timme
- 4 Ungefär 2-3 timmar
- 5 Ungefär 4-6 timmar
- 6 7 timmar eller fler

Under helger

- 1 Inte alls
- 2 Ungefär ½ timme
- 3 Ungefär 1 timme
- 4 Ungefär 2-3 timmar
- 5 Ungefär 4-6 timmar
- 6 7 timmar eller fler

42. Hur många timmar per dag surfar barnet på Internet?

På vardagar

- 1 Inte alls
- 2 Ungefär ½ timme
- 3 Ungefär 1 timme
- 4 Ungefär 2-3 timmar
- 5 Ungefär 4-6 timmar
- 6 7 timmar eller fler

Under helger

- 1 Inte alls
- 2 Ungefär ½ timme
- 3 Ungefär 1 timme
- 4 Ungefär 2-3 timmar
- 5 Ungefär 4-6 timmar
- 6 7 timmar eller fler

43. Ibland diskuteras hur mediernas innehåll påverkar vad människor tycker och tänker. I vilken utsträckning tror du att a) ditt barn/ respektive b) andras barn i allmänhet påverkas av innehållet i följande medier?

a) Ditt barn

	I mycket stor utsträckning	I ganska stor utsträckning	I varken stor/ liten utsträckning	I ganska liten utsträckning	I mycket liten utsträckning
	1	2	3	4	5
TV/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Datorspel osv.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Andras barn i allmänhet

	I mycket stor utsträckning	I ganska stor utsträckning	I varken stor/ liten utsträckning	I ganska liten utsträckning	I mycket liten utsträckning
	1	2	3	4	5
TV/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Datorspel osv.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- 44. I vilken utsträckning händer det att du begränsar barnets användning av följande medier till följd av din oro för att innehållet påverkar barnet negativt?**

	I mycket stor utsträckning	I ganska stor utsträckning	I varken stor/ liten utsträckning	I ganska liten utsträckning	I mycket liten utsträckning
	1	2	3	4	5
TV/video:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Datorspel osv.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Familjens levnadsförhållanden

- 45. På vilket slags ort bor du/ni?**

- 1 Storstadsområde (även förorter) med mer än 100 000 invånare
- 2 Tätort med mer än 3000 invånare
- 3 Landsbygd eller tätort med mindre än 3000 invånare

- 46. Är du gift, sambo eller ensamstående?**

- 1 Gift
- 2 Samboende
- 3 Ensamstående förälder

- 47. Vad är din och din eventuella partners ålder?**

Den svarande föräldern:  år

Partnern:  år

- 48. Är du, din eventuella partner födda i Sverige eller utomlands?**

Den svarande föräldern

- 1 I Sverige
- 2 I annat nordiskt land
- 3 I utomnordiskt land

Vilket land?



Partnern

- 1 I Sverige
- 2 I annat nordiskt land
- 3 I utomnordiskt land

Vilket land?



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49. Vilken skolutbildning har du, din partner?

Ange endast den högsta utbildningen.

Den svarande föräldern

- 1 Universitet/högskola
- 2 Minst 3-årigt gymnasium
- 3 Real-, folkhögskola, högst 2-årig gymnasieskola eller motsvarande
- 4 Folk- och grundskola
- 5 Annan skolutbildning, vilken? Skriv nedan.

Partnern

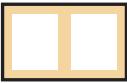
- 1 Universitet/högskola
- 2 Minst 3-årigt gymnasium
- 3 Real-, folkhögskola, högst 2-årig gymnasieskola eller motsvarande
- 4 Folk- och grundskola
- 5 Annan skolutbildning, vilken? Skriv nedan.

50. Vilka av nedanstående alternativ stämmer bäst med din egen och din eventuella partners nuvarande huvudsakliga sysselsättning?

En person som arbetar sporadiskt eller litet markerar sin huvudsakliga syssla.

OBS! Det är viktigt att få uppgifter om både den svarande förälderns och eventuella partners sysselsättning.

Den svarande föräldern

- 01 Lantbrukare
- 02 Egen företagare
- 03 Anställd
- 04 Lärling
- 05 Pension
- 06 Hemarbetande (= sköter hushåll och familj/barn)
- 07 Arbetslös. Hur länge?  mån
(om du varit arbetslös mindre än en månad, ange 0)
- 08 Långtidssjukskriven
- 09 Värnpliktig
- 10 Föräldraledig
- 11 Annat, vad? Skriv nedan.

Partnern

- 01 Lantbrukare
- 02 Egen företagare
- 03 Anställd
- 04 Lärling
- 05 Pension
- 06 Hemarbetande (= sköter hushåll och familj/barn)
- 07 Arbetslös. Hur länge?  mån
(om du varit arbetslös mindre än en månad, ange 0)
- 08 Långtidssjukskriven
- 09 Värnpliktig
- 10 Föräldraledig
- 11 Annat, vad? Skriv nedan.

Vilket yrke/vilken befattning?

Om inte i arbete, senaste yrke/befattning.

Vilket yrke/vilken befattning?

Om inte i arbete, senaste yrke/befattning.

Ange kortfattat arbetsuppgifterna:

Ange kortfattat arbetsuppgifterna:

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51. Om du/din partner förvärvsarbetar, hur många timmar per vecka?

Räkna med också övertid, extra timmar, eventuellt extrajobb (ej hushållsarbete).

Den svarande föräldern:

timmar/vecka

Partnern:

timmar/vecka

Förvärvsarbetar inte

Förvärvsarbetar inte

52. Vilken disponibel inkomst har hushållet per månad?

Räkna den sammanlagda inkomsten efter skatt för alla i hushållet. Med inkomst menar vi lön, pension, inkomst av eget företag/jordbruk samt bidrag av olika slag (t.ex. barn-, underhålls-, bostads- och socialbidrag).

Familjens disponibla inkomst

kronor/månad

53. Om familjen plötsligt skulle hamna i en oförutsedd situation, där du/ni på en vecka måste skaffa fram 15 000 kronor, skulle du/ni klara det?

1 Ja

2 Nej

54. Har det under de senaste 12 månaderna hänt att familjen haft svårigheter med att klara de löpande utgifterna för mat, hyra, räkningar mm?

1 Ja

2 Nej

55. a) Hur bor familjen?

1 Lägenhet i flerfamiljehus

2 Villa/radhus

3 Annan bostad, vilken?

b) Äger eller hyr familjen bostaden?

1 Äger bostaden/Äganderätt

2 Hyr bostaden

56. Bostadens storlek?

a) rum och kök

b) m²

57. Har det efterfrågade barnet eget sovrum?

1 Ja

2 Nej, barnet delar sovrum med syskon

3 Nej, barnet delar sovrum med föräldrar

4 Nej, barnet delar sovrum med annan person

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58. a) Hur ofta brukar du göra följande saker tillsammans med barnet?

	Aldrig 1	En eller flera gånger			
		per år 2	i månad 3	i veckan 4	dagligen 5
Leka, spela spel	<input type="checkbox"/>				
Gå på bio, teater eller sportevenemang	<input type="checkbox"/>				
Göra läxor	<input type="checkbox"/>				
Läsa böcker	<input type="checkbox"/>				
Promenera	<input type="checkbox"/>				
Spela musikinstrument/sjunga	<input type="checkbox"/>				
Idrotta, sporta, motionera	<input type="checkbox"/>				
Titta på TV/video/DVD	<input type="checkbox"/>				
Spela TV-spel/datorspel	<input type="checkbox"/>				
Surfa/blogga på nätet	<input type="checkbox"/>				
Gå i affärer	<input type="checkbox"/>				
Skjutsa barnet till aktiviteter	<input type="checkbox"/>				
Gå på konsert	<input type="checkbox"/>				
Göra något annat (ge exempel nedan)	<input type="checkbox"/>				

b) Hur ofta brukar din eventuella partner göra följande saker tillsammans med barnet?

	Aldrig 1	En eller flera gånger			
		per år 2	i månad 3	i veckan 4	dagligen 5
Leka, spela spel	<input type="checkbox"/>				
Gå på bio, teater eller sportevenemang	<input type="checkbox"/>				
Göra läxor	<input type="checkbox"/>				
Läsa böcker	<input type="checkbox"/>				
Promenera	<input type="checkbox"/>				
Spela musikinstrument/sjunga	<input type="checkbox"/>				
Idrotta, sporta, motionera	<input type="checkbox"/>				
Titta på TV/video/DVD	<input type="checkbox"/>				
Spela TV-spel/datorspel	<input type="checkbox"/>				
Surfa/blogga på nätet	<input type="checkbox"/>				
Gå i affärer	<input type="checkbox"/>				
Skjutsa barnet till aktiviteter	<input type="checkbox"/>				
Gå på konsert	<input type="checkbox"/>				
Göra något annat (ge exempel nedan)	<input type="checkbox"/>				

+

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59. Hur ofta använder du själv och din eventuella partner Internet på fritid?

Den svarande föräldern

- 1 Aldrig
- 2 En eller flera gånger per år
- 3 En eller flera gånger i månad
- 4 En eller flera gånger i veckan
- 5 Dagligen

Partnern

- 1 Aldrig
- 2 En eller flera gånger per år
- 3 En eller flera gånger i månad
- 4 En eller flera gånger i veckan
- 5 Dagligen
- 6 Ingen partner

60. Tycker du att du får den hjälp och avlastning med hem och barn som du behöver?

- 1 Ja —————> **Vem ger dig hjälpen?**

Flera alternativ kan väljas.

- 1 Partner
- 1 Tidigare partner
- 1 Barnen
- 1 Släktingar
- 1 Grannar/vänner/bekanta
- 1 Samhället (Kommunala tjänster t.ex. hemtjänst, avlastningsboende)

- 1 Andra, vilka?

- 2 Nej —————> **Hur skulle du vilja ha hjälp med avlastning med hemarbete och barn ordnad?**

61. Hur mycket hjälp tycker du att du får när det gäller vardagsproblem kring barnets hälsa, uppfostran, mm?

Fyll i ett alternativ på varje rad.

	Inte särskilt mycket hjälp	Ganska mycket hjälp	All tänkbar hjälp
	1	2	3

- a. Av personer som i sin yrkesroll/ i sitt arbete har att hjälpa barnet (läkare, sköterskor, kuratorer, daghemspersonal, lärare osv.)?
- b. Av personer som hör till din bekantskapskrets; släktingar eller arbetskamrater?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Har familjen gjort någon semesterresa under de senaste 12 månaderna?

Inom landet

- 1 Nej 2 Ja

Utomlands

- 1 Nej 2 Ja

63. Har du/ni under de senaste åren haft en förtroendepost i en förening eller organisation?

Den svarande föräldern:

- 1 Ja 2 Nej

Partnern:

- 1 Ja 2 Nej

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+ + Föräldrars hälsa och välbefinnande

64. Har du eller din eventuella partner något eller några av följande besvär?
Kryssa för bara om det gäller varje eller varannan vecka.

a) Den svarande föräldern

	Nej 1	Ja 2	Är besvären		
			Lindriga 3	Måttliga 4	Svåra 5
Magbesvär	<input type="checkbox"/>				
Huvudvärk	<input type="checkbox"/>				
Sömnlöshet	<input type="checkbox"/>				
Yrsel	<input type="checkbox"/>				
Ryggbesvär	<input type="checkbox"/>				
Aptitlöshet	<input type="checkbox"/>				
Nervösa besvär	<input type="checkbox"/>				
Långvarig sjukdom/funktionsnedsättning	<input type="checkbox"/>				

I så fall vilken?

1 Inga besvär

b) Partnern

	Nej 1	Ja 2	Är besvären		
			Lindriga 3	Måttliga 4	Svåra 5
Magbesvär	<input type="checkbox"/>				
Huvudvärk	<input type="checkbox"/>				
Sömnlöshet	<input type="checkbox"/>				
Yrsel	<input type="checkbox"/>				
Ryggbesvär	<input type="checkbox"/>				
Aptitlöshet	<input type="checkbox"/>				
Nervösa besvär	<input type="checkbox"/>				
Långvarig sjukdom/funktionsnedsättning	<input type="checkbox"/>				

I så fall vilken?

Inga besvär

65. Har du, din eventuella partner varit sjukskriven någon gång under de senaste 12 månaderna?

Den svarande föräldern:

1 Ja. Hur länge?

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Antal dagar
totalt

Partnern:

1 Ja. Hur länge?

--	--	--

Antal dagar
totalt

2 Nej

2 Nej

+

+

66. Hur nöjd eller missnöjd är du med ditt liv vad avser följande?

Fyll i ett alternativ på varje rad.

	Mycket nöjd 1	Ganska nöjd 2	Varken nöjd eller missnöjd 3	Ganska missnöjd 4	Mycket missnöjd 5
Bostad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arbete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ekonomi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utbildning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hälsa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familjesituation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fritid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kontakter med vänner och bekanta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Möjlighet att påverka din och familjens livssituation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Brukar du se en lösning på problem och svårigheter som andra finner hopplösa?

- 1 Ja, oftast
- 2 Ja, ibland
- 3 Nej

68. Brukar du känna att ditt dagliga liv är en källa till personlig tillfredsställelse?

- 1 Ja, oftast
- 2 Ja, ibland
- 3 Nej

69. Brukar du känna att saker som händer dig i ditt dagliga liv är svåra att förstå?

- 1 Ja, oftast
- 2 Ja, ibland
- 3 Nej

70. Brukar du känna att du har svårt för att hinna med ditt dagliga liv?

- 1 Ja, oftast
- 2 Ja, ibland
- 3 Nej

71. Är du som huvudsakligen svarar på frågorna

Endast ett alternativ kan väljas.

- 1 Barnets biologiska mor
- 2 Barnets biologiska far
- 3 Annan, vem?

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72. Besvarar du tillsammans med förälder, barnet eller någon annan?

Flera alternativ kan väljas.

- 1 Tillsammans med annan förälder
1 Tillsammans med barnet

- ## 1 Tillsammans med annan, vem?

- 1 □ Ensam

73. Andra viktiga upplysningar eller synpunkter:

Var vänlig att kontrollera att du inte glömt att svara på någon fråga och stoppa sedan in enkäten i svarskuvertet och posta det snarast.

Tack än en gång för hjälpen!

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Nordiska högskolan för folkhälsovetenskap

Nordiska högskolan för folkhälsovetenskap (NHV) är en institution för utbildning och forskning inom folkhälsovetenskapen. Den bedrivs av de fem nordiska ländernas regeringar via Nordiska Ministerrådet. NHV har arbetat med fortbildning i folkhälsovetenskap för olika yrkesgrupper med anknytning till hälso- och sjukvården sedan 1953. I lärarkollegiet finns ett tiotal fast anställda professorer, några adjungerade professorer och ytterligare lika många lektorer. Vidare finns ett femtiotal doktorander, ca 200 masters-studerande samt varje år 700 kursdeltagare.

NHV är uppbyggd på en bred folkhälsovetenskaplig grundsyn och är baserad på tvärvetenskaplig samverkan. Flera forskningsprojekt pågår om folkhälsan i Norden.

NHV har en stark nordisk bas för sin verksamhet och omedelbar tillgång till en kompetent och mångsidig grupp av forskare, hälso- och sjukvårdsledare och praktiker över hela Norden.

NHV är samarbetspartner (Collaborating Centre) med Världshälsoorganisationen (WHO) och har en lång tradition av gemensamma projekt inom folkhälsovetenskapens nyckelområden. NHV samarbetar också med andra europeiska organisationer, t.ex. OECD, Europarådet och EU.

NHV är en internationellt erkänd School of Public Health med samarbete både på institutions- och personnivå, framförallt i USA och Europa.

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