Questionnaire documentation

Questionnaire for mothers, fathers and children participating in the Norwegian Environmental Biobank part II data-collection in 2016/2017.

A sub-study within the Norwegian Mother, Father and Child Cohort Study

Version	Date	Performed by	Description
1.0	12.12.2023	Martin Mydske Nilsen Anne Lise Brantsæter Line Småstuen Haug	Original version

LIST OF CONTENT

MODEL STRUCTURE OF WHAT IS PRESENTED PER INSTUMENT/SECTION

Instrument

This is a questionnaire designed to assess information about children and their mothers and fathers who participated in the Norwegian Environmental Biobank part II in 2016/2017. This was the first wave of new data collection (biological specimens and questionnaire data) in the newly established Norwegian Environmental Biobank. The first wave of the Norwegian Environmental biobank comprised a subsample of 3000 women participating in MoBa. For more information see (Caspersen et al. 2019).

Description of questions and rationale for choosing the questions:
The instrument documentation lists all questions included in the questionnaire, with letters and numbers used in the dataset and response-categories, with values used in the dataset. The rationale for choosing the questions was to assesses background information and information about factors related to each individual's exposure to nutrients, environmental toxicants and other unwanted substances that may affect health. Both parents were asked to answer parts B, C, D E and F. If they lived together, only one should answer the background information and parts A and G. If the parents did not live together, both were asked to answer parts A and G.

The Norwegian Environmental Biobank studies trends over time, geographical differences, and variation between individuals. Biological samples and questionnaires collected for the Norwegian Environmental Biobank are to be used in studies that can contribute to more knowledge about exposure to environmental contaminants, groups who are exposed to particularly large amounts of environmental contaminants, new types of environmental contaminants that should be monitored and associations between lifestyle, environmental contaminants, and health. This knowledge can be used by the health authorities in health surveillance and is useful in risk assessments of environmental contaminants. Furthermore, we can monitor whether the diet provides enough vitamins and minerals. For more information see https://www.fhi.no/en/cl/studies/norwegian-environmental-biobank/

Some of the questions about the child has been used in a report (in Norwegian) describing levels of environmental contaminant (Paulsen *et al*., 2023)

Background information

Q		Response options	Variable name
0		Background information	
	Day, month, and year of completing the questionnaire		H_0_1 H_0_2 H_0_3
	Does the mother and father live together?	1) Yes 2) No	H_0_4
	Person completing this questionnaire: mother or father	1) Mother 2) Father	H_0_5
	Living situation	1) My child lives with both parents 2) My child lives mostly with me 3) My child lives mostly with the other parent 4) My child lives equally with both parents	H_0_6

Questions about living environment and housing (A)

1	In what year was your housing built?		
	Year	Year [__ __ __ __] or 'Don't know' [ ]	H_1_1 H_1_2
	How long have you lived in your current housing	Number of years [__ __]	H_1_3
2	Approximately how many square meters is your housing?		
	Size of indoor housing space (square meters)	Number of m^2 [__ __]	H_2
3	How would you describe your housing?		
	Type of housing	1) Detached house 2) Terrace house, semi-detached house etc. 3) Apartment 4) Other, specify (Text)	H_3_1 H_3_2_D (txt)
4	Do you live in Oslo, Bergen, Stavanger, Trondheim, Sandnes, Tromsø or Drammen?		
	Do you live in Oslo, Bergen, Stavanger, Trondheim, Sandnes, Tromsø or Drammen	1) No 2) Yes	H_4_1
	If yes, in what type of area do you live?	1) City center [Single answer] 2) Close to city center 3) Suburb 4) Industrial area 5) I don't know	H_4_2
5	Do you have any of the following within 50 meter radius of your housing? [Multiple answers]		
	Industrial activity	1) metalworking activity 2) dumpsite/recovery plant 3) waste incineration 4) solvent works	H_5_1 H_5_2 H_5_3 H_5_4

Q		Response options	Variable name
6	What heating source is mainly used in your housing		
	Heating source	1) electrical heater 2) electrical floor heating 3) waterborne floor heating 4) radiators 5) district heating 6) wood burning 7) I don't know	H_6
7	Are there any other heating sources in your housing using wood or charcoal, e.g. fireplace?		
		1) Yes 2) No	H_7
8	What energy source do you usually use for cooking?		
		1) Electricity 2) Gas 3) Wood 4) Other, e.g. microwave oven	H_8_1 H_8_2 H_8_3 H_8_4
9	State how many days in a year you use an outdoor grill when cooking		
	Electric grill	Number of days for each alternative [_____]	H_9_1
	Disposable grill		H_9_3
	Gas grill/		H_9_2
	Charcoal grill		H_9_4
10	Have parts of or your entire housing (living room or bedroom) been redecorated during the last year?		
		1) No 2) Yes, state how many months ago [__]	H_10_1 H_10_2
11	Do you have vinyl (PVC) flooring in your housing?		
		1) No 2) Yes, state how many m2 [H_11_2] 3) I don't know	H_11_1
12	Do you have any rooms with vinyl (PVC) wallpaper in your housing?		
		1) No 2) Yes 3) I don't know	H_12_1
		If yes, state how many rooms [__]	H_12_2
13	If you leave your windows open, to what degree are you troubled with air pollution (exhaust, traffic dust, industry etc.)		
		1) Never troubled 2) Rarely troubled 3) Occasionally troubled 4) Often troubled 5) Almost always troubled	H_13

Q		Response options	Variable name
14	Do you have any pets living mainly indoors?		
		1) No 2) Yes	H_14
15	If yes, state how many of the following pets:		
	Cats	Report the number of animals for each alternative [___]	H_15_1
	Dogs		H_15_2
	Birds		H_15_3
	Other		H_15_4_1
	Specify:	Text	H_15_4_2_D(txt)
16	Which of the following cleaning products do you use regularly in your home?		
	1. Chlorine	1) Less than once per week 2) About once per week 3) More than once per week	H_16_1
	2. Sal ammoniac		H_16_2
	3. Stain removers (solvent based)		H_16_3
	4. Furniture cleaner		H_16_4
	5. Window cleaner		H_16_5
	6. Cleaning spray for flooring		H_16_6
	7. Oven cleaner		H_16_7
	8. Air cleaner (plug-in, atomizer, spray)		H_16_8
	9. Universal cleaning spray		H_16_9
	10. Other liquid detergent (grønnsåpe, Ajax etc.)		H_16_10
	11. Mothballs		H_16_11
	12. Spray to remove fat stains		H_16_12
	13. Other detergents		H_16_13_1
	Specify:	Text	H_16_13_2_D(txt)
17	Do you have a vacuum cleaner?		
		1) No 2) Yes	H_17
18	Does your vacuum cleaner have a HEPA filter or similar filter with a small pore size?		
		1) No 2) Yes 3) I don't know	H_18
19	Do you have a central vacuum cleaner?		
		1) No 2) Yes	H_19
20	How often is your home vacuumed?		
		1) More than once a week 2) Once a week 3) Less than once a week	H_20

Questions about food and beverages (B)

Q		Response options	Variable name
21	What is your main water source for cooking?		
		1) Public water supply 2) Commercial products (bottled water, plastic bottle) 3) Private well/water supply 4) I don't know	H_21
22	What is the main source of your drinking water, ie the water you drink directly or use for coffee, tea, juice, etc.?		
		1) Public water supply 2) Commercial manufacturers (bottled water, plastic bottle) 3) Own well/private water supply 4) I don't know	H_22
23	How often do you drink the following?		
	1. Biola / Cultura / Activia and other probiotic products	1) Less than once per week 2) 1-3 times a week 3) 4-6 times a week 4) 1-2 times a day 5) 3-4 times a day 6) 5 + times a day	H_23_1
	2. Water		H_23_2
	3. Juice/smoothie|		H_23_3
	4. Sugar-sweetened Cola drink (eg Coca-Cola, Pepsi, energy drinks) ...		H_23_4
	5. Other sugar-sweetened beverages (e.g. Fanta, juice, nectar)		H_23_5
	6. Artificially sweetened Cola drink (e.g. Coca Cola Zero, Pepsi Max)		H_23_6
	7. Coffee (all types)		H_23_7
	8. Tea (all types)		H_23_8
	9. Milk (whole, reduced-fat, low-fat, skim)		H_23_9

Q		Response options	Variable name
24	How often do you drink alcohol? Base your answer on the last year. Units of alcohol: To compare different types of alcohol, we ask for what we call alcohol units (= 1.5 cl pure alcohol). In practice, this means the following: 1 glass (1/3) liter of beer = 1 unit 1 glass of wine, red or white = 1 unit 1 liqueur glass, sherry or other liqueur = 1 unit 1 shot of liquor = 1 unit		
	Beer, cider, alcoholic soda	1) Never 2) Less than once a month	H_24_1
	Wine, fruit wine, sparkling wine, liqueur	3) Sometimes a month 4) About once a week 5) 2-4 times a week	H_24_2
	Liquor	6) 5-6 times a week 7) More than one glass every day	H_24_3
25	How many units of alcohol do you usually drink when you drink alcohol?		
		1) 1-2 2) 3-4 3) 5-6 4) 7-9 5) 10 or more	H_25
26	How often have you eaten the following foods in the last 4 weeks?		
	1. Carrot, turnip, celery root	1) Rarely/never 2) 2-3 times last month	H_26_1
	2. Potatoes	3) 1-3 times a week 4) 4-7 times a week	H_26_2
	3. Cabbage, cauliflower, broccoli, Brussels sprouts	5) Once a day 6) 2 + times a day	H_26_3
	4. Onions, leeks, garlic		H_26_4
	5. Other vegetables (e.g. peas, spinach, lettuce, tomato)		H_26_5
	6. Apples, pears, plums		H_26_6
	7. Other fruit (e.g. banana, orange, grapes)		H_26_7
	8. Berries (e.g. strawberries, raspberries, blueberries)		H_26_8
	9. Eggs (boiled, fried, scrambled)		H_26_9
	10. Seagull eggs		H_2610

	11. Fish and fish products, both for dinner and as a spread		H_2611
	12. Shellfish (e.g. shrimp, crab, mussels)		H_2612
	13. Chicken / turkey		H_2613
	14. Beef, pork or lamb (roast, cutlets, fillet, steak)		H_2614
	15. Processed meat products (sausages/hotdogs, hamburgers, meatballs, etc.)		H_2615
	16. Game (elk, deer, roe deer, wild bird, hare, etc.)		H_2616
	17. Offal (liver, kidneys, offal pudding, etc.)		H_2617
	18. Lentils, beans, chickpeas		H_2618
	19. Olive oil / rapeseed oil (for salad and cooking)		H_2619
	20. Coarse whole grain products (wholemeal bread, crispbread, unsweetened muesli, etc.)		H_2620
	21. Breakfast cereals (sweetened), oatmeal-porridge		H_2621
	22. Yogurt / skyr etc.		H_2622
	23. Cheese (all types)		H_2623
	24. Rice/pasta		H_2624
	25. Cakes, chocolate, ice cream, goodies		H_2625
	26. Salty snacks (e.g. potato crisps, peanuts)		H_2626
	27. Nuts (walnuts, hazelnuts, almonds, etc.)		H_2627

Q		Response options			Variable name
27	How often have you used supplements in the last year?				
		Enter the name of the product	Number of times per week	Number of months last year	Taking the supplement now (no/yes)
	Multivitamin- / mineral supplements	H_27_1_1_D(txt)	H_27_1	H_27_2	H_27_3
	Dietary supplements with minerals (e.g. iron)	H_27_2_1_D(txt)	H_27_2_2	H_27_2_3	H_27_2_4
	Codliver oil or other omega-3 supplement	H_27_3_1_D(txt)	H_27_3_2	H_27_3_3	H_27_3_4
	Protein supplements	H_27_4_1_D(txt)	H_27_4_2	H_27_4_3	H_27_4_4
	Other	H_27_5_1_D(txt)	H_27_5_2	H_27_5_3	H_27_5_4
28	Other details about the food				
	How often have you eaten the following in the last 4 weeks:				
	1. Ready meals (frozen pizza, Fjordland dinners, etc.)	1) Rarely/never 2) Sometimes monthly 3) About once a week 4) 2-4 times a week 5) 5-6 times a week 6) Every day			H_28_1
	2. Canteen dishes				H_28_2
	3. Fast food (e.g. McDonalds, kiosk, gas station)				H_28_3
	4. Chewing gum				H_28_4
	5. Fruits / vegetables from own / family / friends' garden or farm				H_28_5
	6. Organic milk or cheese				H_28_6
	7. Organic bread or cereal				H_28_7
	8. Organic eggs				H_28_8
	9. Organically grown fruits and vegetables				H_28_9
29	How many times per week do you cook in a frying pan with non-slip coating (eg Teflon coating)?				
	Times per week	Number 0-99			H_29

Questions about smoking habits (C)

Q		Response options	Variable name
30	Does anyone smoke indoors in your home?		
		1) No 2) Yes	H_30
31	How many people usually smokes indoors in your home?		
		[number 0-9]	H_31
32	How many cigarettes / cigars / pipes per day is usually smoked indoors at home?		
		[number 0-99]	H_32
33	Do you currently smoke?		
		1) No, I have never smoked 2) No, I quit smoking several years ago 3) No, I've quit smoking [___] months ago 4) Yes, daily. 5) Yes, sometimes.	H_33_1
		If No, I've quit smoking [number 0-99] months ago	H_33_2
		If Yes, daily. Number per day [number 0-99]	H_33_3
		If Yes, sometimes. Number per week [Number 0-99]	H_33_4
34	Are you currently using snus		
		1) No, I have never used snus 2) No, I stopped using snus several years ago 3) No, I quit [___] months ago 4) Yes, daily. 5) Yes, sometimes.	H_34_1
		If No, I quit [number 0-99] months ago	H_34_2
		If Yes, daily. Number of times per day [number 0-99]	H_33_3
		If Yes, sometimes. Number per week [Number 0-99]	H_33_4

Questions about miscellaneous exposures (D)

Q		Response options	Variable name
35	How often do you use the following products?		
	1. Make-up on skin	1) Rare/never	H_35_1
	2. Eye makeup	2) Once a week	H_35_2
	3. Hair shampoo	3) Sometimes weekly	H_35_3
	4. Conditioner (Balsam)	4) Every day	H_35_4
	5. Hair styling products		H_35_5
	6. Body lotion (e.g. hand cream, lip balm)		H_35_6
	7. Fragrances (e.g. perfume, eau de toilette)		H_35_7
	8. Deodorant		H_35_8
	9. Massage oil		H_35_9
	10. Nail polish		H_3510
36	Do you have teeth with amalgam filling?		
		1) No	
		2) Yes	H_36_1
		3) Don't know	
		If Yes, [number] of amalgam fillings	H_36_2
37	How much time on average do you use by car per day? Include both free time and at work.		
		Number 0-99 hours	H_37
38	What is the car's fuel?		
		1) Petrol	H_38_1
		2) Diesel	H_38_2
		3) Electric	H_38_3
		4) Hybrid	H_38_4
39	How old is the car you usually use?		
		[Number 0-99] Years and/or [Number 0-12] months	H_39_1 H_39_2
40	How old is the car your child is spending most time in?		
		[number 0-99] years and/or [0-12) months	H_40_1 H_40_2
41	Is there someone in your home who works with soldering / soldering metal?		
		1) No	H_41
		2) Yes	
42	Has anyone used the following material in your home in the last 4 weeks?		
		Answer No or yes to each alternative	
		1) Metals (e.g., cast lead bullets) [No/Yes]	H_42_1
		2) Paint / coating [No/Yes]	H_42_2
		3) Lubricants No/Yes	H_42_3
43	How often have you used rubber-like plastic gloves (not latex) the last week?		
		1) Daily	
		2) Less than daily	H_43
		3) Never	

Q		Response options	Variable name
44	How often do you buy eco-labeled products?		
	1. Detergents for laundry	1) Never	H_44_1
	2. Detergents for dishes	2) Sometimes	H_44_2
	3. Cleaning agents	3) Often	H_44_3
	4. Toilet paper / paper towels	4) Always	H_44_4
	5. Candles		H_44_5
	6. Cosmetics		H_44_6
	7. Clothes		H_44_7
	8. Bed linen including duvet/pillow/mattress		H_44_8
	9. Paint		H_44_9
45	Do you usually get new or used consumer goods?		
Consumer goods:			
	Car	1) Almost always new	H_45_1
	Sofa / furniture	2) Most often new	H_45_2
	Children's clothing	3) Often used	H_45_3
	Own clothes	4) Always used	H_45_4
	TV / PC / stereo system etc		H_45_5
	Household appliances (white goods)		H_45_6

Questions about education and occupation (E)

Q		Response options	Variable name
46	What type of education do you have? (Only one tick for the highest education you have completed.)		
		9-year primary school	H_46_1
		1-2-year high school	
		Higher vocational	
		3-year upper secondary general, high school	
		College or university up to 4 years (e.g. cand.mag., bachelor, nurse, teacher, engineer)	
		College or university, more than 4 years (e.g. major, master, official examination)	
		Other education	H_46_2
47	What is your work situation now? (If necessary, tic off more than one.)		
	School pupil / student		H_47_1
	Resident/stay at home mom/dad		H_47_2
	Jobseeker / temporarily laid off		H_47_3
	Rehabilitation / disability		H_47_4
	Employed in the public sector		H_47_5
	Employed in a private company		H_47_6
	Self employed		H_47_7
	Family member without a fixed salary in a family business (eg farm, business)		H_47_8
	Other		H_47_9
48	When did you start your current job?		
	Write the year	Year [__ __ __ __]	H_48
49	How is the physical environment most of the time in your current job?		
		Open office landscape	H_49
		Own office	
		Classrooms, schools, kindergartens, libraries, etc.	
		Shop, canteen, restaurant	
		Hospital, operating room, laboratory	
		Indoor construction work	
		Outdoor construction work	
		The transport sector (car, truck, train, etc.)	
		Forests, parks, fields, barns, etc.	
		Other	
50	Do you come into direct contact with any of the following substances in this job or in your free time? (You can tick more than one box.)		
	Metal dust		H_50_1
	Oil		H_50_2

	Paint, coating		H_50_3
	Solvents		H_50_4
	Plastic softeners		H_50_5
	Mercury		H_50_6
	Cadmium		H_50_7
	Other metals		H_50_8_1
	If Other metals, state which		H_50_8_2 _D(txt)

Other questions (F)

51	Which language do you speak most at home?		
	Norwegian		H_51_1
	Other language, which:	text	H_51_2_D(txt)
52	How many people are in your household?		
	Number of persons 18 years or older	Number [___]	H_52_1
	Number of persons under 18 years	Number [___)	H_52_2
53	How tall are you and how much do you weigh? Also state your waist measurement.		
	Your height	Number [_____] cm	H_53_1
	Your weight	Number [_____] kg	H_53_2
	Your waist measurement (Use measuring tape, measure midway between lower rib and hip crest)	Number [_____] cm	H_53_3

Questions about your child (G)

	If mother and father do not live together, the questions are answered by both parents. The children in this study are from the age of 8 to 15 years. Therefore, some questions will be appropriate for children in one age group, but not for another. In such cases, you can skip questions you do not think are relevant to your child.		
54	What number in the sibling group is the child participating in this survey?		
		First	
		Second	
		Third	
		Fourth	H_54
		Fifth	
		Sixth	
		Higher	
55	How old is the child?		
	Child age	[_____] years	H_55

Q		Response options	Variable name
56	How tall is your child and how much does he/she weigh? Also state the waist measurement of the child.		
	The child's height (Measured against a wall and without shoes on)	height [_____] cm	H_56_1
	The child's weight	weight [_____] kg	H_56_2
	The child's waist circumference (Use measuring tape, measure midway between lower rib and hip crest)	Waist circumference [_____] cm	H_56_3
57	Does your child have his own bedroom?		
	No, share with parents / guardians		H_57
	No, share with siblings		
	Yes		
58	What view is it from the child's bedroom? (Answer with one or more ticks)		
	View out to street or road.		H_58_1
	View to garden / courtyard / terrace		H_58_2
	View to tram / train / track		H_58_3
	Other		H_58_4
	If Other, specify		H_58_4_2_D(txt)
59	Do pets sleep in the child's room?		
		No	H_59
		Yes	
		Sometimes	
60	How often has your child played with toys that contains soft plastic in the last week, eg dolls or toys made of soft plastic? Also think about toys that your child plays with outdoors.		
		Daily	H_60
		Less than daily	
		Never	
		Do not know	
61	How much time per day does your child spend outdoors?		
	Summertime	Number of hours	H_61_1_1
		Number of minutes	H_61_1_2
	Wintertime	Number of hours	H_61_2_1
		Number of minutes	H_61_2_2
62	Does your child smoke?		
		No	H_62
		Yes, daily	
		Yes, sometimes	
		Do not know	
63	Does your child use snus?		
		No	H_63
		Yes, daily	
		Yes, sometimes	

		Do not know	
64	How often does your child use the following products?		
	1. Make-up on skin	1) Rarely/never	H_64_1
	2. Eye makeup	2) Once a week	H_64_2
	3. Hair shampoo	3) Sometimes a week	H_64_3
	4. Conditioner (Balsam)	4) Every day	H_64_4
	5. Hair styling products		H_64_5
	6. Body lotion (e.g. hand cream, lip balm)		H_64_6
	7. Fragrances (e.g. perfume, eau de toilette)		H_64_7
	8. Deodorant		H_64_8
	9. Massage oil		H_64_9
	10. Nail polish		H_6410
65	How often does your child drink the following?		
	1. Biola / Cultura / Activia and other probiotic products	1) Less than weekly	H_65_1
	2. Water	2) 1-3 times a week	H_65_2
	3. Juice/smoothie	3) 4-6 times a week	H_65_3
	4. Sweetened Cola drink (eg Coca-Cola, Pepsi, energy drinks) ...	4) 1-2 times a day 5) 3-4 times a day 6) 5+ a day	H_65_4
	5. Other sweetened beverages (e.g. Fanta, juice, nectar)		H_65_5
	6. Artificially sweetened Cola drink (e.g. Cola Zero, Pepsi Max) .		H_65_6
	7. Coffee (all types)		H_65_7
	8. Tea (all types)		H_65_8
	9. Milk (whole, light, extra light, frothy)		H_65_9
66	How often has your child eaten the following foods in the last 4 weeks?		
	1. Carrot, turnip, celery root	1) Rarely/never	H_66_1
	2. Potatoes	2) 2-3 times monthly	H_66_2
	2. Cabbage, cauliflower, broccoli, Brussels sprouts	3) 1-3 times a week	H_66_3
	4. Onions, leeks, garlic	4) 4-7 times a week	H_66_4
	5. Other vegetables (eg peas, spinach, lettuce, tomatoes)	5) Once a day 6) 2 + times a day	H_61_5
	6. Apples, pears, plums		H_66_6
	7. Other fruits (eg banana, orange, grapes)		H_66_7
	8. Berries (eg strawberries, raspberries, blueberries)		H_66_8
	9. Eggs (boiled, fried, stir-fry)		H_66_9
	10. Seagull eggs		H_6610

Q		Response options	Variable name
	11. Fish and fish products, both for dinner and as a side dish	1) Rarely/never 2) 2-3 times monthly 3) 1-3 times a week 4) 4-7 times a week 5) Once a day 6) 2 + times a day	H_6611
	12. Shellfish (eg shrimp, crab, mussels)		H_6612
	13. Chicken / turkey		H_6613
	14. Pure meat of beef, pork and lamb (roast, chops, fillet, beef)		H_6614
	15. Processed meat products (sausages, hamburgers, meatballs, etc.).		H_6615
	16. Game (elk, deer, roe deer, wild bird, hare, etc.)		H_6616
	17. Offal (liver, kidneys, offal pudding, etc.)		H_6617
	18. Lentils, beans, chickpeas		H_6618
	19. Olive oil / rapeseed oil (for salad and cooking)		H_6619
	20. Coarse grain products (wholemeal bread, crispbread		H_6620
	21. Breakfast cereals (sweetened), oatmeal-porridge		H_6621
	22. Yogurt / skyr etc.		H_6622
	23. Cheese (all types)		H_6623
	24. Rice / pasta		H_6624
	25. Cakes, chocolate, ice cream, goodies		H_6625
	26. Salty snacks (e.g. potato chips, peanuts)		H_6626
	27. Nuts (walnuts, hazelnuts, almonds, etc.)		H_6627
67	How often has your child eaten the following in the last 4 weeks?		
	1. Ready meals (frozen pizza, Fjordland dinners, etc.)	1) Rarely/never 2) Sometimes a month 3) About once a week 4) 2-4 times weekly 5) 5-6 times weekly 6) Every day	H_67_1
	2. Dishes in the canteen		H_67_2
	3. Fast food (e.g., McDonalds, kiosk, gas station)		H_67_3
	4. Chewing gum		H_67_4
	5. Fruits / vegetables from your own / family / friends' garden or farm		H_67_5
	6. Organic milk or cheese		H_67_6
	7. Organic bread or cereal		H_67_7
	8. Organic eggs		H_67_8
	9. Organically grown fruits and vegetables		H_67_9

Q		Response options	Variable name
68	Does your child have teeth with amalgam filling?		
		No	H_68_1
		Yes,	
		Do not know	
		If Yes, the child has [_____] amalgam fillings	H_68_2
69	How much time does your child spend in the car on average per day?		
		Number of hours [___]	H_69_1
		Number of minutes [___]	H_69_2

References

Caspersen IH, Thomsen C, Haug LS, Knutsen HK, Brantsaeter AL, Papadopoulou E, Erlund I, Lundh T, Alexander J, Meltzer HM: **Patterns and dietary determinants of essential and toxic elements in blood measured in mid-pregnancy: The Norwegian Environmental Biobank**. Sci Total Environ 2019, 671:299-308.

Paulsen MM, Thomsen C, Brantsæter AL, Granum B, Haug LS. **Miljøgifter i norske barn. Resultater fra Miljøbiobanken** [Environmental pollutants in Norwegian children. Results from the Norwegian Environmental Biobank] Rapport 2023. Oslo: Folkehelseinstituttet, 2023.