


Data Dictionary Codebook


SWIFS (PID: 1275)

2025-09-09 09:06

| Instruments | | Languages | |
|------------------|------------------|-----------|--|
| Instrument | Form Name | ID | Display Name |
| Informed Consent | informed_consent | de | <input checked="" type="checkbox"/> Deutsch (default) |
| Swifs Survey | swifs_survey | en-gb | <input checked="" type="checkbox"/> English |
| | | fr | <input type="checkbox"/> Francais |
| | | it | <input type="checkbox"/> Italiano |

| # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|---|-----------------------|---|--|
| Instrument: Informed Consent (informed_consent)  Enabled as survey | | | |
| Active languages - Data Entry: de, en-gb, fr, it Survey: de, en-gb, fr, it | | | |
| 1 | [record_id] | Record ID | text |
| | [en-gb] | ??? | |
| 2 | [ifc_1] | <p>Section Header: <i>Bitte wählen Sie oben rechts Ihre bevorzugte Sprache aus</i><i>Veuillez sélectionner votre langue préférée en haut à droite</i><i>La preghiamo di selezionare la lingua preferita nell'angolo in alto a destra</i> <i>Please select your preferred language in the top right corner</i></p> <p>Guten Tag Besten Dank, dass Sie den Fragebogen der Swiss Infant Feeding Study - SWIFS 2024 ausfüllen. SWIFS ist eine nationale Studie, die sich mit der Säuglingsernährung im ersten Lebensjahr und der Gesundheit von Mutter und Kind befasst. Sie wird vom Departement Gesundheit der Zürcher Hochschule für Angewandte Wissenschaften (ZHAW) im Auftrag des Bundesamtes für Lebensmittelsicherheit und Veterinärwesen (BLV) durchgeführt. Die Auswertung Ihrer Angaben erfolgt komplett anonym. Das SWIFS Studienteam, welches die Studiendaten auswertet, hat keinerlei Informationen zu Namen oder Adressen. Bitte bestätigen Sie, dass Sie mit dem Einladungsschreiben über die Ziele dieser Studie informiert wurden und dass Sie mit der vertraulichen Erfassung, Speicherung und Auswertung Ihrer Fragebogenantworten einverstanden sind.</p> | descriptive |

| | | | | | | | |
|---|--|--|---|---|--|---|--|
| | <i>[en-gb]</i> | Section Header: ??? Hello Thank you for completing the survey for the Swiss Infant Feeding Study - SWIFS 2024. SWIFS is a national study that looks at infant nutrition in the first year of life as well as maternal and child health. It is carried out by the ZHAW School of Health Sciences on behalf of the Federal Food Safety and Veterinary Office (FSVO). Your information will be evaluated completely anonymously. The SWIFS study team, which evaluates the study data, does not have any information about names or addresses. Please confirm that, with the invitation letter, you have been informed of the objectives of this study and that you agree to the confidential collection, storage and evaluation of your survey responses. | | | | | |
| 3 | <i>[checkbox_confirmation]</i> | | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja, ich wurde über die Ziele der Studie informiert und bin mit der vertraulichen Erfassung, Speicherung und Auswertung meiner Daten einverstanden.</td> </tr> <tr> <td>2</td> <td>Nein, ich bin nicht einverstanden</td> </tr> </table> Custom alignment: LV | 1 | Ja, ich wurde über die Ziele der Studie informiert und bin mit der vertraulichen Erfassung, Speicherung und Auswertung meiner Daten einverstanden. | 2 | Nein, ich bin nicht einverstanden |
| 1 | Ja, ich wurde über die Ziele der Studie informiert und bin mit der vertraulichen Erfassung, Speicherung und Auswertung meiner Daten einverstanden. | | | | | | |
| 2 | Nein, ich bin nicht einverstanden | | | | | | |
| | <i>[en-gb]</i> | ??? | <table border="1"> <tr> <td>1</td> <td>Yes, I have been informed about the objectives of the study and agree to the confidential collection, storage and evaluation of my data.</td> </tr> <tr> <td>2</td> <td>No, I don't agree</td> </tr> </table> | 1 | Yes, I have been informed about the objectives of the study and agree to the confidential collection, storage and evaluation of my data. | 2 | No, I don't agree |
| 1 | Yes, I have been informed about the objectives of the study and agree to the confidential collection, storage and evaluation of my data. | | | | | | |
| 2 | No, I don't agree | | | | | | |
| 4 | <i>[consent_2]</i> Show the field ONLY if: <i>[checkbox_confirmation]=2</i> | Sie haben Ihr Einverständnis zur Teilnahme an der Studie noch nicht gegeben. Wenn Sie sich ausreichend informiert fühlen und mit der vertraulichen Erfassung, Speicherung und Auswertung Ihrer Daten einverstanden sind, klicken Sie bitte auf das Feld. Wenn Sie noch Fragen haben, können Sie uns unter der E-Mail Adresse swifs.gesundheit@zhaw.ch erreichen. Wenn Sie lieber nicht teilnehmen möchten, danken wir Ihnen für Ihre Aufmerksamkeit und wünschen Ihnen für die Zukunft alles Gute. | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja, ich wurde über die Ziele der Studie informiert und bin mit der vertraulichen Erfassung, Speicherung und Auswertung meiner Daten einverstanden.</td> </tr> <tr> <td>2</td> <td>Nein, ich bin nicht einverstanden und werde an der Studie nicht teilnehmen</td> </tr> </table> Stop actions on 2 | 1 | Ja, ich wurde über die Ziele der Studie informiert und bin mit der vertraulichen Erfassung, Speicherung und Auswertung meiner Daten einverstanden. | 2 | Nein, ich bin nicht einverstanden und werde an der Studie nicht teilnehmen |
| 1 | Ja, ich wurde über die Ziele der Studie informiert und bin mit der vertraulichen Erfassung, Speicherung und Auswertung meiner Daten einverstanden. | | | | | | |
| 2 | Nein, ich bin nicht einverstanden und werde an der Studie nicht teilnehmen | | | | | | |
| | <i>[en-gb]</i> | You have not yet given your consent to participation in the study. If you feel that you have received sufficient information and | <table border="1"> <tr> <td>1</td> <td>Yes, I have been informed about the objectives of the study and agree to the confidential</td> </tr> </table> | 1 | Yes, I have been informed about the objectives of the study and agree to the confidential | | |
| 1 | Yes, I have been informed about the objectives of the study and agree to the confidential | | | | | | |

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|----------|
| | | <p>agree to the confidential collection, storage and evaluation of your data, please click on the field.</p> <p>If you have any questions, you can reach us at this e-mail address: swifs.gesundheit@zhaw.ch.</p> <p>If you prefer not to participate, we thank you for your attention and wish you all the best for the future.</p> | <table border="1"> <tr> <td></td> <td>collection, storage and evaluation of my data.</td> </tr> <tr> <td>2</td> <td>No, I do not agree and will not participate in the study</td> </tr> </table> | | collection, storage and evaluation of my data. | 2 | No, I do not agree and will not participate in the study | | |
| | collection, storage and evaluation of my data. | | | | | | | | |
| 2 | No, I do not agree and will not participate in the study | | | | | | | | |
| 5 | [informed_consent_complete] | <p>Section Header: <i>Form Status</i></p> <p>Complete?</p> | <p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | |
| 1 | Unverified | | | | | | | | |
| 2 | Complete | | | | | | | | |
| | [en-gb] | <p>Section Header: ???</p> <p>???</p> | <table border="1"> <tr> <td>0</td> <td>???</td> </tr> <tr> <td>1</td> <td>???</td> </tr> <tr> <td>2</td> <td>???</td> </tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? |
| 0 | ??? | | | | | | | | |
| 1 | ??? | | | | | | | | |
| 2 | ??? | | | | | | | | |
| <p>Instrument: Swifs Survey (swifs_survey)  Enabled as survey</p> | | | | | | | | | |
| <p>Active languages - Data Entry: de, en-gb, fr, it Survey: de, en-gb, fr, it</p> | | | | | | | | | |
| 6 | [intro] | <p>Section Header: <i>Bitte wählen Sie oben rechts Ihre bevorzugte Sprache aus Veuillez sélectionner votre langue préférée en haut à droite La preghiamo di selezionare la lingua preferita nell'angolo in alto a destra Please select your preferred language in the top right corner</i></p> <p>Für die Aussagekraft der Studie ist es wichtig, dass Sie den Fragebogen vollständig ausfüllen und versuchen, alle Fragen zu beantworten. Für den Fall, dass Sie bei einer Antwort nicht sicher sind, gibt es die Möglichkeit "Ich weiss es nicht" anzukreuzen. Bei gewissen Fragen sind mehrere Antworten möglich, diese sind mit dem Satz "Sie können mehrere Möglichkeiten ankreuzen" gekennzeichnet. Sollten keine der Antworten auf Ihre Situation/Ihr Kind zutreffen, können Sie "Anderes" ankreuzen und im dafür angegebenen Feld Ihre Antwort schreiben. Sie können die Umfrage jederzeit unterbrechen, indem Sie auf Speichern&Später Fortsetzen klicken. Zum Fortsetzen der Befragung rufen Sie bitte erneut den QR-Code oder Link im Einladungsbrief auf, den Sie per Post erhalten haben.</p> | <p>descriptive, Required</p> | | | | | | |
| | [en-gb] | <p>Section Header: ???</p> <p>For the study to be meaningful, it is</p> | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|-----------|---|-----------|---|-----------|---|-----------|---|-----------|---|-----------|---|-----------|---|-----------|
| | | important that you complete the survey in full and try to answer all the questions. If you are not sure about an answer, there is the option "I don't know". For some questions, more than one answer is possible; these are indicated by the instruction "You can select more than one option". If none of the answers apply to your situation/your child, you can check "Other" and write your answer in the field provided. You can pause the survey at any time by clicking on "Save&return later". To then continue the survey, please scan QR code, which is located in the invitation letter or follow the link in the invitation that you received by post. | | | | | | | | | | | | | | | | | |
| 7 | [multi] | Section Header: <i>Mehrlinge</i> Haben Sie Mehrlinge geboren? | yesno, Required <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> </table> Custom alignment: LH | 1 | Ja | 0 | Nein | | | | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Section Header: <i>Multiples</i> Have you had a multiple birth? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | |
| 8 | [multi_info] Show the field ONLY if: [multi]=1 | Sie haben Zwillinge bzw. Mehrlinge geboren. Füllen Sie bitte den folgenden Fragebogen für das erstgeborene Zwillings- bzw. Mehrlingskind aus. Für das zweitgeborene und drittgeborene Zwillings- bzw. Mehrlingskind stellen wir Ihnen am Ende des Fragebogens ein paar wenige Fragen. | descriptive | | | | | | | | | | | | | | | | |
| | [en-gb] | You gave birth to twins or multiple babies. Please complete the following questionnaire for the first-born twin or multiple child. We will ask you a few questions in respect of the second-born twin or other multiple children at the end of the questionnaire. | | | | | | | | | | | | | | | | | |
| 9 | [gebdat] | Section Header: <i>Fragen zu Ihrem jüngsten Kind</i> Geburtsdatum Ihres Kindes (Monat-Jahr) | dropdown, Required <table border="1"> <tr> <td>1</td> <td>09 - 2023</td> </tr> <tr> <td>2</td> <td>10 - 2023</td> </tr> <tr> <td>3</td> <td>11 - 2023</td> </tr> <tr> <td>4</td> <td>12 - 2023</td> </tr> <tr> <td>5</td> <td>01 - 2024</td> </tr> <tr> <td>6</td> <td>02 - 2024</td> </tr> <tr> <td>7</td> <td>03 - 2024</td> </tr> <tr> <td>8</td> <td>04 - 2024</td> </tr> </table> | 1 | 09 - 2023 | 2 | 10 - 2023 | 3 | 11 - 2023 | 4 | 12 - 2023 | 5 | 01 - 2024 | 6 | 02 - 2024 | 7 | 03 - 2024 | 8 | 04 - 2024 |
| 1 | 09 - 2023 | | | | | | | | | | | | | | | | | | |
| 2 | 10 - 2023 | | | | | | | | | | | | | | | | | | |
| 3 | 11 - 2023 | | | | | | | | | | | | | | | | | | |
| 4 | 12 - 2023 | | | | | | | | | | | | | | | | | | |
| 5 | 01 - 2024 | | | | | | | | | | | | | | | | | | |
| 6 | 02 - 2024 | | | | | | | | | | | | | | | | | | |
| 7 | 03 - 2024 | | | | | | | | | | | | | | | | | | |
| 8 | 04 - 2024 | | | | | | | | | | | | | | | | | | |

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|----|---|--|--|---|---|----|--------------------------|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|----|-----|
| | | | <table border="1"> <tr> <td>9</td> <td>05 - 2024</td> </tr> <tr> <td>10</td> <td>06 - 2024</td> </tr> </table> <p>Custom alignment: LH</p> | 9 | 05 - 2024 | 10 | 06 - 2024 | | | | | | | | | | | | | | | | |
| 9 | 05 - 2024 | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 06 - 2024 | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Section Header: <i>Questions about your youngest child</i> Date of birth of your child (month-year) | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 10 | <i>[sex]</i> | Mit welchem Geschlecht wurde Ihr Kind beim Zivilstandesamt erfasst? | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Mädchen</td></tr> <tr><td>2</td><td>Junge</td></tr> </table> <p>Custom alignment: LH</p> | 1 | Mädchen | 2 | Junge | | | | | | | | | | | | | | | | |
| 1 | Mädchen | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Junge | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | What gender was registered for your child at the civil registry office? | <table border="1"> <tr><td>1</td><td>Girl</td></tr> <tr><td>2</td><td>Boy</td></tr> </table> | 1 | Girl | 2 | Boy | | | | | | | | | | | | | | | | |
| 1 | Girl | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Boy | | | | | | | | | | | | | | | | | | | | | | |
| 11 | <i>[gebkg]</i> | Geburtsgewicht Ihres Kindes in Gramm | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Geburtsgewicht: {gebkgja} Bitte geben Sie nur die Zahl ein, z.B. 3050</td></tr> <tr><td>9</td><td>Ich weiss es nicht genau</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Geburtsgewicht: {gebkgja} Bitte geben Sie nur die Zahl ein, z.B. 3050 | 9 | Ich weiss es nicht genau | | | | | | | | | | | | | | | | |
| 1 | Geburtsgewicht: {gebkgja} Bitte geben Sie nur die Zahl ein, z.B. 3050 | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht genau | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Birth weight of your child in grams | <table border="1"> <tr><td>1</td><td>Birth weight: {gebkgja} Please enter only the number, e.g. 3050</td></tr> <tr><td>9</td><td>I don't know exactly</td></tr> </table> | 1 | Birth weight: {gebkgja} Please enter only the number, e.g. 3050 | 9 | I don't know exactly | | | | | | | | | | | | | | | | |
| 1 | Birth weight: {gebkgja} Please enter only the number, e.g. 3050 | | | | | | | | | | | | | | | | | | | | | | |
| 9 | I don't know exactly | | | | | | | | | | | | | | | | | | | | | | |
| 12 | <i>[gebkgja]</i> Show the field ONLY if: [gebkg]=1 | Geburtsgewicht Ihres Kindes in Gramm | <p>text (number, Min: 400, Max: 7000), Required</p> <p>Custom alignment: LH</p> | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Birth weight of your child in grams | | | | | | | | | | | | | | | | | | | | | |
| 13 | <i>[gebkgca]</i> Show the field ONLY | Falls Sie nicht genau wissen, wie schwer Ihr Kind war, wie schwer war Ihr Kind ungefähr? | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Unter 2'500 Gramm</td></tr> </table> | 1 | Unter 2'500 Gramm | | | | | | | | | | | | | | | | | | |
| 1 | Unter 2'500 Gramm | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|---|---|-----------------------|---------------|----------------------|-------|------------------|----|-------|--------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | if: [gebkg]=9 | | <table border="1"> <tr><td>2</td><td>2'500 bis 4'000 Gramm</td></tr> <tr><td>3</td><td>Über 4'000 Gramm</td></tr> </table> <p>Custom alignment: LV</p> | 2 | 2'500 bis 4'000 Gramm | 3 | Über 4'000 Gramm | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2'500 bis 4'000 Gramm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Über 4'000 Gramm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | If you don't know exactly what your child's weight was; What was the approximate weight of your child? | <table border="1"> <tr><td>1</td><td>Below 2'500 Gramm</td></tr> <tr><td>2</td><td>2'500 to 4'000 Gramm</td></tr> <tr><td>3</td><td>Over 4'000 Gramm</td></tr> </table> | 1 | Below 2'500 Gramm | 2 | 2'500 to 4'000 Gramm | 3 | Over 4'000 Gramm | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Below 2'500 Gramm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2'500 to 4'000 Gramm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Over 4'000 Gramm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | [wo] | Schwangerschaftsdauer bis zur Geburt <i>Beispiel: Wenn Ihr Kind nach 39 Wochen und 2 Tagen geboren wurde, geben Sie "39" bei Wochen ein und "2" bei Tagen</i> | checkbox, Required <table border="1"> <tr><td>1</td><td>wo__1</td><td>Wochen {wowo}</td></tr> <tr><td>2</td><td>wo__2</td><td>Tage {wota}</td></tr> <tr><td>9</td><td>wo__9</td><td>Ich weiss es nicht genau</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=6</p> | 1 | wo__1 | Wochen {wowo} | 2 | wo__2 | Tage {wota} | 9 | wo__9 | Ich weiss es nicht genau | | | | | | | | | | | | | | | | | | | |
| 1 | wo__1 | Wochen {wowo} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | wo__2 | Tage {wota} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | wo__9 | Ich weiss es nicht genau | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Duration of pregnancy until birth <i>Example: If your child was born after 39 weeks and 2 days, enter '39' for weeks and '2' for days</i> | <table border="1"> <tr><td>1</td><td>wo__1</td><td>Weeks {wowo}</td></tr> <tr><td>2</td><td>wo__2</td><td>Days {wota}</td></tr> <tr><td>9</td><td>wo__9</td><td>I don't know exactly</td></tr> </table> | 1 | wo__1 | Weeks {wowo} | 2 | wo__2 | Days {wota} | 9 | wo__9 | I don't know exactly | | | | | | | | | | | | | | | | | | | |
| 1 | wo__1 | Weeks {wowo} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | wo__2 | Days {wota} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | wo__9 | I don't know exactly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | [wowo] Show the field ONLY if: [wo(1)]=1 | Wochen | dropdown, Required <table border="1"> <tr><td>1</td><td>< 32</td></tr> <tr><td>32</td><td>32</td></tr> <tr><td>33</td><td>33</td></tr> <tr><td>34</td><td>34</td></tr> <tr><td>35</td><td>35</td></tr> <tr><td>36</td><td>36</td></tr> <tr><td>37</td><td>37</td></tr> <tr><td>38</td><td>38</td></tr> <tr><td>39</td><td>39</td></tr> <tr><td>40</td><td>40</td></tr> <tr><td>41</td><td>41</td></tr> <tr><td>42</td><td>42</td></tr> <tr><td>43</td><td>43</td></tr> <tr><td>44</td><td>44</td></tr> </table> <p>Custom alignment: LV</p> | 1 | < 32 | 32 | 32 | 33 | 33 | 34 | 34 | 35 | 35 | 36 | 36 | 37 | 37 | 38 | 38 | 39 | 39 | 40 | 40 | 41 | 41 | 42 | 42 | 43 | 43 | 44 | 44 |
| 1 | < 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Weeks | <table border="1"> <tr><td>1</td><td>< 32</td></tr> <tr><td>32</td><td>32</td></tr> </table> | 1 | < 32 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | < 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|--|---|---|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | <table border="1"> <tr><td>33</td><td>33</td></tr> <tr><td>34</td><td>34</td></tr> <tr><td>35</td><td>35</td></tr> <tr><td>36</td><td>36</td></tr> <tr><td>37</td><td>37</td></tr> <tr><td>38</td><td>38</td></tr> <tr><td>39</td><td>39</td></tr> <tr><td>40</td><td>40</td></tr> <tr><td>41</td><td>41</td></tr> <tr><td>42</td><td>42</td></tr> <tr><td>43</td><td>43</td></tr> <tr><td>44</td><td>44</td></tr> </table> | 33 | 33 | 34 | 34 | 35 | 35 | 36 | 36 | 37 | 37 | 38 | 38 | 39 | 39 | 40 | 40 | 41 | 41 | 42 | 42 | 43 | 43 | 44 | 44 |
| 33 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 41 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 42 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | <p>[wota]</p> <p>Show the field ONLY if: [wo(2)]=1 and [wowo]=32 or [wowo]=33 or [wowo]=34 or [wowo]=35 or [wowo]=36 or [wowo]=37 or [wowo]=38 or [wowo]=39 or [wowo]=40 or [wowo]=41 or [wowo]=42 or [wowo]=43</p> | Tage | <p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table> <p>Custom alignment: LV</p> | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Days | <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table> | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | <p>[woca]</p> <p>Show the field ONLY if: [wo(9)]=1</p> | Falls Sie sich nicht genau an die Schwangerschaftswoche erinnern können; Mein Kind war: | <p>radio</p> <table border="1"> <tr> <td>1</td> <td>Ein Frühgeborenes (früher als 3 Wochen vor dem errechneten Termin)</td> </tr> </table> | 1 | Ein Frühgeborenes (früher als 3 Wochen vor dem errechneten Termin) | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Ein Frühgeborenes (früher als 3 Wochen vor dem errechneten Termin) | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|----|--|---|--|---|--|---|--|---|---|---|----------------------------------|
| | | | <table border="1"> <tr> <td>2</td> <td>Ein reifes Kind (bis 3 Wochen vor oder 2 Wochen nach dem errechneten Termin)</td> </tr> <tr> <td>3</td> <td>Sicher übertragen (mehr als 2 Wochen nach dem errechneten Termin)</td> </tr> </table> <p>Custom alignment: LV</p> | 2 | Ein reifes Kind (bis 3 Wochen vor oder 2 Wochen nach dem errechneten Termin) | 3 | Sicher übertragen (mehr als 2 Wochen nach dem errechneten Termin) | | | | |
| 2 | Ein reifes Kind (bis 3 Wochen vor oder 2 Wochen nach dem errechneten Termin) | | | | | | | | | | |
| 3 | Sicher übertragen (mehr als 2 Wochen nach dem errechneten Termin) | | | | | | | | | | |
| | [en-gb] | In case you can't remember the exact week of pregnancy; My child was: | <table border="1"> <tr> <td>1</td> <td>A premature baby (earlier than 3 weeks before the due date)</td> </tr> <tr> <td>2</td> <td>A mature baby (up to 3 weeks before or 2 weeks after the due date)</td> </tr> <tr> <td>3</td> <td>Safely transferred (more than 2 weeks after the due date)</td> </tr> </table> | 1 | A premature baby (earlier than 3 weeks before the due date) | 2 | A mature baby (up to 3 weeks before or 2 weeks after the due date) | 3 | Safely transferred (more than 2 weeks after the due date) | | |
| 1 | A premature baby (earlier than 3 weeks before the due date) | | | | | | | | | | |
| 2 | A mature baby (up to 3 weeks before or 2 weeks after the due date) | | | | | | | | | | |
| 3 | Safely transferred (more than 2 weeks after the due date) | | | | | | | | | | |
| 18 | [fambio] | Section Header: <i>Fragen zu Ihnen</i> Was ist Ihre Beziehung zum Kind? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Biologische Mutter</td> </tr> <tr> <td>2</td> <td>Nicht-biologische Mutter</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Biologische Mutter | 2 | Nicht-biologische Mutter | | | | |
| 1 | Biologische Mutter | | | | | | | | | | |
| 2 | Nicht-biologische Mutter | | | | | | | | | | |
| | [en-gb] | Section Header: <i>Questions about you</i> What is your relationship to the child? | <table border="1"> <tr> <td>1</td> <td>Biological mother</td> </tr> <tr> <td>2</td> <td>Non-biological mother</td> </tr> </table> | 1 | Biological mother | 2 | Non-biological mother | | | | |
| 1 | Biological mother | | | | | | | | | | |
| 2 | Non-biological mother | | | | | | | | | | |
| 19 | [fam] | Bitte geben Sie an, was Ihre Beziehung zum Kind als nicht-biologische Mutter ist: | <p>radio, Identifier</p> <table border="1"> <tr> <td>1</td> <td>Ehefrau/Partnerin des biologischen Vaters</td> </tr> <tr> <td>2</td> <td>Pflegemutter</td> </tr> <tr> <td>3</td> <td>Adoptivmutter</td> </tr> <tr> <td>4</td> <td>Anderes, bitte angeben: {famand}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Ehefrau/Partnerin des biologischen Vaters | 2 | Pflegemutter | 3 | Adoptivmutter | 4 | Anderes, bitte angeben: {famand} |
| 1 | Ehefrau/Partnerin des biologischen Vaters | | | | | | | | | | |
| 2 | Pflegemutter | | | | | | | | | | |
| 3 | Adoptivmutter | | | | | | | | | | |
| 4 | Anderes, bitte angeben: {famand} | | | | | | | | | | |
| | [en-gb] | Please indicate what your relationship to the child is as a non-biological mother: | <table border="1"> <tr> <td>1</td> <td>Wife/partner of the biological father</td> </tr> <tr> <td>2</td> <td>Foster mother</td> </tr> <tr> <td>3</td> <td>Adoptive mother</td> </tr> <tr> <td>4</td> <td>Other, please specify: {famand}</td> </tr> </table> | 1 | Wife/partner of the biological father | 2 | Foster mother | 3 | Adoptive mother | 4 | Other, please specify: {famand} |
| 1 | Wife/partner of the biological father | | | | | | | | | | |
| 2 | Foster mother | | | | | | | | | | |
| 3 | Adoptive mother | | | | | | | | | | |
| 4 | Other, please specify: {famand} | | | | | | | | | | |
| 20 | [famand] | Anderes, bitte angeben: | text | | | | | | | | |
| | | Show the field ONLY if: [fam]=4 | | | | | | | | | |

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|----|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
| 21 | <p>[en-gb] [fampf1]</p> <p>Show the field ONLY if: [fam]=2 or [fam]=3</p> | <p>Other, please specify:</p> <p>Wie viele Monate alt war Ihr Kind, als Sie es bei sich aufgenommen haben?</p> | <p>dropdown, Required</p> <table border="1" data-bbox="1040 195 1143 1041"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> </table> <p>Custom alignment: LH</p> | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 10 | 10 | 11 | 11 | 12 | 12 | 13 | 13 | 14 | 14 | 15 | 15 |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>[en-gb]</p> | <p>At what age (child's age in months) did you welcome your child into your home?</p> | <table border="1" data-bbox="1040 1136 1143 1982"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> </table> | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 10 | 10 | 11 | 11 | 12 | 12 | 13 | 13 | 14 | 14 | 15 | 15 |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|----|---|---|--|---|--------------------------------|---|---|---|------------------------------|
| 22 | [hhkomp] | Wie würden Sie Ihren Haushalt beschreiben? | radio, Required <table border="1" data-bbox="1040 138 1490 296"> <tr> <td>1</td> <td>Paar mit Kind/ern</td> </tr> <tr> <td>2</td> <td>Ein-Eltern-Haushalt mit Kind/ern</td> </tr> <tr> <td>3</td> <td>Anderer Haushalt {hhkompand}</td> </tr> </table> Custom alignment: LV | 1 | Paar mit Kind/ern | 2 | Ein-Eltern-Haushalt mit Kind/ern | 3 | Anderer Haushalt {hhkompand} |
| 1 | Paar mit Kind/ern | | | | | | | | |
| 2 | Ein-Eltern-Haushalt mit Kind/ern | | | | | | | | |
| 3 | Anderer Haushalt {hhkompand} | | | | | | | | |
| | [en-gb] | How would you describe your household? | <table border="1" data-bbox="1040 390 1490 579"> <tr> <td>1</td> <td>Couple with child/children</td> </tr> <tr> <td>2</td> <td>Single-parent household with child/children</td> </tr> <tr> <td>3</td> <td>Other household {hhkompand}</td> </tr> </table> | 1 | Couple with child/children | 2 | Single-parent household with child/children | 3 | Other household {hhkompand} |
| 1 | Couple with child/children | | | | | | | | |
| 2 | Single-parent household with child/children | | | | | | | | |
| 3 | Other household {hhkompand} | | | | | | | | |
| 23 | [hhkompand] Show the field ONLY if: [hhkomp]=3 | Anderer Haushalt | text, Required Custom alignment: LH Question number: 28 | | | | | | |
| | [en-gb] | Other household | | | | | | | |
| 24 | [hhpaar] Show the field ONLY if: [hhkomp]=1 | Mit wem leben Sie zusammen? | radio, Required <table border="1" data-bbox="1040 869 1451 974"> <tr> <td>1</td> <td>Biologischer Vater des Kindes</td> </tr> <tr> <td>2</td> <td>Partner/ Partnerin</td> </tr> </table> Custom alignment: LV | 1 | Biologischer Vater des Kindes | 2 | Partner/ Partnerin | | |
| 1 | Biologischer Vater des Kindes | | | | | | | | |
| 2 | Partner/ Partnerin | | | | | | | | |
| | [en-gb] | Who do you live with? | <table border="1" data-bbox="1040 1068 1435 1173"> <tr> <td>1</td> <td>Biological father of the child</td> </tr> <tr> <td>2</td> <td>Partner</td> </tr> </table> | 1 | Biological father of the child | 2 | Partner | | |
| 1 | Biological father of the child | | | | | | | | |
| 2 | Partner | | | | | | | | |
| 25 | [allein] Show the field ONLY if: [hhkomp]=2 | Sind Sie alleinerziehend? | radio, Required <table border="1" data-bbox="1040 1226 1495 1373"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>Nein, ich teile das Sorgerecht mit anderen Erziehungsberechtigten</td> </tr> </table> Custom alignment: LV | 1 | Ja | 2 | Nein, ich teile das Sorgerecht mit anderen Erziehungsberechtigten | | |
| 1 | Ja | | | | | | | | |
| 2 | Nein, ich teile das Sorgerecht mit anderen Erziehungsberechtigten | | | | | | | | |
| | [en-gb] | Are you raising the child on your own? | <table border="1" data-bbox="1040 1461 1495 1598"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No, I share custody with other legal guardians</td> </tr> </table> | 1 | Yes | 2 | No, I share custody with other legal guardians | | |
| 1 | Yes | | | | | | | | |
| 2 | No, I share custody with other legal guardians | | | | | | | | |
| 26 | [beratung_schwa_intro] Show the field ONLY if: [fambio]=1 | Section Header: <i>Fragen zur Schwangerschaft mit Ihrem jüngsten Kind</i> Wurden Sie vor oder am Anfang der Schwangerschaft von einer Ärztin, einem Arzt, einer Hebamme oder einer anderen medizinischen Fachperson zu folgenden Themen beraten? | descriptive | | | | | | |
| | [en-gb] | Section Header: <i>Questions about your pregnancy with your youngest child</i> Before or at the beginning of your | | | | | | | |

| | | | | | | | | | |
|----|--|--|---|---|---------------------------|---|-------------------------------|---|-------------------------|
| | | pregnancy, were you advised by a doctor, midwife or other healthcare professional on the following topics? | | | | | | | |
| 27 | [befols] Show the field ONLY if: [fambio]=1 | Einnahme von Folsäure in der Schwangerschaft | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | [en-gb] | Taking folic acid during pregnancy | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 28 | [besup] Show the field ONLY if: [fambio]=1 | Einnahme von Supplementen (Vitamine, Eisen, etc.) in der Schwangerschaft | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | [en-gb] | Taking supplements (vitamins, iron, etc.) during pregnancy | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 29 | [beern] Show the field ONLY if: [fambio]=1 | Ernährung während der Schwangerschaft | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | [en-gb] | Nutrition during pregnancy | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 30 | [bemed] Show the field ONLY if: [fambio]=1 | Einnahme von Medikamenten während der Schwangerschaft | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | [en-gb] | Taking medication during pregnancy | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 31 | [beimpf] Show the field ONLY if: [fambio]=1 | Impfungen in der Schwangerschaft | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |

| | | | | | | | | | |
|----|---|---|---|---|---------------------------|---|-------------------------------|---|-------------------------|
| | <i>[en-gb]</i> | Vaccinations during pregnancy | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 32 | [belitox] Show the field ONLY if: [fambio]=1 | Listeriose und/oder Toxoplasmose während der Schwangerschaft | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | <i>[en-gb]</i> | Listeriosis and/or toxoplasmosis during pregnancy | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 33 | [berauch] Show the field ONLY if: [fambio]=1 | Rauchen in der Schwangerschaft | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | <i>[en-gb]</i> | Smoking during pregnancy | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 34 | [bealk] Show the field ONLY if: [fambio]=1 | Alkohol in der Schwangerschaft | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | <i>[en-gb]</i> | Alcohol during pregnancy | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 35 | [fols] Show the field ONLY if: [fambio]=1 | Haben Sie vor/während der Schwangerschaft Ihres jüngsten Kindes Folsäure eingenommen? | radio, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>2</td><td>Nein</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> Custom alignment: LV | 1 | Ja | 2 | Nein | 9 | Ich weiss es nicht mehr |
| 1 | Ja | | | | | | | | |
| 2 | Nein | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | <i>[en-gb]</i> | Did you take folic acid before/during your pregnancy with your youngest child? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes | 2 | No | 9 | I don't know anymore |
| 1 | Yes | | | | | | | | |
| 2 | No | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |

| | | | | | | | | | |
|----|--|--|--|---|---------------------------------------|---|----------------------------------|---|-----------------------------------|
| 36 | <p>[folsja]</p> <p>Show the field ONLY if: [fols]=1</p> | <p>Wann haben Sie mit der Einnahme von Folsäure begonnen?</p> | <p>radio</p> <table border="1"> <tr> <td data-bbox="1036 138 1073 226">2</td> <td data-bbox="1073 138 1494 226">Mindestens 1 Monat vor der Empfängnis</td> </tr> <tr> <td data-bbox="1036 226 1073 315">3</td> <td data-bbox="1073 226 1494 315">Vor der 8. Schwangerschaftswoche</td> </tr> <tr> <td data-bbox="1036 315 1073 403">4</td> <td data-bbox="1073 315 1494 403">Nach der 8. Schwangerschaftswoche</td> </tr> </table> <p>Custom alignment: LV</p> | 2 | Mindestens 1 Monat vor der Empfängnis | 3 | Vor der 8. Schwangerschaftswoche | 4 | Nach der 8. Schwangerschaftswoche |
| 2 | Mindestens 1 Monat vor der Empfängnis | | | | | | | | |
| 3 | Vor der 8. Schwangerschaftswoche | | | | | | | | |
| 4 | Nach der 8. Schwangerschaftswoche | | | | | | | | |
| | [en-gb] | <p>When did you start taking folic acid?</p> | <table border="1"> <tr> <td data-bbox="1036 495 1073 583">2</td> <td data-bbox="1073 495 1494 583">At least 1 month before conception</td> </tr> <tr> <td data-bbox="1036 583 1073 672">3</td> <td data-bbox="1073 583 1494 672">Before the 8th week of pregnancy</td> </tr> <tr> <td data-bbox="1036 672 1073 724">4</td> <td data-bbox="1073 672 1494 724">After the 8th week of pregnancy</td> </tr> </table> | 2 | At least 1 month before conception | 3 | Before the 8th week of pregnancy | 4 | After the 8th week of pregnancy |
| 2 | At least 1 month before conception | | | | | | | | |
| 3 | Before the 8th week of pregnancy | | | | | | | | |
| 4 | After the 8th week of pregnancy | | | | | | | | |
| 37 | <p>[plan]</p> <p>Show the field ONLY if: [fambio]=1</p> | <p>War die Schwangerschaft geplant?</p> | <p>radio, Required</p> <table border="1"> <tr> <td data-bbox="1036 779 1073 831">1</td> <td data-bbox="1073 779 1219 831">geplant</td> </tr> <tr> <td data-bbox="1036 831 1073 884">2</td> <td data-bbox="1073 831 1219 884">ungeplant</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | geplant | 2 | ungeplant | | |
| 1 | geplant | | | | | | | | |
| 2 | ungeplant | | | | | | | | |
| | [en-gb] | <p>Was the time of your pregnancy planned?</p> | <table border="1"> <tr> <td data-bbox="1036 978 1073 1031">1</td> <td data-bbox="1073 978 1227 1031">planned</td> </tr> <tr> <td data-bbox="1036 1031 1073 1083">2</td> <td data-bbox="1073 1031 1227 1083">unplanned</td> </tr> </table> | 1 | planned | 2 | unplanned | | |
| 1 | planned | | | | | | | | |
| 2 | unplanned | | | | | | | | |
| 38 | <p>[gewvor]</p> <p>Show the field ONLY if: [fambio]=1</p> | <p>Wieviel wogen Sie vor der Schwangerschaft? (in kg)</p> <p><i>Bitte geben Sie nur die Zahl ein, z.B. 57. Wenn Sie es nicht genau wissen, geben Sie Ihr übliches Gewicht an</i></p> | <p>text (number, Min: 25, Max: 200), Required</p> <p>Custom alignment: LV</p> | | | | | | |
| | [en-gb] | <p>How much did you weigh before the pregnancy? (in kg)</p> <p><i>Please enter only the number, e.g. 57. If you do not know exactly, enter your usual weight</i></p> | | | | | | | |
| 39 | <p>[gewzu]</p> <p>Show the field ONLY if: [fambio]=1</p> | <p>Wieviel haben Sie bis zum Ende der Schwangerschaft zugenommen? (in kg)</p> <p><i>Bitte geben Sie nur die Zahl ein, z.B. 12</i></p> | <p>radio, Required</p> <table border="1"> <tr> <td data-bbox="1036 1461 1073 1514">1</td> <td data-bbox="1073 1461 1494 1514">Gewichtszunahme von {gewzuja}</td> </tr> <tr> <td data-bbox="1036 1514 1073 1566">9</td> <td data-bbox="1073 1514 1494 1566">Ich weiss es nicht mehr</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Gewichtszunahme von {gewzuja} | 9 | Ich weiss es nicht mehr | | |
| 1 | Gewichtszunahme von {gewzuja} | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | [en-gb] | <p>How much weight had you gained by the end of the pregnancy? (in kg)</p> <p><i>Please enter only the number, e.g. 12</i></p> | <table border="1"> <tr> <td data-bbox="1036 1661 1073 1713">1</td> <td data-bbox="1073 1661 1390 1713">Weight gain of {gewzuja}</td> </tr> <tr> <td data-bbox="1036 1713 1073 1766">9</td> <td data-bbox="1073 1713 1390 1766">I don't know anymore</td> </tr> </table> | 1 | Weight gain of {gewzuja} | 9 | I don't know anymore | | |
| 1 | Weight gain of {gewzuja} | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 40 | <p>[gewzuja]</p> <p>Show the field ONLY if: [gewzu]=1</p> | | <p>text (number, Min: 2, Max: 50), Required</p> <p>Custom alignment: LV</p> | | | | | | |

| | | | | | | | | | | | | | | | |
|----|---|--|---|---|---------------|---|---|---------------|-------------------------------|---|--------------------|---------------------------------|---|---------------|---|
| | <i>[en-gb]</i> ??? | | | | | | | | | | | | | | |
| 41 | [gewzu1] Show the field ONLY if: [gewzu]=9 | Falls Sie sich nicht mehr an die genaue Gewichtszunahme erinnern können, in welchem Bereich lag diese: | radio, Required <table border="1"> <tr><td>1</td><td>< 10 kg</td></tr> <tr><td>2</td><td>10-20 kg</td></tr> <tr><td>3</td><td>>20 kg</td></tr> </table> Custom alignment: LV | 1 | < 10 kg | 2 | 10-20 kg | 3 | >20 kg | | | | | | |
| 1 | < 10 kg | | | | | | | | | | | | | | |
| 2 | 10-20 kg | | | | | | | | | | | | | | |
| 3 | >20 kg | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | If you can no longer remember the exact weight gain, what was it? | <table border="1"> <tr><td>1</td><td>< 10 kg</td></tr> <tr><td>2</td><td>10-20 kg</td></tr> <tr><td>3</td><td>>20 kg</td></tr> </table> | 1 | < 10 kg | 2 | 10-20 kg | 3 | >20 kg | | | | | | |
| 1 | < 10 kg | | | | | | | | | | | | | | |
| 2 | 10-20 kg | | | | | | | | | | | | | | |
| 3 | >20 kg | | | | | | | | | | | | | | |
| 42 | [impfinfl] Show the field ONLY if: [fambio]=1 | Wurden Sie während der Schwangerschaft gegen Influenza geimpft? | radio, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>2</td><td>Nein, ich wurde bereits vor der Schwangerschaft gegen Influenza geimpft</td></tr> <tr><td>3</td><td>Nein</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> Custom alignment: LV | 1 | Ja | 2 | Nein, ich wurde bereits vor der Schwangerschaft gegen Influenza geimpft | 3 | Nein | 9 | Ich weiss es nicht | | | | |
| 1 | Ja | | | | | | | | | | | | | | |
| 2 | Nein, ich wurde bereits vor der Schwangerschaft gegen Influenza geimpft | | | | | | | | | | | | | | |
| 3 | Nein | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Were you vaccinated against influenza during your pregnancy? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No, I was already vaccinated against influenza before the pregnancy</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 1 | Yes | 2 | No, I was already vaccinated against influenza before the pregnancy | 3 | No | 9 | I don't know | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 2 | No, I was already vaccinated against influenza before the pregnancy | | | | | | | | | | | | | | |
| 3 | No | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | |
| 43 | [impfinflja] Show the field ONLY if: [impfinfl]=1 | Bitte wählen Sie alle zutreffenden Gründe für die Impfung aus | checkbox, Required <table border="1"> <tr> <td>1</td> <td>impfinflja__1</td> <td>Die Impfung wurde mir von einer Gesundheitsfachpers empfohlen</td> </tr> <tr> <td>2</td> <td>impfinflja__2</td> <td>Ich möchte mein Baby schützen</td> </tr> <tr> <td>3</td> <td>impfinflja__3</td> <td>Ich möchte mich selbst schützen</td> </tr> <tr> <td>4</td> <td>impfinflja__4</td> <td>Andere Gründe, bitte angeben: {impfinfljaand}</td> </tr> </table> Custom alignment: LV | 1 | impfinflja__1 | Die Impfung wurde mir von einer Gesundheitsfachpers empfohlen | 2 | impfinflja__2 | Ich möchte mein Baby schützen | 3 | impfinflja__3 | Ich möchte mich selbst schützen | 4 | impfinflja__4 | Andere Gründe, bitte angeben: {impfinfljaand} |
| 1 | impfinflja__1 | Die Impfung wurde mir von einer Gesundheitsfachpers empfohlen | | | | | | | | | | | | | |
| 2 | impfinflja__2 | Ich möchte mein Baby schützen | | | | | | | | | | | | | |
| 3 | impfinflja__3 | Ich möchte mich selbst schützen | | | | | | | | | | | | | |
| 4 | impfinflja__4 | Andere Gründe, bitte angeben: {impfinfljaand} | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|----|-----------------|---|--|---|-----------------|--|---|-----------------|---|---|-----------------|---|---|-----------------|--|---|-----------------|---|
| | <i>[en-gb]</i> | Please select all the reasons for the vaccination that apply in your case | <table border="1"> <tr> <td>1</td> <td>impfinflja__1</td> <td>The vaccination was recommended to me by a healthcare professional</td> </tr> <tr> <td>2</td> <td>impfinflja__2</td> <td>I want to protect my baby</td> </tr> <tr> <td>3</td> <td>impfinflja__3</td> <td>I want to protect myself</td> </tr> <tr> <td>4</td> <td>impfinflja__4</td> <td>Other reasons, please specify: {impfinfljaand}</td> </tr> </table> | 1 | impfinflja__1 | The vaccination was recommended to me by a healthcare professional | 2 | impfinflja__2 | I want to protect my baby | 3 | impfinflja__3 | I want to protect myself | 4 | impfinflja__4 | Other reasons, please specify: {impfinfljaand} | | | |
| 1 | impfinflja__1 | The vaccination was recommended to me by a healthcare professional | | | | | | | | | | | | | | | | |
| 2 | impfinflja__2 | I want to protect my baby | | | | | | | | | | | | | | | | |
| 3 | impfinflja__3 | I want to protect myself | | | | | | | | | | | | | | | | |
| 4 | impfinflja__4 | Other reasons, please specify: {impfinfljaand} | | | | | | | | | | | | | | | | |
| 44 | [impfinfljaand] | Andere Gründe, bitte angeben: | text, Required Custom alignment: LH | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other reasons, please specify: | | | | | | | | | | | | | | | | |
| 45 | [impfinflnein] | Bitte geben Sie alle zutreffenden Gründe an, warum Sie nicht geimpft wurden | checkbox, Required <table border="1"> <tr> <td>1</td> <td>impfinflnein__1</td> <td>Die Impfung wurde von keiner Gesundheitsfachperson empfohlen</td> </tr> <tr> <td>2</td> <td>impfinflnein__2</td> <td>Ich glaube nicht, dass Impfstoffe sicher und wirksam sind</td> </tr> <tr> <td>3</td> <td>impfinflnein__3</td> <td>Ich glaube nicht, dass Impfstoffe für mein Baby sicher sind</td> </tr> <tr> <td>4</td> <td>impfinflnein__4</td> <td>Ich glaube nicht, dass die Impfung notwendig war</td> </tr> <tr> <td>5</td> <td>impfinflnein__5</td> <td>Andere Gründe, bitte angeben: {impfinflneinand}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | impfinflnein__1 | Die Impfung wurde von keiner Gesundheitsfachperson empfohlen | 2 | impfinflnein__2 | Ich glaube nicht, dass Impfstoffe sicher und wirksam sind | 3 | impfinflnein__3 | Ich glaube nicht, dass Impfstoffe für mein Baby sicher sind | 4 | impfinflnein__4 | Ich glaube nicht, dass die Impfung notwendig war | 5 | impfinflnein__5 | Andere Gründe, bitte angeben: {impfinflneinand} |
| 1 | impfinflnein__1 | Die Impfung wurde von keiner Gesundheitsfachperson empfohlen | | | | | | | | | | | | | | | | |
| 2 | impfinflnein__2 | Ich glaube nicht, dass Impfstoffe sicher und wirksam sind | | | | | | | | | | | | | | | | |
| 3 | impfinflnein__3 | Ich glaube nicht, dass Impfstoffe für mein Baby sicher sind | | | | | | | | | | | | | | | | |
| 4 | impfinflnein__4 | Ich glaube nicht, dass die Impfung notwendig war | | | | | | | | | | | | | | | | |
| 5 | impfinflnein__5 | Andere Gründe, bitte angeben: {impfinflneinand} | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Please provide all the reasons that apply as to why you were not vaccinated | <table border="1"> <tr> <td>1</td> <td>impfinflnein__1</td> <td>The vaccination was not recommended to me by any healthcare professional</td> </tr> </table> | 1 | impfinflnein__1 | The vaccination was not recommended to me by any healthcare professional | | | | | | | | | | | | |
| 1 | impfinflnein__1 | The vaccination was not recommended to me by any healthcare professional | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|---|---|--|---|-----------------|---|---|-----------------|---|---|--------------------|---|---|-----------------|--|
| | | | <table border="1"> <tr> <td>2</td> <td>impfinflnein__2</td> <td>I don't think vaccines are safe and effective</td> </tr> <tr> <td>3</td> <td>impfinflnein__3</td> <td>I don't think vaccines are safe for my baby</td> </tr> <tr> <td>4</td> <td>impfinflnein__4</td> <td>I don't think the vaccination was necessary</td> </tr> <tr> <td>5</td> <td>impfinflnein__5</td> <td>Other reasons, please specify: {impfinflneinand}</td> </tr> </table> | 2 | impfinflnein__2 | I don't think vaccines are safe and effective | 3 | impfinflnein__3 | I don't think vaccines are safe for my baby | 4 | impfinflnein__4 | I don't think the vaccination was necessary | 5 | impfinflnein__5 | Other reasons, please specify: {impfinflneinand} |
| 2 | impfinflnein__2 | I don't think vaccines are safe and effective | | | | | | | | | | | | | |
| 3 | impfinflnein__3 | I don't think vaccines are safe for my baby | | | | | | | | | | | | | |
| 4 | impfinflnein__4 | I don't think the vaccination was necessary | | | | | | | | | | | | | |
| 5 | impfinflnein__5 | Other reasons, please specify: {impfinflneinand} | | | | | | | | | | | | | |
| 46 | [impfinflneinand] Show the field ONLY if: [impfinflnein(5)]=1 | Andere Gründe, bitte angeben: | text, Required Custom alignment: LH | | | | | | | | | | | | |
| | [en-gb] | Other reasons, please specify: | | | | | | | | | | | | | |
| 47 | [impfkeuch] Show the field ONLY if: [fambio]=1 | Wurden Sie während der Schwangerschaft gegen Keuchhusten geimpft? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>Nein, ich wurde bereits vor der Schwangerschaft gegen Keuchhusten geimpft</td> </tr> <tr> <td>3</td> <td>Nein</td> </tr> <tr> <td>9</td> <td>Ich weiss es nicht</td> </tr> </table> Custom alignment: LV | 1 | Ja | 2 | Nein, ich wurde bereits vor der Schwangerschaft gegen Keuchhusten geimpft | 3 | Nein | 9 | Ich weiss es nicht | | | | |
| 1 | Ja | | | | | | | | | | | | | | |
| 2 | Nein, ich wurde bereits vor der Schwangerschaft gegen Keuchhusten geimpft | | | | | | | | | | | | | | |
| 3 | Nein | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | |
| | [en-gb] | Were you vaccinated against whooping cough during your pregnancy? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No, I was vaccinated against whooping cough before the pregnancy</td> </tr> <tr> <td>3</td> <td>No</td> </tr> <tr> <td>9</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 2 | No, I was vaccinated against whooping cough before the pregnancy | 3 | No | 9 | I don't know | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 2 | No, I was vaccinated against whooping cough before the pregnancy | | | | | | | | | | | | | | |
| 3 | No | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | |
| 48 | [impfkeuchja] Show the field ONLY if: [impfkeuch]=1 | Bitte wählen Sie alle zutreffenden Gründe für die Impfung aus | checkbox, Required <table border="1"> <tr> <td>1</td> <td>impfkeuchja__1</td> <td>Die Impfung wurde von einer Gesundheitsfachperson empfohlen</td> </tr> <tr> <td>2</td> <td>impfkeuchja__2</td> <td>Ich möchte mein Baby schützen</td> </tr> <tr> <td>3</td> <td>impfkeuchja__3</td> <td>Ich möchte mich selbst schützen</td> </tr> </table> | 1 | impfkeuchja__1 | Die Impfung wurde von einer Gesundheitsfachperson empfohlen | 2 | impfkeuchja__2 | Ich möchte mein Baby schützen | 3 | impfkeuchja__3 | Ich möchte mich selbst schützen | | | |
| 1 | impfkeuchja__1 | Die Impfung wurde von einer Gesundheitsfachperson empfohlen | | | | | | | | | | | | | |
| 2 | impfkeuchja__2 | Ich möchte mein Baby schützen | | | | | | | | | | | | | |
| 3 | impfkeuchja__3 | Ich möchte mich selbst schützen | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|----|------------------|---|--|---|------------------|--|---|------------------|---|---|------------------|---|---|------------------|--|---|------------------|--|
| | | | <table border="1"> <tr> <td>4</td> <td>impfkeuchja__4</td> <td>Andere Gründe, bitte angeben: {impfkeuchjaand}</td> </tr> </table> <p>Custom alignment: LV</p> | 4 | impfkeuchja__4 | Andere Gründe, bitte angeben: {impfkeuchjaand} | | | | | | | | | | | | |
| 4 | impfkeuchja__4 | Andere Gründe, bitte angeben: {impfkeuchjaand} | | | | | | | | | | | | | | | | |
| | [en-gb] | Please select all the reasons for the vaccination that apply in your case | <table border="1"> <tr> <td>1</td> <td>impfkeuchja__1</td> <td>The vaccination was recommended by a healthcare professional</td> </tr> <tr> <td>2</td> <td>impfkeuchja__2</td> <td>I want to protect my baby</td> </tr> <tr> <td>3</td> <td>impfkeuchja__3</td> <td>I want to protect myself</td> </tr> <tr> <td>4</td> <td>impfkeuchja__4</td> <td>Other reasons, please specify: {impfkeuchjaand}</td> </tr> </table> | 1 | impfkeuchja__1 | The vaccination was recommended by a healthcare professional | 2 | impfkeuchja__2 | I want to protect my baby | 3 | impfkeuchja__3 | I want to protect myself | 4 | impfkeuchja__4 | Other reasons, please specify: {impfkeuchjaand} | | | |
| 1 | impfkeuchja__1 | The vaccination was recommended by a healthcare professional | | | | | | | | | | | | | | | | |
| 2 | impfkeuchja__2 | I want to protect my baby | | | | | | | | | | | | | | | | |
| 3 | impfkeuchja__3 | I want to protect myself | | | | | | | | | | | | | | | | |
| 4 | impfkeuchja__4 | Other reasons, please specify: {impfkeuchjaand} | | | | | | | | | | | | | | | | |
| 49 | [impfkeuchjaand] | Andere Gründe, bitte angeben: | text, Required Custom alignment: LH | | | | | | | | | | | | | | | |
| | | Show the field ONLY if: [impfkeuchja(4)]=1 | | | | | | | | | | | | | | | | |
| | [en-gb] | Other reasons, please specify: | | | | | | | | | | | | | | | | |
| 50 | [impfkeuchnein] | Bitte geben Sie alle zutreffenden Gründe an, warum Sie nicht geimpft wurden | checkbox, Required | | | | | | | | | | | | | | | |
| | | Show the field ONLY if: [impfkeuch]=3 | <table border="1"> <tr> <td>1</td> <td>impfkeuchnein__1</td> <td>Die Impfung wurde von keiner Gesundheitsfachperson empfohlen</td> </tr> <tr> <td>2</td> <td>impfkeuchnein__2</td> <td>Ich glaube nicht, dass die Impfstoffe sicher und wirksam sind</td> </tr> <tr> <td>3</td> <td>impfkeuchnein__3</td> <td>Ich glaube nicht, dass die Impfstoffe für mein Baby sicher sind</td> </tr> <tr> <td>4</td> <td>impfkeuchnein__4</td> <td>Ich glaube nicht, dass die Impfung notwendig war</td> </tr> <tr> <td>5</td> <td>impfkeuchnein__5</td> <td>Andere Gründe, bitte angeben: {impfkeuchnein}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | impfkeuchnein__1 | Die Impfung wurde von keiner Gesundheitsfachperson empfohlen | 2 | impfkeuchnein__2 | Ich glaube nicht, dass die Impfstoffe sicher und wirksam sind | 3 | impfkeuchnein__3 | Ich glaube nicht, dass die Impfstoffe für mein Baby sicher sind | 4 | impfkeuchnein__4 | Ich glaube nicht, dass die Impfung notwendig war | 5 | impfkeuchnein__5 | Andere Gründe, bitte angeben: {impfkeuchnein} |
| 1 | impfkeuchnein__1 | Die Impfung wurde von keiner Gesundheitsfachperson empfohlen | | | | | | | | | | | | | | | | |
| 2 | impfkeuchnein__2 | Ich glaube nicht, dass die Impfstoffe sicher und wirksam sind | | | | | | | | | | | | | | | | |
| 3 | impfkeuchnein__3 | Ich glaube nicht, dass die Impfstoffe für mein Baby sicher sind | | | | | | | | | | | | | | | | |
| 4 | impfkeuchnein__4 | Ich glaube nicht, dass die Impfung notwendig war | | | | | | | | | | | | | | | | |
| 5 | impfkeuchnein__5 | Andere Gründe, bitte angeben: {impfkeuchnein} | | | | | | | | | | | | | | | | |
| | [en-gb] | Please provide all the reasons that apply as to why you were not vaccinated | <table border="1"> <tr> <td>1</td> <td>impfkeuchnein__1</td> <td>The vaccination was not recommended by any healthcare professional</td> </tr> </table> | 1 | impfkeuchnein__1 | The vaccination was not recommended by any healthcare professional | | | | | | | | | | | | |
| 1 | impfkeuchnein__1 | The vaccination was not recommended by any healthcare professional | | | | | | | | | | | | | | | | |

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|----|---|--|---|---|------------------|---|---|------------------|---|---|------------------|---|---|------------------|---|---|----------|----------------------|---|----------|-------------------------------------|---|----------|-------------------------|---|----------|--|---|----------|--|
| | | | <table border="1"> <tr> <td>2</td> <td>impfkeuchnein__2</td> <td>I don't think vaccines are safe and effective</td> </tr> <tr> <td>3</td> <td>impfkeuchnein__3</td> <td>I don't think vaccines are safe for my baby</td> </tr> <tr> <td>4</td> <td>impfkeuchnein__4</td> <td>I don't think the vaccination was necessary</td> </tr> <tr> <td>5</td> <td>impfkeuchnein__5</td> <td>Other reasons, please specify: {impfkeuchnein</td> </tr> </table> | 2 | impfkeuchnein__2 | I don't think vaccines are safe and effective | 3 | impfkeuchnein__3 | I don't think vaccines are safe for my baby | 4 | impfkeuchnein__4 | I don't think the vaccination was necessary | 5 | impfkeuchnein__5 | Other reasons, please specify: {impfkeuchnein | | | | | | | | | | | | | | | |
| 2 | impfkeuchnein__2 | I don't think vaccines are safe and effective | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | impfkeuchnein__3 | I don't think vaccines are safe for my baby | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | impfkeuchnein__4 | I don't think the vaccination was necessary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | impfkeuchnein__5 | Other reasons, please specify: {impfkeuchnein | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | [impfkeuchneinand] Show the field ONLY if: [impfkeuchnein(5)]=1 | Andere Gründe, bitte angeben: | text, Required Custom alignment: LH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other reasons, please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 | [kompl] Show the field ONLY if: [fambio]=1 | Hatten Sie eine der folgenden Komplikationen während der Schwangerschaft? (Mehrfachantworten möglich) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>kompl__1</td> <td>Blutungen</td> </tr> <tr> <td>2</td> <td>kompl__2</td> <td>Eiweiss im Urin</td> </tr> <tr> <td>3</td> <td>kompl__3</td> <td>Hoher Blutdruck</td> </tr> <tr> <td>4</td> <td>kompl__4</td> <td>Schwangerschaftsdiabet</td> </tr> <tr> <td>5</td> <td>kompl__5</td> <td>Vorzeitige Wehen</td> </tr> <tr> <td>6</td> <td>kompl__6</td> <td>Präeklampsie (=Schwangerschaftsverg</td> </tr> <tr> <td>7</td> <td>kompl__7</td> <td>Psychische Erkrankungen</td> </tr> <tr> <td>8</td> <td>kompl__8</td> <td>Andere Komplikationen, nämlich: {andkomps}</td> </tr> <tr> <td>9</td> <td>kompl__9</td> <td>Ich hatte keine Komplikationen während Schwangerschaft</td> </tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=9 | 1 | kompl__1 | Blutungen | 2 | kompl__2 | Eiweiss im Urin | 3 | kompl__3 | Hoher Blutdruck | 4 | kompl__4 | Schwangerschaftsdiabet | 5 | kompl__5 | Vorzeitige Wehen | 6 | kompl__6 | Präeklampsie (=Schwangerschaftsverg | 7 | kompl__7 | Psychische Erkrankungen | 8 | kompl__8 | Andere Komplikationen, nämlich: {andkomps} | 9 | kompl__9 | Ich hatte keine Komplikationen während Schwangerschaft |
| 1 | kompl__1 | Blutungen | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | kompl__2 | Eiweiss im Urin | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | kompl__3 | Hoher Blutdruck | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | kompl__4 | Schwangerschaftsdiabet | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | kompl__5 | Vorzeitige Wehen | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | kompl__6 | Präeklampsie (=Schwangerschaftsverg | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | kompl__7 | Psychische Erkrankungen | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | kompl__8 | Andere Komplikationen, nämlich: {andkomps} | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | kompl__9 | Ich hatte keine Komplikationen während Schwangerschaft | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Did you have any of the following complications during your pregnancy? (You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>kompl__1</td> <td>Bleeding</td> </tr> <tr> <td>2</td> <td>kompl__2</td> <td>Protein in your urine</td> </tr> <tr> <td>3</td> <td>kompl__3</td> <td>High blood pressure</td> </tr> <tr> <td>4</td> <td>kompl__4</td> <td>Gestational diabetes</td> </tr> <tr> <td>5</td> <td>kompl__5</td> <td>Preterm contractions</td> </tr> </table> | 1 | kompl__1 | Bleeding | 2 | kompl__2 | Protein in your urine | 3 | kompl__3 | High blood pressure | 4 | kompl__4 | Gestational diabetes | 5 | kompl__5 | Preterm contractions | | | | | | | | | | | | |
| 1 | kompl__1 | Bleeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | kompl__2 | Protein in your urine | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | kompl__3 | High blood pressure | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | kompl__4 | Gestational diabetes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | kompl__5 | Preterm contractions | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|---|--|---|---|----------------|-----------------------------------|--|----------------|---|---|----------------|--|---|----------------|--|---|----------------|---------------------------------|---|----------------|---|---|----------------|---|---|----------------|--|
| | | | <table border="1"> <tbody> <tr> <td>6</td> <td>kompl__6</td> <td>Preeclampsia</td> </tr> <tr> <td>7</td> <td>kompl__7</td> <td>Mental illness</td> </tr> <tr> <td>8</td> <td>kompl__8</td> <td>Other complications, namely: {andkoms}</td> </tr> <tr> <td>9</td> <td>kompl__9</td> <td>I had no complications during my pregnancy</td> </tr> </tbody> </table> | 6 | kompl__6 | Preeclampsia | 7 | kompl__7 | Mental illness | 8 | kompl__8 | Other complications, namely: {andkoms} | 9 | kompl__9 | I had no complications during my pregnancy | | | | | | | | | | | | |
| 6 | kompl__6 | Preeclampsia | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | kompl__7 | Mental illness | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | kompl__8 | Other complications, namely: {andkoms} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | kompl__9 | I had no complications during my pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 | [andkoms] Show the field ONLY if: [kompl(8)]=1 | Andere Komplikationen, nämlich: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other complications, namely: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 | [stillinfo] Show the field ONLY if: [fambio]=1 | Haben Sie vor der Geburt Informationen zum Stillen erhalten? | radio, Required <table border="1"> <tbody> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>Nein, ich brauchte keine Informationen zum Stillen</td> </tr> <tr> <td>3</td> <td>Nein, ich habe keine Informationen zum Stillen erhalten</td> </tr> </tbody> </table> Custom alignment: LV | 1 | Ja | 2 | Nein, ich brauchte keine Informationen zum Stillen | 3 | Nein, ich habe keine Informationen zum Stillen erhalten | | | | | | | | | | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Nein, ich brauchte keine Informationen zum Stillen | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Nein, ich habe keine Informationen zum Stillen erhalten | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Did you receive any information about breastfeeding before the birth? | <table border="1"> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No, I did not need any information about breastfeeding</td> </tr> <tr> <td>3</td> <td>No, I did not receive any information about breastfeeding</td> </tr> </tbody> </table> | 1 | Yes | 2 | No, I did not need any information about breastfeeding | 3 | No, I did not receive any information about breastfeeding | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No, I did not need any information about breastfeeding | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | No, I did not receive any information about breastfeeding | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 | [stillinfoja] Show the field ONLY if: [stillinfo]=1 | Von wo/wem haben Sie die Informationen erhalten? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tbody> <tr> <td>1</td> <td>stillinfoja__1</td> <td>Aus einem Geburtsvorbereitungs...</td> </tr> <tr> <td>2</td> <td>stillinfoja__2</td> <td>Von einer Hebamme</td> </tr> <tr> <td>3</td> <td>stillinfoja__3</td> <td>Von der Stillberatung</td> </tr> <tr> <td>4</td> <td>stillinfoja__4</td> <td>Von der Ärztin/vom Au</td> </tr> <tr> <td>5</td> <td>stillinfoja__5</td> <td>Von Freund:innen ode Verwandten</td> </tr> <tr> <td>6</td> <td>stillinfoja__6</td> <td>Printmedien (z.B. Bücl Zeitschriften, Info-Flye</td> </tr> <tr> <td>7</td> <td>stillinfoja__7</td> <td>digitale Medien (z.B. Webseiten, Apps, Blog</td> </tr> <tr> <td>8</td> <td>stillinfoja__8</td> <td>Andere Quellen, und zwar: {andstillinfo}</td> </tr> </tbody> </table> | 1 | stillinfoja__1 | Aus einem Geburtsvorbereitungs... | 2 | stillinfoja__2 | Von einer Hebamme | 3 | stillinfoja__3 | Von der Stillberatung | 4 | stillinfoja__4 | Von der Ärztin/vom Au | 5 | stillinfoja__5 | Von Freund:innen ode Verwandten | 6 | stillinfoja__6 | Printmedien (z.B. Bücl Zeitschriften, Info-Flye | 7 | stillinfoja__7 | digitale Medien (z.B. Webseiten, Apps, Blog | 8 | stillinfoja__8 | Andere Quellen, und zwar: {andstillinfo} |
| 1 | stillinfoja__1 | Aus einem Geburtsvorbereitungs... | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | stillinfoja__2 | Von einer Hebamme | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | stillinfoja__3 | Von der Stillberatung | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | stillinfoja__4 | Von der Ärztin/vom Au | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | stillinfoja__5 | Von Freund:innen ode Verwandten | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | stillinfoja__6 | Printmedien (z.B. Bücl Zeitschriften, Info-Flye | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | stillinfoja__7 | digitale Medien (z.B. Webseiten, Apps, Blog | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | stillinfoja__8 | Andere Quellen, und zwar: {andstillinfo} | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|--|---|---|---|--|--------------------------------------|---|----------------|------------------------------|---|----------------|---------------------------|---|----------------|-----------------|---|----------------|---------------------------|---|----------------|--|---|----------------|--|---|----------------|-------------------------------|
| | | | Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | From where/from whom did you receive the information?(You can tick more than one option) | <table border="1"> <tr> <td>1</td> <td>stillinfoja__1</td> <td>From a childbirth preparation course</td> </tr> <tr> <td>2</td> <td>stillinfoja__2</td> <td>From a midwife</td> </tr> <tr> <td>3</td> <td>stillinfoja__3</td> <td>From breastfeeding advice</td> </tr> <tr> <td>4</td> <td>stillinfoja__4</td> <td>From the doctor</td> </tr> <tr> <td>5</td> <td>stillinfoja__5</td> <td>From friends or relatives</td> </tr> <tr> <td>6</td> <td>stillinfoja__6</td> <td>Print media (e.g. books, magazines, info flyers)</td> </tr> <tr> <td>7</td> <td>stillinfoja__7</td> <td>Digital media (e.g. websites, apps, blogs)</td> </tr> <tr> <td>8</td> <td>stillinfoja__8</td> <td>Other, namely: {andstillinfo}</td> </tr> </table> | 1 | stillinfoja__1 | From a childbirth preparation course | 2 | stillinfoja__2 | From a midwife | 3 | stillinfoja__3 | From breastfeeding advice | 4 | stillinfoja__4 | From the doctor | 5 | stillinfoja__5 | From friends or relatives | 6 | stillinfoja__6 | Print media (e.g. books, magazines, info flyers) | 7 | stillinfoja__7 | Digital media (e.g. websites, apps, blogs) | 8 | stillinfoja__8 | Other, namely: {andstillinfo} |
| 1 | stillinfoja__1 | From a childbirth preparation course | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | stillinfoja__2 | From a midwife | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | stillinfoja__3 | From breastfeeding advice | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | stillinfoja__4 | From the doctor | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | stillinfoja__5 | From friends or relatives | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | stillinfoja__6 | Print media (e.g. books, magazines, info flyers) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | stillinfoja__7 | Digital media (e.g. websites, apps, blogs) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | stillinfoja__8 | Other, namely: {andstillinfo} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56 | [andstillinfo] Show the field ONLY if: [stillinfoja(8)]=1 | Andere Quellen, und zwar: | text, Required Custom alignment: LH | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other, namely: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 | [mutter] Show the field ONLY if: [fambio]=1 | Welche Einstellung zum Stillen hatten Sie während der Schwangerschaft? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ich hatte mir vorgenommen zu stillen</td> </tr> <tr> <td>2</td> <td>Ich wollte es auf mich zukommen lassen</td> </tr> <tr> <td>3</td> <td>Ich wollte nicht stillen</td> </tr> </table> Custom alignment: LV | 1 | Ich hatte mir vorgenommen zu stillen | 2 | Ich wollte es auf mich zukommen lassen | 3 | Ich wollte nicht stillen | | | | | | | | | | | | | | | | | | |
| 1 | Ich hatte mir vorgenommen zu stillen | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Ich wollte es auf mich zukommen lassen | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Ich wollte nicht stillen | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | What was your attitude towards breastfeeding during your pregnancy? | <table border="1"> <tr> <td>1</td> <td>I had decided to breastfeed</td> </tr> <tr> <td>2</td> <td>I wanted to wait to see how I would feel</td> </tr> <tr> <td>3</td> <td>I did not want to breastfeed</td> </tr> </table> | 1 | I had decided to breastfeed | 2 | I wanted to wait to see how I would feel | 3 | I did not want to breastfeed | | | | | | | | | | | | | | | | | | |
| 1 | I had decided to breastfeed | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | I wanted to wait to see how I would feel | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | I did not want to breastfeed | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | [vater] Show the field ONLY if: [fambio]=1 | Welche Einstellung zum Stillen hatten die Personen Ihres engeren Umfeldes? Z.B. der Vater des Kindes, Partner:in, Familienangehörige. Bitte nehmen Sie hier die Person, die Sie am meisten unterstützt im Alltag. | radio, Required <table border="1"> <tr> <td>1</td> <td>Er/Sie fand es wichtig, dass ich unser Kind stille</td> </tr> <tr> <td>2</td> <td>Er/Sie konnte sich beides vorstellen (Stillen oder nicht)</td> </tr> </table> | 1 | Er/Sie fand es wichtig, dass ich unser Kind stille | 2 | Er/Sie konnte sich beides vorstellen (Stillen oder nicht) | | | | | | | | | | | | | | | | | | | | |
| 1 | Er/Sie fand es wichtig, dass ich unser Kind stille | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Er/Sie konnte sich beides vorstellen (Stillen oder nicht) | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|---|---|--|---|---|---|---|---|---|---|---|---|--------------|
| | | | <table border="1"> <tr> <td>3</td> <td>Er/Sie war dagegen, dass ich unser Kind stille</td> </tr> <tr> <td>4</td> <td>Er/Sie hat sich nicht mit Fragen der Säuglingsernährung befasst</td> </tr> <tr> <td>9</td> <td>Ich weiss es nicht</td> </tr> </table> <p>Custom alignment: LV</p> | 3 | Er/Sie war dagegen, dass ich unser Kind stille | 4 | Er/Sie hat sich nicht mit Fragen der Säuglingsernährung befasst | 9 | Ich weiss es nicht | | | | |
| 3 | Er/Sie war dagegen, dass ich unser Kind stille | | | | | | | | | | | | |
| 4 | Er/Sie hat sich nicht mit Fragen der Säuglingsernährung befasst | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | |
| | [en-gb] | What was the attitude towards breastfeeding among those closest to you?e.g. the father of the child, partner, family members For this answer, please select the person who supports you the most. | <table border="1"> <tr> <td>1</td> <td>He/She thought it was important that I breastfeed our child</td> </tr> <tr> <td>2</td> <td>He/She could imagine both (breastfeeding or not)</td> </tr> <tr> <td>3</td> <td>He/She was against me breastfeeding our child</td> </tr> <tr> <td>4</td> <td>He/She had not thought about how the child would be fed</td> </tr> <tr> <td>9</td> <td>I don't know</td> </tr> </table> | 1 | He/She thought it was important that I breastfeed our child | 2 | He/She could imagine both (breastfeeding or not) | 3 | He/She was against me breastfeeding our child | 4 | He/She had not thought about how the child would be fed | 9 | I don't know |
| 1 | He/She thought it was important that I breastfeed our child | | | | | | | | | | | | |
| 2 | He/She could imagine both (breastfeeding or not) | | | | | | | | | | | | |
| 3 | He/She was against me breastfeeding our child | | | | | | | | | | | | |
| 4 | He/She had not thought about how the child would be fed | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | |
| 59 | [gebort] Show the field ONLY if: [fambio]=1 | Section Header: <i>Fragen zur Geburt</i> Wo wurde Ihr Kind geboren? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>In folgender Klinik / Spital / Geburtshaus: {klinik}</td> </tr> <tr> <td>3</td> <td>Zuhause</td> </tr> <tr> <td>4</td> <td>Nicht in der Schweiz geboren {gebortaus}</td> </tr> <tr> <td>5</td> <td>Anderes: {gebortwas}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | In folgender Klinik / Spital / Geburtshaus: {klinik} | 3 | Zuhause | 4 | Nicht in der Schweiz geboren {gebortaus} | 5 | Anderes: {gebortwas} | | |
| 1 | In folgender Klinik / Spital / Geburtshaus: {klinik} | | | | | | | | | | | | |
| 3 | Zuhause | | | | | | | | | | | | |
| 4 | Nicht in der Schweiz geboren {gebortaus} | | | | | | | | | | | | |
| 5 | Anderes: {gebortwas} | | | | | | | | | | | | |
| | [en-gb] | Section Header: <i>Questions about the birth</i> Where was your child born? | <table border="1"> <tr> <td>1</td> <td>In the following clinic/hospital/ birthing centre: {klinik}</td> </tr> <tr> <td>3</td> <td>At home</td> </tr> <tr> <td>4</td> <td>Not born in Switzerland {gebortaus}</td> </tr> <tr> <td>5</td> <td>Other: {gebortwas}</td> </tr> </table> | 1 | In the following clinic/hospital/ birthing centre: {klinik} | 3 | At home | 4 | Not born in Switzerland {gebortaus} | 5 | Other: {gebortwas} | | |
| 1 | In the following clinic/hospital/ birthing centre: {klinik} | | | | | | | | | | | | |
| 3 | At home | | | | | | | | | | | | |
| 4 | Not born in Switzerland {gebortaus} | | | | | | | | | | | | |
| 5 | Other: {gebortwas} | | | | | | | | | | | | |
| 60 | [gebortamb] Show the field ONLY if: [fambio]=1 and [gebort]=1 | Haben Sie ambulant geboren? (Das heisst, Sie sind kurz nach der Geburt nach Hause) | <p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 0 | Nein | | | | | | |
| 1 | Ja | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | |
| | [en-gb] | Did you give birth on an outpatient basis? (This means you went home shortly after the birth) | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |

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|----|--|-------------|--|---|---|---|---|---|---|---|--|---|--|---|--|---|---|---|--|---|--|----|---|----|--|----|---|----|---|----|----------------------------------|----|---------------------------------------|----|---|----|--|----|---|----|---------------------------------------|
| 61 | <p>[linik]</p> <p>Show the field ONLY if: [gebort]=1</p> | Spitalliste | <p>dropdown, Required</p> <table border="1"> <tr> <td>1</td> <td>AG -- Hirslanden Klinik Aarau -- 5000 Aarau</td> </tr> <tr> <td>2</td> <td>AG -- Gesundheitszentrum Fricktal -- 4310 Rheinfelden</td> </tr> <tr> <td>3</td> <td>AG -- SMN - Klinik Villa im Park -- 4852 Rothrist</td> </tr> <tr> <td>4</td> <td>AG -- Stiftung Spital Muri -- 5630 Muri AG</td> </tr> <tr> <td>5</td> <td>AG -- Kantonsspital Aarau AG -- 5000 Aarau</td> </tr> <tr> <td>6</td> <td>AG -- Kantonsspital Baden AG -- 5404 Baden</td> </tr> <tr> <td>7</td> <td>AG -- Asana Spital Leuggern AG -- 5316 Leuggern</td> </tr> <tr> <td>8</td> <td>AR -- Spitalverbund Appenzell Ausserrhoden -- 9100 Herisau</td> </tr> <tr> <td>9</td> <td>BE -- Genossenschaft Geburtshaus Simmental-Saaneland - Maternité Alpine -- 3770 Zweisimmen</td> </tr> <tr> <td>10</td> <td>BE -- Hirslanden Klinik Linde AG -- 2503 Biel</td> </tr> <tr> <td>11</td> <td>BE -- Hôpital du Jura bernois SA -- 2610 Stlmier</td> </tr> <tr> <td>12</td> <td>BE -- Geburtshaus Luna AG -- 3072 Ostermundigen</td> </tr> <tr> <td>13</td> <td>BE -- Regionalspital Emmental AG -- 3400 Burgdorf</td> </tr> <tr> <td>14</td> <td>BE -- Spital STS AG -- 3600 Thun</td> </tr> <tr> <td>15</td> <td>BE -- Hirslanden Bern AG -- 3013 Bern</td> </tr> <tr> <td>16</td> <td>BE -- Spitäler Frutigen Meiringen Interlaken AG -- 3800 Unterseen</td> </tr> <tr> <td>17</td> <td>BE -- Insel Gruppe AG (universitär) -- 3010 Bern</td> </tr> <tr> <td>18</td> <td>BE -- Spitalzentrum Biel AG -- 2502 Biel/Bienne</td> </tr> <tr> <td>19</td> <td>BE -- Lindenhofgruppe AG -- 3012 Bern</td> </tr> </table> | 1 | AG -- Hirslanden Klinik Aarau -- 5000 Aarau | 2 | AG -- Gesundheitszentrum Fricktal -- 4310 Rheinfelden | 3 | AG -- SMN - Klinik Villa im Park -- 4852 Rothrist | 4 | AG -- Stiftung Spital Muri -- 5630 Muri AG | 5 | AG -- Kantonsspital Aarau AG -- 5000 Aarau | 6 | AG -- Kantonsspital Baden AG -- 5404 Baden | 7 | AG -- Asana Spital Leuggern AG -- 5316 Leuggern | 8 | AR -- Spitalverbund Appenzell Ausserrhoden -- 9100 Herisau | 9 | BE -- Genossenschaft Geburtshaus Simmental-Saaneland - Maternité Alpine -- 3770 Zweisimmen | 10 | BE -- Hirslanden Klinik Linde AG -- 2503 Biel | 11 | BE -- Hôpital du Jura bernois SA -- 2610 Stlmier | 12 | BE -- Geburtshaus Luna AG -- 3072 Ostermundigen | 13 | BE -- Regionalspital Emmental AG -- 3400 Burgdorf | 14 | BE -- Spital STS AG -- 3600 Thun | 15 | BE -- Hirslanden Bern AG -- 3013 Bern | 16 | BE -- Spitäler Frutigen Meiringen Interlaken AG -- 3800 Unterseen | 17 | BE -- Insel Gruppe AG (universitär) -- 3010 Bern | 18 | BE -- Spitalzentrum Biel AG -- 2502 Biel/Bienne | 19 | BE -- Lindenhofgruppe AG -- 3012 Bern |
| 1 | AG -- Hirslanden Klinik Aarau -- 5000 Aarau | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | AG -- Gesundheitszentrum Fricktal -- 4310 Rheinfelden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | AG -- SMN - Klinik Villa im Park -- 4852 Rothrist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | AG -- Stiftung Spital Muri -- 5630 Muri AG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | AG -- Kantonsspital Aarau AG -- 5000 Aarau | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | AG -- Kantonsspital Baden AG -- 5404 Baden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | AG -- Asana Spital Leuggern AG -- 5316 Leuggern | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | AR -- Spitalverbund Appenzell Ausserrhoden -- 9100 Herisau | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | BE -- Genossenschaft Geburtshaus Simmental-Saaneland - Maternité Alpine -- 3770 Zweisimmen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | BE -- Hirslanden Klinik Linde AG -- 2503 Biel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | BE -- Hôpital du Jura bernois SA -- 2610 Stlmier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | BE -- Geburtshaus Luna AG -- 3072 Ostermundigen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | BE -- Regionalspital Emmental AG -- 3400 Burgdorf | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | BE -- Spital STS AG -- 3600 Thun | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | BE -- Hirslanden Bern AG -- 3013 Bern | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | BE -- Spitäler Frutigen Meiringen Interlaken AG -- 3800 Unterseen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | BE -- Insel Gruppe AG (universitär) -- 3010 Bern | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | BE -- Spitalzentrum Biel AG -- 2502 Biel/Bienne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | BE -- Lindenhofgruppe AG -- 3012 Bern | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 20 | BE -- SRO AG -- 4900 Langenthal |
| 21 | BL -- Geburtshaus Tagmond GmbH -- 4133 Pratteln |
| 22 | BL -- Kantonsspital Baselland -- 4410 Liestal |
| 23 | BL -- Geburtshaus ambra GmbH -- 4443 Wittinsburg |
| 24 | BS -- Matthea Geburtshaus -- 4057 Basel |
| 25 | BS -- Bethesda Spital AG -- 4052 Basel |
| 26 | BS -- Universitätsspital Basel -- 4031 Basel |
| 27 | FR -- Maison de Naissance le Petit Prince -- 1752 Villarssur- Glâne |
| 28 | FR -- HFR - Hôpital fribourgeois -- 1708 Fribourg |
| 29 | FR -- Hôpital Jules Daler -- 1700 Fribourg |
| 30 | GE -- Maison de naissance La Rosaie -- 1205 Genève |
| 31 | GE -- Hôpital de la Tour -- 1217 Meyrin |
| 32 | GE -- Clinique des Grangettes SA -- 1224 ChêneBougeries |
| 33 | GE -- Clinique Générale- Beaulieu -- 1206 Genève |
| 34 | GE -- Les Hôpitaux Universitaires de Genève HUG -- 1205 Genève |
| 35 | GL -- Kantonsspital Glarus -- 8750 Glarus |
| 36 | GR -- Center da Sanda Engiadina Bassa Ospidal d'Engiadina Bassa -- 7550 Scuol |
| 37 | GR -- Spital Oberengadin -- 7503 Samedan |
| 38 | GR -- Flury Stiftung Spital Schiers -- 7220 Schiers |

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| 39 | GR -- Regionalspital Surselva AG -- 7130 Ilanz |
| 40 | GR -- Spital Davos AG Akutabteilung -- 7270 Davos Platz |
| 41 | GR -- Spital Thusis -- 7430 Thusis |
| 42 | GR -- Kantonsspital Graubünden -- 7000 Chur |
| 43 | JU -- Maison de naissance Les Cigognes -- 2824 Vicques |
| 44 | JU -- Hôpital du Jura -- 2900 Porrentruy |
| 45 | LU -- Geburtshaus Terra Alta -- 6208 Oberkirch LU |
| 46 | LU -- Hirslanden Klinik St. Anna AG -- 6006 Luzern |
| 47 | LU -- LUKS Spitalbetriebe AG -- 6004 Luzern |
| 48 | NE -- Maison de Naissance Tilia Sàrl -- 2000 Neuchâtel |
| 49 | NE -- Réseau hospitalier neuchâtelois RHNe -- 2000 Neuchâtel |
| 50 | NW -- Geburtshaus Stans GmbH -- 6370 Stans |
| 51 | NW -- Spital Nidwalden AG -- 6370 Stans |
| 52 | OW -- Kantonsspital Obwalden -- 6060 Sarnen |
| 53 | SG -- Geburtshaus St.Gallen GmbH -- 9000 St. Gallen |
| 54 | SG -- Spital Linth -- 8730 Uznach |
| 55 | SG -- Spitalregion Rheintal Werdenberg Sarganserland -- 9445 Rebstein |
| 56 | SG -- Spitalregion Fürstenland Toggenburg -- 9500 Wil SG |
| 57 | SG -- Hirslanden Klinik Stephanshorn -- 9016 St. Gallen |

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| 58 | SG -- Kantonsspital St. Gallen -- 9007 St. Gallen |
| 59 | SH -- Spitäler Schaffhausen -- 8208 Schaffhausen |
| 60 | SO -- Solothurner Spitäler AG -- 4500 Solothurn |
| 61 | SZ -- Spital Schwyz -- 6430 Schwyz |
| 62 | SZ -- Spital Lachen -- 8853 Lachen SZ |
| 63 | SZ -- AMEOS Spital Einsiedeln AG -- 8840 Einsiedeln |
| 64 | TG -- Spital Thurgau AG Kantonsspitäler Frauenfeld & Münsterlingen -- 8501 Frauenfeld |
| 65 | TI -- Clinica Luganese Moncucco SA Clinica Santa Chiara SA -- 6900 Lugano |
| 66 | TI -- SMN - Clinica Sant'Anna -- 6924 Sorengo |
| 67 | TI -- EOC Ente ospedaliero cantonale -- 6500 Bellinzona |
| 68 | TI -- Casa Maternità e Nascita Lediecilune a Lugano -- 6900 Lugano |
| 69 | UR -- Kantonsspital Uri -- 6460 Altdorf UR |
| 70 | VD -- Clinique de La Source -- 1004 Lausanne |
| 71 | VD -- Clinique Cecil -- 1003 Lausanne |
| 72 | VD -- Etablissements Hospitaliers du Nord Vaudois (eHnv) -- 1400 YverdonlesBains |
| 73 | VD -- Groupement Hospitalier de l'Ouest Lémanique (GHOL) SA -- 1260 Nyon |
| 74 | VD -- Hôpital Intercantonal de la Broye (HIB) -- 1530 Payerne |
| 75 | VD -- EHC Ensemble hospitalier de la Côte -- 1110 Morges |

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| 76 | VD -- CHUV Centre Hospitalier Universitaire Vaudois -- 1011 Lausanne |
| 77 | VD -- Hôpital Riviera-Chablais Vaud-Valais -- 1847 Rennaz |
| 78 | VD -- Maison de Naissance Aquila à Rennaz -- 1847 Rennaz |
| 79 | VD -- Maison de Naissance Eden à Lausanne -- 1010 Lausanne |
| 80 | VD -- Maison de Naissance La Grange Rouge à Grens -- 1274 Grens |
| 81 | VD -- Maison de Naissance Ô Nénuphars à Yverdon-les-Bains -- 1400 Yverdon-les-bains |
| 82 | VD -- Maison de naissance Lunaissance à Morges -- 1132 Lully |
| 83 | VS -- Spital Wallis - Spitalzentrum Oberwallis (SZO) -- 3930 Visp |
| 84 | VS -- Hôpital du Valais - Centre hospitalier du Valais Romand CHVR -- 1950 Sion |
| 85 | VS -- Maison de naissance les Lucines à Collombey -- 1868 Collombey |
| 86 | VS -- Maison de naissance Terranga à Sion -- 1951 Sion |
| 87 | ZG -- Zuger Kantonsspital AG -- 6340 Baar |
| 88 | ZG -- Andreas Klinik -- 6330 Cham |
| 89 | ZH -- Spital Männedorf AG -- 8708 Männedorf |
| 90 | ZH -- Klinik Im Park -- 8002 Zürich |
| 91 | ZH -- Geburtshaus Zürcher Oberland AG -- 8344 Bäretswil |
| 92 | ZH -- Geburtshaus Delphys -- 8003 Zürich |

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| 93 | ZH -- Klinik Hirslanden AG -- 8008 Zürich |
| 94 | ZH -- See-Spital -- 8810 Horgen |
| 95 | ZH -- Spital Bülach AG -- 8180 Bülach |
| 96 | ZH -- Spital Uster -- 8610 Uster |
| 97 | ZH -- GZO Spital Wetzikon -- 8620 Wetzikon ZH |
| 98 | ZH -- GSMN Schweiz AG - Privatklinik Bethanien -- 8044 Zürich |
| 99 | ZH -- Universitätsspital Zürich -- 8091 Zürich |
| 100 | ZH -- Spital Limmattal -- 8952 Schlieren |
| 101 | ZH -- Spital Zollikerberg -- 8125 Zollikerberg |
| 102 | ZH -- Stadtspital Triemli -- 8063 Zürich |
| 103 | ZH -- Kantonsspital Winterthur -- 8400 Winterthur |
| 104 | Anderes |

Custom alignment: LV

[en-gb] List of hospitals

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| 1 | ??? |
| 2 | ??? |
| 3 | ??? |
| 4 | ??? |
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| | | | <table border="1"> <tr><td>88</td><td>???</td></tr> <tr><td>89</td><td>???</td></tr> <tr><td>90</td><td>???</td></tr> <tr><td>91</td><td>???</td></tr> <tr><td>92</td><td>???</td></tr> <tr><td>93</td><td>???</td></tr> <tr><td>94</td><td>???</td></tr> <tr><td>95</td><td>???</td></tr> <tr><td>96</td><td>???</td></tr> <tr><td>97</td><td>???</td></tr> <tr><td>98</td><td>???</td></tr> <tr><td>99</td><td>???</td></tr> <tr><td>100</td><td>???</td></tr> <tr><td>101</td><td>???</td></tr> <tr><td>102</td><td>???</td></tr> <tr><td>103</td><td>???</td></tr> <tr><td>104</td><td>???</td></tr> </table> | 88 | ??? | 89 | ??? | 90 | ??? | 91 | ??? | 92 | ??? | 93 | ??? | 94 | ??? | 95 | ??? | 96 | ??? | 97 | ??? | 98 | ??? | 99 | ??? | 100 | ??? | 101 | ??? | 102 | ??? | 103 | ??? | 104 | ??? | | |
| 88 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 104 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 | <p>[gebortaus]</p> <p>Show the field ONLY if: [gebort]=4</p> | Nicht in der Schweiz geboren | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Austria</td></tr> <tr><td>10</td><td>Azerbaijan</td></tr> <tr><td>11</td><td>Bahrain</td></tr> <tr><td>12</td><td>Bangladesh</td></tr> <tr><td>13</td><td>Barbados</td></tr> <tr><td>14</td><td>Belarus</td></tr> <tr><td>15</td><td>Belgium</td></tr> <tr><td>16</td><td>Belize</td></tr> <tr><td>17</td><td>Benin</td></tr> <tr><td>18</td><td>Bhutan</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Austria | 10 | Azerbaijan | 11 | Bahrain | 12 | Bangladesh | 13 | Barbados | 14 | Belarus | 15 | Belgium | 16 | Belize | 17 | Benin | 18 | Bhutan |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Belgium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belize | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Benin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Bhutan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 19 | Bolivia |
| 20 | Bosnia and Herzegovina |
| 21 | Botswana |
| 22 | Brazil |
| 23 | Brunei |
| 24 | Bulgaria |
| 25 | Burkina Faso |
| 26 | Burundi |
| 27 | Cabo Verde |
| 28 | Cambodia |
| 29 | Cameroon |
| 30 | Canada |
| 31 | Central African Republic |
| 32 | Chad |
| 33 | Channel Islands |
| 34 | Chile |
| 35 | China |
| 36 | Colombia |
| 37 | Comoros |
| 38 | Congo |
| 39 | Costa Rica |
| 40 | Côte d'Ivoire |
| 41 | Croatia |
| 42 | Cuba |
| 43 | Cyprus |
| 44 | Czech Republic |
| 45 | Denmark |
| 46 | Djibouti |
| 47 | Dominica |
| 48 | Dominican Republic |
| 49 | DR Congo |
| 50 | Ecuador |
| 51 | Egypt |
| 52 | El Salvador |
| 53 | Equatorial Guinea |
| 54 | Eritrea |

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| 55 | Estonia |
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| 57 | Ethiopia |
| 58 | Faeroe Islands |
| 59 | Finland |
| 60 | France |
| 61 | French Guiana |
| 62 | Gabon |
| 63 | Gambia |
| 64 | Georgia |
| 65 | Germany |
| 66 | Ghana |
| 67 | Gibraltar |
| 68 | Greece |
| 69 | Grenada |
| 70 | Guatemala |
| 71 | Guinea |
| 72 | Guinea-Bissau |
| 73 | Guyana |
| 74 | Haiti |
| 75 | Holy See |
| 76 | Honduras |
| 77 | Hong Kong |
| 78 | Hungary |
| 79 | Iceland |
| 80 | India |
| 81 | Indonesia |
| 82 | Iran |
| 83 | Iraq |
| 84 | Ireland |
| 85 | Isle of Man |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |

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| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kuwait |
| 94 | Kyrgyzstan |
| 95 | Laos |
| 96 | Latvia |
| 97 | Lebanon |
| 98 | Lesotho |
| 99 | Liberia |
| 100 | Libya |
| 101 | Liechtenstein |
| 102 | Lithuania |
| 103 | Luxembourg |
| 104 | Macao |
| 105 | Madagascar |
| 106 | Malawi |
| 107 | Malaysia |
| 108 | Maldives |
| 109 | Mali |
| 110 | Malta |
| 111 | Mauritania |
| 112 | Mauritius |
| 113 | Mayotte |
| 114 | Mexico |
| 115 | Moldova |
| 116 | Monaco |
| 117 | Mongolia |
| 118 | Montenegro |
| 119 | Morocco |
| 120 | Mozambique |
| 121 | Myanmar |
| 122 | Namibia |
| 123 | Nepal |
| 124 | Netherlands |
| 125 | Nicaragua |
| 126 | Niger |

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| 127 | Nigeria |
| 128 | North Korea |
| 129 | North Macedonia |
| 130 | Norway |
| 131 | Oman |
| 132 | Pakistan |
| 133 | Panama |
| 134 | Paraguay |
| 135 | Peru |
| 136 | Philippines |
| 137 | Poland |
| 138 | Portugal |
| 139 | Qatar |
| 140 | Réunion |
| 141 | Romania |
| 142 | Russia |
| 143 | Rwanda |
| 144 | Saint Helena |
| 145 | Saint Kitts and Nevis |
| 146 | Saint Lucia |
| 147 | Saint Vincent and the Grenadines |
| 148 | San Marino |
| 149 | Sao Tome & Principe |
| 150 | Saudi Arabia |
| 151 | Senegal |
| 152 | Serbia |
| 153 | Seychelles |
| 154 | Sierra Leone |
| 155 | Singapore |
| 156 | Slovakia |
| 157 | Slovenia |
| 158 | Somalia |
| 159 | South Africa |
| 160 | South Korea |
| 161 | South Sudan |

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| | | | 162 | Spain |
| | | | 163 | Sri Lanka |
| | | | 164 | State of Palestine |
| | | | 165 | Sudan |
| | | | 166 | Suriname |
| | | | 167 | Sweden |
| | | | 168 | Switzerland |
| | | | 169 | Syria |
| | | | 170 | Taiwan |
| | | | 171 | Tajikistan |
| | | | 172 | Tanzania |
| | | | 173 | Thailand |
| | | | 174 | The Bahamas |
| | | | 175 | Timor-Leste |
| | | | 176 | Togo |
| | | | 177 | Trinidad and Tobago |
| | | | 178 | Tunisia |
| | | | 179 | Turkey |
| | | | 180 | Turkmenistan |
| | | | 181 | Uganda |
| | | | 182 | Ukraine |
| | | | 183 | United Arab Emirates |
| | | | 184 | United Kingdom |
| | | | 185 | United States |
| | | | 186 | Uruguay |
| | | | 187 | Uzbekistan |
| | | | 188 | Venezuela |
| | | | 189 | Vietnam |
| | | | 190 | Western Sahara |
| | | | 191 | Yemen |
| | | | 192 | Zambia |
| | | | 193 | Zimbabwe |
| | | | Custom alignment: LV | |
| | | [en-gb] | Not born in Switzerland | |
| | | | 1 | Afghanistan |
| | | | 2 | Albania |

| | |
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| 3 | Algeria |
| 4 | Andorra |
| 5 | Angola |
| 6 | Antigua and Barbuda |
| 7 | Argentina |
| 8 | Armenia |
| 9 | Austria |
| 10 | Azerbaijan |
| 11 | Bahrain |
| 12 | Bangladesh |
| 13 | Barbados |
| 14 | Belarus |
| 15 | Belgium |
| 16 | Belize |
| 17 | Benin |
| 18 | Bhutan |
| 19 | Bolivia |
| 20 | Bosnia and Herzegovina |
| 21 | Botswana |
| 22 | Brazil |
| 23 | Brunei |
| 24 | Bulgaria |
| 25 | Burkina Faso |
| 26 | Burundi |
| 27 | Cabo Verde |
| 28 | Cambodia |
| 29 | Cameroon |
| 30 | Canada |
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| 32 | Chad |
| 33 | Channel Islands |
| 34 | Chile |
| 35 | China |
| 36 | Colombia |
| 37 | Comoros |
| 38 | Congo |

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| 39 | Costa Rica |
| 40 | Côte d'Ivoire |
| 41 | Croatia |
| 42 | Cuba |
| 43 | Cyprus |
| 44 | Czech Republic |
| 45 | Denmark |
| 46 | Djibouti |
| 47 | Dominica |
| 48 | Dominican Republic |
| 49 | DR Congo |
| 50 | Ecuador |
| 51 | Egypt |
| 52 | El Salvador |
| 53 | Equatorial Guinea |
| 54 | Eritrea |
| 55 | Estonia |
| 56 | Eswatini |
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| 58 | Faeroe Islands |
| 59 | Finland |
| 60 | France |
| 61 | French Guiana |
| 62 | Gabon |
| 63 | Gambia |
| 64 | Georgia |
| 65 | Germany |
| 66 | Ghana |
| 67 | Gibraltar |
| 68 | Greece |
| 69 | Grenada |
| 70 | Guatemala |
| 71 | Guinea |
| 72 | Guinea-Bissau |
| 73 | Guyana |
| 74 | Haiti |

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| 75 | Holy See |
| 76 | Honduras |
| 77 | Hong Kong |
| 78 | Hungary |
| 79 | Iceland |
| 80 | India |
| 81 | Indonesia |
| 82 | Iran |
| 83 | Iraq |
| 84 | Ireland |
| 85 | Isle of Man |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kuwait |
| 94 | Kyrgyzstan |
| 95 | Laos |
| 96 | Latvia |
| 97 | Lebanon |
| 98 | Lesotho |
| 99 | Liberia |
| 100 | Libya |
| 101 | Liechtenstein |
| 102 | Lithuania |
| 103 | Luxembourg |
| 104 | Macao |
| 105 | Madagascar |
| 106 | Malawi |
| 107 | Malaysia |
| 108 | Maldives |
| 109 | Mali |
| 110 | Malta |

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| 111 | Mauritania |
| 112 | Mauritius |
| 113 | Mayotte |
| 114 | Mexico |
| 115 | Moldova |
| 116 | Monaco |
| 117 | Mongolia |
| 118 | Montenegro |
| 119 | Morocco |
| 120 | Mozambique |
| 121 | Myanmar |
| 122 | Namibia |
| 123 | Nepal |
| 124 | Netherlands |
| 125 | Nicaragua |
| 126 | Niger |
| 127 | Nigeria |
| 128 | North Korea |
| 129 | North Macedonia |
| 130 | Norway |
| 131 | Oman |
| 132 | Pakistan |
| 133 | Panama |
| 134 | Paraguay |
| 135 | Peru |
| 136 | Philippines |
| 137 | Poland |
| 138 | Portugal |
| 139 | Qatar |
| 140 | Réunion |
| 141 | Romania |
| 142 | Russia |
| 143 | Rwanda |
| 144 | Saint Helena |
| 145 | Saint Kitts and Nevis |
| 146 | Saint Lucia |

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| 147 | Saint Vincent and the Grenadines |
| 148 | San Marino |
| 149 | Sao Tome & Principe |
| 150 | Saudi Arabia |
| 151 | Senegal |
| 152 | Serbia |
| 153 | Seychelles |
| 154 | Sierra Leone |
| 155 | Singapore |
| 156 | Slovakia |
| 157 | Slovenia |
| 158 | Somalia |
| 159 | South Africa |
| 160 | South Korea |
| 161 | South Sudan |
| 162 | Spain |
| 163 | Sri Lanka |
| 164 | State of Palestine |
| 165 | Sudan |
| 166 | Suriname |
| 167 | Sweden |
| 168 | Switzerland |
| 169 | Syria |
| 170 | Taiwan |
| 171 | Tajikistan |
| 172 | Tanzania |
| 173 | Thailand |
| 174 | The Bahamas |
| 175 | Timor-Leste |
| 176 | Togo |
| 177 | Trinidad and Tobago |
| 178 | Tunisia |
| 179 | Turkey |
| 180 | Turkmenistan |
| 181 | Uganda |

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| | | | <table border="1"> <tr><td>182</td><td>Ukraine</td></tr> <tr><td>183</td><td>United Arab Emirates</td></tr> <tr><td>184</td><td>United Kingdom</td></tr> <tr><td>185</td><td>United States</td></tr> <tr><td>186</td><td>Uruguay</td></tr> <tr><td>187</td><td>Uzbekistan</td></tr> <tr><td>188</td><td>Venezuela</td></tr> <tr><td>189</td><td>Vietnam</td></tr> <tr><td>190</td><td>Western Sahara</td></tr> <tr><td>191</td><td>Yemen</td></tr> <tr><td>192</td><td>Zambia</td></tr> <tr><td>193</td><td>Zimbabwe</td></tr> </table> | 182 | Ukraine | 183 | United Arab Emirates | 184 | United Kingdom | 185 | United States | 186 | Uruguay | 187 | Uzbekistan | 188 | Venezuela | 189 | Vietnam | 190 | Western Sahara | 191 | Yemen | 192 | Zambia | 193 | Zimbabwe |
| 182 | Ukraine | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 183 | United Arab Emirates | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 184 | United Kingdom | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 185 | United States | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 186 | Uruguay | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 187 | Uzbekistan | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 188 | Venezuela | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 189 | Vietnam | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 190 | Western Sahara | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 191 | Yemen | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 192 | Zambia | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 193 | Zimbabwe | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 | <p>[gebortwas]</p> <p>Show the field ONLY if: [gebort]=5</p> | Anderes: | <p>text</p> <p>Custom alignment: LV</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | <p>[gebart]</p> <p>Show the field ONLY if: [fambio]=1</p> | Wie haben Sie entbunden/geboren? | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Spontangeburt</td></tr> <tr><td>2</td><td>Saugglocke oder Zangengeburt</td></tr> <tr><td>3</td><td>Kaiserschnitt</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Spontangeburt | 2 | Saugglocke oder Zangengeburt | 3 | Kaiserschnitt | | | | | | | | | | | | | | | | | | |
| 1 | Spontangeburt | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Saugglocke oder Zangengeburt | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Kaiserschnitt | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | How did you give birth? | <table border="1"> <tr><td>1</td><td>Spontaneous labour</td></tr> <tr><td>2</td><td>Suction cup or forceps delivery</td></tr> <tr><td>3</td><td>Caesarean section</td></tr> </table> | 1 | Spontaneous labour | 2 | Suction cup or forceps delivery | 3 | Caesarean section | | | | | | | | | | | | | | | | | | |
| 1 | Spontaneous labour | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Suction cup or forceps delivery | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Caesarean section | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 | <p>[kschnitt2]</p> <p>Show the field ONLY if: [gebart]=3</p> | Welche Aussage zu Ihrem Kaiserschnitt trifft zu? | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Der Kaiserschnitt war geplant, es war mein Wunsch</td></tr> <tr><td>2</td><td>Der Kaiserschnitt war geplant, ich hatte bereits früher einen Kaiserschnitt</td></tr> <tr><td>3</td><td>Der Kaiserschnitt war geplant, aus medizinischen Gründen</td></tr> <tr><td>4</td><td>Der Kaiserschnitt war ungeplant, es kam während der Geburt zu Komplikationen/einem Notfall</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Der Kaiserschnitt war geplant, es war mein Wunsch | 2 | Der Kaiserschnitt war geplant, ich hatte bereits früher einen Kaiserschnitt | 3 | Der Kaiserschnitt war geplant, aus medizinischen Gründen | 4 | Der Kaiserschnitt war ungeplant, es kam während der Geburt zu Komplikationen/einem Notfall | | | | | | | | | | | | | | | | |
| 1 | Der Kaiserschnitt war geplant, es war mein Wunsch | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Der Kaiserschnitt war geplant, ich hatte bereits früher einen Kaiserschnitt | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Der Kaiserschnitt war geplant, aus medizinischen Gründen | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Der Kaiserschnitt war ungeplant, es kam während der Geburt zu Komplikationen/einem Notfall | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|---|---|--|---|--|------|---|--|---|---|---|---|---|---|-------------------------|
| | [en-gb] | Which statement about your caesarean section is true? | <table border="1"> <tr> <td>1</td> <td colspan="2">The caesarean section was planned; I wanted it</td> </tr> <tr> <td>2</td> <td colspan="2">The caesarean section was planned; I had already had one</td> </tr> <tr> <td>3</td> <td colspan="2">The caesarean section was planned, on medical grounds</td> </tr> <tr> <td>4</td> <td colspan="2">The caesarean section was not planned; complications arose/an emergency occurred during the birth</td> </tr> </table> | 1 | The caesarean section was planned; I wanted it | | 2 | The caesarean section was planned; I had already had one | | 3 | The caesarean section was planned, on medical grounds | | 4 | The caesarean section was not planned; complications arose/an emergency occurred during the birth | |
| 1 | The caesarean section was planned; I wanted it | | | | | | | | | | | | | | |
| 2 | The caesarean section was planned; I had already had one | | | | | | | | | | | | | | |
| 3 | The caesarean section was planned, on medical grounds | | | | | | | | | | | | | | |
| 4 | The caesarean section was not planned; complications arose/an emergency occurred during the birth | | | | | | | | | | | | | | |
| 66 | [schmerz] | Erhielten Sie Schmerzmittel während der Geburt? | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>schmerz__1</td> <td>Nein</td> </tr> <tr> <td>2</td> <td>schmerz__2</td> <td>Ja, ich erhielt Schmerzmittel</td> </tr> <tr> <td>3</td> <td>schmerz__3</td> <td>Ja, eine Periduralanästhesie, auch PDA genannt (Rückenmark-Teilnarkose)</td> </tr> <tr> <td>9</td> <td>schmerz__9</td> <td>Ich weiss es nicht mehr</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=1,9</p> | 1 | schmerz__1 | Nein | 2 | schmerz__2 | Ja, ich erhielt Schmerzmittel | 3 | schmerz__3 | Ja, eine Periduralanästhesie, auch PDA genannt (Rückenmark-Teilnarkose) | 9 | schmerz__9 | Ich weiss es nicht mehr |
| 1 | schmerz__1 | Nein | | | | | | | | | | | | | |
| 2 | schmerz__2 | Ja, ich erhielt Schmerzmittel | | | | | | | | | | | | | |
| 3 | schmerz__3 | Ja, eine Periduralanästhesie, auch PDA genannt (Rückenmark-Teilnarkose) | | | | | | | | | | | | | |
| 9 | schmerz__9 | Ich weiss es nicht mehr | | | | | | | | | | | | | |
| | [en-gb] | Did you receive any pain medication during the birth? | <table border="1"> <tr> <td>1</td> <td>schmerz__1</td> <td>No</td> </tr> <tr> <td>2</td> <td>schmerz__2</td> <td>Yes, I did receive pain medication</td> </tr> <tr> <td>3</td> <td>schmerz__3</td> <td>Yes, an epidural (partial anaesthesia near the spinal cord)</td> </tr> <tr> <td>9</td> <td>schmerz__9</td> <td>I don't know anymore</td> </tr> </table> | 1 | schmerz__1 | No | 2 | schmerz__2 | Yes, I did receive pain medication | 3 | schmerz__3 | Yes, an epidural (partial anaesthesia near the spinal cord) | 9 | schmerz__9 | I don't know anymore |
| 1 | schmerz__1 | No | | | | | | | | | | | | | |
| 2 | schmerz__2 | Yes, I did receive pain medication | | | | | | | | | | | | | |
| 3 | schmerz__3 | Yes, an epidural (partial anaesthesia near the spinal cord) | | | | | | | | | | | | | |
| 9 | schmerz__9 | I don't know anymore | | | | | | | | | | | | | |
| 67 | [wehm] | Erhielten Sie Wehenmittel während der Geburt? | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>wehm__1</td> <td>Nein</td> </tr> <tr> <td>2</td> <td>wehm__2</td> <td>Ja, ich erhielt Wehenmittel zur Einleitung der Geburt</td> </tr> <tr> <td>3</td> <td>wehm__3</td> <td>Ja, ich erhielt Wehenmittel unter der Geburt (weil die Wehenaktivität</td> </tr> </table> | 1 | wehm__1 | Nein | 2 | wehm__2 | Ja, ich erhielt Wehenmittel zur Einleitung der Geburt | 3 | wehm__3 | Ja, ich erhielt Wehenmittel unter der Geburt (weil die Wehenaktivität | | | |
| 1 | wehm__1 | Nein | | | | | | | | | | | | | |
| 2 | wehm__2 | Ja, ich erhielt Wehenmittel zur Einleitung der Geburt | | | | | | | | | | | | | |
| 3 | wehm__3 | Ja, ich erhielt Wehenmittel unter der Geburt (weil die Wehenaktivität | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|---|---|---|---|--------------|---|------|--------------|--|---|--------------|---|---|--------------|---|
| | | | <table border="1"> <tr> <td></td> <td></td> <td>nachliess)</td> </tr> <tr> <td>9</td> <td>wehm__9</td> <td>Ich weiss es nicht mehr</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=1,9</p> | | | nachliess) | 9 | wehm__9 | Ich weiss es nicht mehr | | | | | | |
| | | nachliess) | | | | | | | | | | | | | |
| 9 | wehm__9 | Ich weiss es nicht mehr | | | | | | | | | | | | | |
| | [en-gb] | During the birth, were you given any contraction medication? | <table border="1"> <tr> <td>1</td> <td>wehm__1</td> <td>No</td> </tr> <tr> <td>2</td> <td>wehm__2</td> <td>Yes, I was given contraction medication to induce labour</td> </tr> <tr> <td>3</td> <td>wehm__3</td> <td>Yes, I was given contraction medication during the birth (because the contractions were decreasing)</td> </tr> <tr> <td>9</td> <td>wehm__9</td> <td>I don't know anymore</td> </tr> </table> | 1 | wehm__1 | No | 2 | wehm__2 | Yes, I was given contraction medication to induce labour | 3 | wehm__3 | Yes, I was given contraction medication during the birth (because the contractions were decreasing) | 9 | wehm__9 | I don't know anymore |
| 1 | wehm__1 | No | | | | | | | | | | | | | |
| 2 | wehm__2 | Yes, I was given contraction medication to induce labour | | | | | | | | | | | | | |
| 3 | wehm__3 | Yes, I was given contraction medication during the birth (because the contractions were decreasing) | | | | | | | | | | | | | |
| 9 | wehm__9 | I don't know anymore | | | | | | | | | | | | | |
| 68 | [gebkomp] | Gab es Komplikationen bei der Geburt? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> <tr> <td>9</td> <td>Ich weiss nicht</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 0 | Nein | 9 | Ich weiss nicht | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | |
| 9 | Ich weiss nicht | | | | | | | | | | | | | | |
| | [en-gb] | Were there any complications during the birth? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | 9 | I don't know | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | |
| 69 | [gebkompja] Show the field ONLY if: [gebkomp]=1 | Welche Komplikationen? (Sie können mehrere Möglichkeiten ankreuzen) | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>gebkompja__1</td> <td>Abnorme Lage des Kindes (z.B. Steisslage)</td> </tr> <tr> <td>2</td> <td>gebkompja__2</td> <td>Sauerstoffmangel beim Kind</td> </tr> <tr> <td>4</td> <td>gebkompja__4</td> <td>Grosser Blutverlust mit Bluttransfusion</td> </tr> <tr> <td>5</td> <td>gebkompja__5</td> <td>Andere Komplikationen, nämlich: {gebkompand}</td> </tr> </table> | 1 | gebkompja__1 | Abnorme Lage des Kindes (z.B. Steisslage) | 2 | gebkompja__2 | Sauerstoffmangel beim Kind | 4 | gebkompja__4 | Grosser Blutverlust mit Bluttransfusion | 5 | gebkompja__5 | Andere Komplikationen, nämlich: {gebkompand} |
| 1 | gebkompja__1 | Abnorme Lage des Kindes (z.B. Steisslage) | | | | | | | | | | | | | |
| 2 | gebkompja__2 | Sauerstoffmangel beim Kind | | | | | | | | | | | | | |
| 4 | gebkompja__4 | Grosser Blutverlust mit Bluttransfusion | | | | | | | | | | | | | |
| 5 | gebkompja__5 | Andere Komplikationen, nämlich: {gebkompand} | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|--|---|--|---|--------------|---|---|--------------|---|---|--------------|---|---|--------------|--|
| | | | Custom alignment: LV | | | | | | | | | | | | |
| | <i>[en-gb]</i> | What complications?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>gebkompja__1</td> <td>Abnormal position of the child (e.g. breech position)</td> </tr> <tr> <td>2</td> <td>gebkompja__2</td> <td>Child did not get enough oxygen</td> </tr> <tr> <td>4</td> <td>gebkompja__4</td> <td>Major blood loss with blood transfusion</td> </tr> <tr> <td>5</td> <td>gebkompja__5</td> <td>Other complications, namely: {gebkompan}</td> </tr> </table> | 1 | gebkompja__1 | Abnormal position of the child (e.g. breech position) | 2 | gebkompja__2 | Child did not get enough oxygen | 4 | gebkompja__4 | Major blood loss with blood transfusion | 5 | gebkompja__5 | Other complications, namely: {gebkompan} |
| 1 | gebkompja__1 | Abnormal position of the child (e.g. breech position) | | | | | | | | | | | | | |
| 2 | gebkompja__2 | Child did not get enough oxygen | | | | | | | | | | | | | |
| 4 | gebkompja__4 | Major blood loss with blood transfusion | | | | | | | | | | | | | |
| 5 | gebkompja__5 | Other complications, namely: {gebkompan} | | | | | | | | | | | | | |
| 70 | [gebkompan] Show the field ONLY if: [gebkompja(5)]=1 | Andere Komplikationen, nämlich: | text, Required Custom alignment: LV | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other complications, namely: | | | | | | | | | | | | | |
| 71 | [gebtrenn] Show the field ONLY if: [fambio]=1 | Kam es nach der Geburt zu einer Trennung von Ihnen und Ihrem Kind? | checkbox, Required <table border="1"> <tr> <td>1</td> <td>gebtrenn__1</td> <td>Nein</td> </tr> <tr> <td>2</td> <td>gebtrenn__2</td> <td>Ja, ich wurde auf eine andere Station/in ein anderes Spital verlegt</td> </tr> <tr> <td>3</td> <td>gebtrenn__3</td> <td>Ja, mein Kind wurde auf eine andere Station/in ein anderes Spital verlegt</td> </tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=1 | 1 | gebtrenn__1 | Nein | 2 | gebtrenn__2 | Ja, ich wurde auf eine andere Station/in ein anderes Spital verlegt | 3 | gebtrenn__3 | Ja, mein Kind wurde auf eine andere Station/in ein anderes Spital verlegt | | | |
| 1 | gebtrenn__1 | Nein | | | | | | | | | | | | | |
| 2 | gebtrenn__2 | Ja, ich wurde auf eine andere Station/in ein anderes Spital verlegt | | | | | | | | | | | | | |
| 3 | gebtrenn__3 | Ja, mein Kind wurde auf eine andere Station/in ein anderes Spital verlegt | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Were you separated from your child after the birth? | <table border="1"> <tr> <td>1</td> <td>gebtrenn__1</td> <td>No</td> </tr> <tr> <td>2</td> <td>gebtrenn__2</td> <td>Yes, I was transferred to another ward/hospital</td> </tr> <tr> <td>3</td> <td>gebtrenn__3</td> <td>Yes, my child was transferred to another ward/hospital</td> </tr> </table> | 1 | gebtrenn__1 | No | 2 | gebtrenn__2 | Yes, I was transferred to another ward/hospital | 3 | gebtrenn__3 | Yes, my child was transferred to another ward/hospital | | | |
| 1 | gebtrenn__1 | No | | | | | | | | | | | | | |
| 2 | gebtrenn__2 | Yes, I was transferred to another ward/hospital | | | | | | | | | | | | | |
| 3 | gebtrenn__3 | Yes, my child was transferred to another ward/hospital | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|----|--|---|--|---|--|---|---|---|---|---|----------------------|
| 72 | [gebtrennk] Show the field ONLY if: [gebtrenn(3)]=1 | Wie lange ist Ihr Kind im Spital/der Klinik geblieben? (Tage) <i>Bitte geben Sie nur die Zahl ein, z.B. 5</i> | text (number, Min: 1, Max: 300), Required Custom alignment: LV | | | | | | | | |
| | [en-gb] | How long did your child stay in the hospital/ clinic? (days) <i>Please enter only the number, e.g. 5</i> | | | | | | | | | |
| 73 | [bond] Show the field ONLY if: [fambio]=1 | Konnten Sie Ihr Kind sofort nach der Geburt zu sich nehmen? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja, mein Kind wurde mir sofort nach der Geburt auf die Brust/ den Bauch/in die Arme gelegt</td> </tr> <tr> <td>2</td> <td>Nein, das war nicht möglich</td> </tr> </table> Custom alignment: LV | 1 | Ja, mein Kind wurde mir sofort nach der Geburt auf die Brust/ den Bauch/in die Arme gelegt | 2 | Nein, das war nicht möglich | | | | |
| 1 | Ja, mein Kind wurde mir sofort nach der Geburt auf die Brust/ den Bauch/in die Arme gelegt | | | | | | | | | | |
| 2 | Nein, das war nicht möglich | | | | | | | | | | |
| | [en-gb] | Were you able to have your child immediately after the birth? | <table border="1"> <tr> <td>1</td> <td>Yes, my child was placed on my chest/stomach/in my arms immediately after the birth</td> </tr> <tr> <td>2</td> <td>No, that was not possible</td> </tr> </table> | 1 | Yes, my child was placed on my chest/stomach/in my arms immediately after the birth | 2 | No, that was not possible | | | | |
| 1 | Yes, my child was placed on my chest/stomach/in my arms immediately after the birth | | | | | | | | | | |
| 2 | No, that was not possible | | | | | | | | | | |
| 74 | [anleg] Show the field ONLY if: [fambio]=1 | Wann machte Ihr Kind einen ersten Trinkversuch an der Brust? Dabei ist es egal, ob es wirklich getrunken hat oder nicht. | radio, Required <table border="1"> <tr> <td>1</td> <td>Innerhalb der ersten Stunde nach der Geburt</td> </tr> <tr> <td>2</td> <td>Innerhalb der zweiten Stunde nach der Geburt</td> </tr> <tr> <td>3</td> <td>Später</td> </tr> <tr> <td>4</td> <td>Nie</td> </tr> </table> Custom alignment: LV | 1 | Innerhalb der ersten Stunde nach der Geburt | 2 | Innerhalb der zweiten Stunde nach der Geburt | 3 | Später | 4 | Nie |
| 1 | Innerhalb der ersten Stunde nach der Geburt | | | | | | | | | | |
| 2 | Innerhalb der zweiten Stunde nach der Geburt | | | | | | | | | | |
| 3 | Später | | | | | | | | | | |
| 4 | Nie | | | | | | | | | | |
| | [en-gb] | Regardless of whether it succeeded or not, when did your child make its first attempt at breastfeeding? | <table border="1"> <tr> <td>1</td> <td>Within an hour of the birth</td> </tr> <tr> <td>2</td> <td>Within two hours of the birth</td> </tr> <tr> <td>3</td> <td>Later</td> </tr> <tr> <td>4</td> <td>Never</td> </tr> </table> | 1 | Within an hour of the birth | 2 | Within two hours of the birth | 3 | Later | 4 | Never |
| 1 | Within an hour of the birth | | | | | | | | | | |
| 2 | Within two hours of the birth | | | | | | | | | | |
| 3 | Later | | | | | | | | | | |
| 4 | Never | | | | | | | | | | |
| 75 | [trenn] Show the field ONLY if: [fambio]=1 | Section Header: <i>Die erste Zeit nach der Geburt</i> War Ihr Kind während der ersten Lebensstage längere Zeit von Ihnen getrennt? | radio, Required <table border="1"> <tr> <td>1</td> <td>Nein, es war Tag und Nacht bei mir</td> </tr> <tr> <td>2</td> <td>Ja, es war ein- bis zweimal ein paar Stunden von mir getrennt</td> </tr> <tr> <td>3</td> <td>Mein Kind war tagsüber bei mir, nachts schlief es in einem anderen Zimmer</td> </tr> <tr> <td>4</td> <td>Anderes: {trennandw}</td> </tr> </table> | 1 | Nein, es war Tag und Nacht bei mir | 2 | Ja, es war ein- bis zweimal ein paar Stunden von mir getrennt | 3 | Mein Kind war tagsüber bei mir, nachts schlief es in einem anderen Zimmer | 4 | Anderes: {trennandw} |
| 1 | Nein, es war Tag und Nacht bei mir | | | | | | | | | | |
| 2 | Ja, es war ein- bis zweimal ein paar Stunden von mir getrennt | | | | | | | | | | |
| 3 | Mein Kind war tagsüber bei mir, nachts schlief es in einem anderen Zimmer | | | | | | | | | | |
| 4 | Anderes: {trennandw} | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|---|---|---|--|--------------------|---|--------------|--|---|--------------------|---|---|--------------|---|---|--------------|--|---|--------------|----------------------------------|---|--------------|---------------------------|
| | | | Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Section Header: <i>The initial period after the birth</i> In the first few days after being born, was your child separated from you for any longer period? | <table border="1"> <tr> <td>1</td> <td>No, my child was with me day and night</td> </tr> <tr> <td>2</td> <td>Yes, my child was separated from me once or twice for a few hours</td> </tr> <tr> <td>3</td> <td>My child was with me during the day and slept in another room at night</td> </tr> <tr> <td>4</td> <td>Other: {trennandw}</td> </tr> </table> | 1 | No, my child was with me day and night | 2 | Yes, my child was separated from me once or twice for a few hours | 3 | My child was with me during the day and slept in another room at night | 4 | Other: {trennandw} | | | | | | | | | | | | | |
| 1 | No, my child was with me day and night | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Yes, my child was separated from me once or twice for a few hours | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | My child was with me during the day and slept in another room at night | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Other: {trennandw} | | | | | | | | | | | | | | | | | | | | | | | |
| 76 | [trennandw] | Anderes: | text Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other: | | | | | | | | | | | | | | | | | | | | | | |
| 77 | [still] | Haben Sie Ihr Kind gestillt? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> </table> Custom alignment: LV | 1 | Ja | 0 | Nein | | | | | | | | | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Did you breastfeed your child? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 78 | [stillnein] | Was waren Ihre Gründe nicht zu stillen? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>stillnein__1</td> <td>Ich wünschte es so</td> </tr> <tr> <td>2</td> <td>stillnein__2</td> <td>Ich war sehr müde/erschöpft</td> </tr> <tr> <td>3</td> <td>stillnein__3</td> <td>Ich nehme Medikamente, die das Stillen nicht erlauben</td> </tr> <tr> <td>4</td> <td>stillnein__4</td> <td>Ich habe/hatte gesundheitliche Probleme</td> </tr> <tr> <td>5</td> <td>stillnein__5</td> <td>Mein Kind hat/hatte gesundheitliche Probleme</td> </tr> <tr> <td>6</td> <td>stillnein__6</td> <td>Ich habe ungeeignete Brustwarzen</td> </tr> <tr> <td>7</td> <td>stillnein__7</td> <td>Ich hatte Schwierigkeiten</td> </tr> </table> | 1 | stillnein__1 | Ich wünschte es so | 2 | stillnein__2 | Ich war sehr müde/erschöpft | 3 | stillnein__3 | Ich nehme Medikamente, die das Stillen nicht erlauben | 4 | stillnein__4 | Ich habe/hatte gesundheitliche Probleme | 5 | stillnein__5 | Mein Kind hat/hatte gesundheitliche Probleme | 6 | stillnein__6 | Ich habe ungeeignete Brustwarzen | 7 | stillnein__7 | Ich hatte Schwierigkeiten |
| 1 | stillnein__1 | Ich wünschte es so | | | | | | | | | | | | | | | | | | | | | | |
| 2 | stillnein__2 | Ich war sehr müde/erschöpft | | | | | | | | | | | | | | | | | | | | | | |
| 3 | stillnein__3 | Ich nehme Medikamente, die das Stillen nicht erlauben | | | | | | | | | | | | | | | | | | | | | | |
| 4 | stillnein__4 | Ich habe/hatte gesundheitliche Probleme | | | | | | | | | | | | | | | | | | | | | | |
| 5 | stillnein__5 | Mein Kind hat/hatte gesundheitliche Probleme | | | | | | | | | | | | | | | | | | | | | | |
| 6 | stillnein__6 | Ich habe ungeeignete Brustwarzen | | | | | | | | | | | | | | | | | | | | | | |
| 7 | stillnein__7 | Ich hatte Schwierigkeiten | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|---------|--|----------------------|---------------|--|
| | | | | | beim Stillen eines früheren Kindes |
| | | | 8 | stillnein__8 | Es liess sich nicht mit meiner beruflichen Tätigkeit vereinbaren |
| | | | 9 | stillnein__9 | Es liess sich nicht mit meinen Haushalts- und familiären Verpflichtungen vereinbaren |
| | | | 10 | stillnein__10 | Andere Gründe: {stillneinand} |
| | | | Custom alignment: LV | | |
| | [en-gb] | What were your reasons for not breastfeeding?(You can select more than one option) | 1 | stillnein__1 | It was what I wanted |
| | | | 2 | stillnein__2 | I was very tired/ exhausted |
| | | | 3 | stillnein__3 | I take medication that does not permit breastfeeding |
| | | | 4 | stillnein__4 | I have/had health problems |
| | | | 5 | stillnein__5 | My child has/had health problems |
| | | | 6 | stillnein__6 | I have issues with my nipples |
| | | | 7 | stillnein__7 | I had difficulty breastfeeding a previous child |
| | | | 8 | stillnein__8 | I could not reconcile it with my job |
| | | | 9 | stillnein__9 | I could not reconcile it with my household and family obligations |
| | | | 10 | stillnein__10 | Other reasons: {stillneinand} |

| | | | | | | | | | | | | | | | | | | | | | |
|----|--|---|--|---|----------|--|---|----------|-------------------|---|----------|--|---|----------|------------------------------------|---|----------|----------------------------|---|----------|--|
| 79 | [stillneinand] Show the field ONLY if: [stillnein(10)]=1 | Anderer Gründe: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other reasons: | | | | | | | | | | | | | | | | | | | |
| 80 | [trink] Show the field ONLY if: [fambio]=1 or ([fam]=2 or [fam]=3 and [fampfl]=0) | Was hat Ihr Kind in den ersten Lebenstagen zu trinken erhalten? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>trink__1</td> <td>Es erhielt Muttermilch (ich habe gestillt oder Milch abgepumpt/von Hand ausgestrichen)</td> </tr> <tr> <td>2</td> <td>trink__2</td> <td>Es erhielt Wasser</td> </tr> <tr> <td>3</td> <td>trink__3</td> <td>Es erhielt Maltodextrinlösung (Zuckerwasser)</td> </tr> <tr> <td>4</td> <td>trink__4</td> <td>Es erhielt Säuglingsanfangsnahrung</td> </tr> <tr> <td>5</td> <td>trink__5</td> <td>Etwas anderes: {trinkawas}</td> </tr> <tr> <td>9</td> <td>trink__9</td> <td>Ich weiss nicht, ob es noch etwas anderes als Muttermilch erhalten hat</td> </tr> </table> Custom alignment: LV | 1 | trink__1 | Es erhielt Muttermilch (ich habe gestillt oder Milch abgepumpt/von Hand ausgestrichen) | 2 | trink__2 | Es erhielt Wasser | 3 | trink__3 | Es erhielt Maltodextrinlösung (Zuckerwasser) | 4 | trink__4 | Es erhielt Säuglingsanfangsnahrung | 5 | trink__5 | Etwas anderes: {trinkawas} | 9 | trink__9 | Ich weiss nicht, ob es noch etwas anderes als Muttermilch erhalten hat |
| 1 | trink__1 | Es erhielt Muttermilch (ich habe gestillt oder Milch abgepumpt/von Hand ausgestrichen) | | | | | | | | | | | | | | | | | | | |
| 2 | trink__2 | Es erhielt Wasser | | | | | | | | | | | | | | | | | | | |
| 3 | trink__3 | Es erhielt Maltodextrinlösung (Zuckerwasser) | | | | | | | | | | | | | | | | | | | |
| 4 | trink__4 | Es erhielt Säuglingsanfangsnahrung | | | | | | | | | | | | | | | | | | | |
| 5 | trink__5 | Etwas anderes: {trinkawas} | | | | | | | | | | | | | | | | | | | |
| 9 | trink__9 | Ich weiss nicht, ob es noch etwas anderes als Muttermilch erhalten hat | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | What was your child given to drink in the first days of its life?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>trink__1</td> <td>Breast milk (I breastfed or expressed breast milk using a pump/by hand)</td> </tr> <tr> <td>2</td> <td>trink__2</td> <td>Water</td> </tr> <tr> <td>3</td> <td>trink__3</td> <td>Maltodextrin solution (sugared water)</td> </tr> <tr> <td>4</td> <td>trink__4</td> <td>Infant formula</td> </tr> <tr> <td>5</td> <td>trink__5</td> <td>Other: {trinkawas}</td> </tr> <tr> <td>9</td> <td>trink__9</td> <td>I don't know if my child received anything other than breast milk</td> </tr> </table> | 1 | trink__1 | Breast milk (I breastfed or expressed breast milk using a pump/by hand) | 2 | trink__2 | Water | 3 | trink__3 | Maltodextrin solution (sugared water) | 4 | trink__4 | Infant formula | 5 | trink__5 | Other: {trinkawas} | 9 | trink__9 | I don't know if my child received anything other than breast milk |
| 1 | trink__1 | Breast milk (I breastfed or expressed breast milk using a pump/by hand) | | | | | | | | | | | | | | | | | | | |
| 2 | trink__2 | Water | | | | | | | | | | | | | | | | | | | |
| 3 | trink__3 | Maltodextrin solution (sugared water) | | | | | | | | | | | | | | | | | | | |
| 4 | trink__4 | Infant formula | | | | | | | | | | | | | | | | | | | |
| 5 | trink__5 | Other: {trinkawas} | | | | | | | | | | | | | | | | | | | |
| 9 | trink__9 | I don't know if my child received anything other than breast milk | | | | | | | | | | | | | | | | | | | |
| 81 | [trinkawas] Show the field ONLY if: [trink(5)]=1 | Etwas anderes: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other: | | | | | | | | | | | | | | | | | | | |

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|----|--|---|--|---|------------|-----------------------------------|------|------------|-----------------------------|---|------------|--|---|------------|-----------|---|------------|------------|
| 82 | <p>[muster]</p> <p>Show the field ONLY if: [gebort]=1 or [gebor tamb]=2</p> | <p>Haben Sie im Spital/Klinik/Geburtshaus Gratis-Müsterli (Probepackungen) mit Säuglingsanfangsnahrung erhalten?</p> | <p>radio, Required</p> <table border="1" data-bbox="1040 138 1305 300"> <tr><td>1</td><td>Ja</td></tr> <tr><td>2</td><td>Nein</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 2 | Nein | 9 | Ich weiss es nicht | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | |
| 2 | Nein | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>Did you receive free samples with infant formula at the hospital/clinic/birthing centre?</p> | <table border="1" data-bbox="1040 390 1247 548"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 1 | Yes | 2 | No | 9 | I don't know | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | | | | |
| 83 | <p>[nuggi]</p> <p>Show the field ONLY if: [gebort]=1 or [gebor tamb]=2</p> | <p>Hat Ihr Kind im Spital/Klinik/Geburtshaus einen Nuggi erhalten?</p> | <p>radio, Required</p> <table border="1" data-bbox="1040 600 1305 762"> <tr><td>1</td><td>Ja</td></tr> <tr><td>2</td><td>Nein</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 2 | Nein | 9 | Ich weiss es nicht | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | |
| 2 | Nein | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>Did your child receive a pacifier (dummy) at the hospital/clinic/birthing centre?</p> | <table border="1" data-bbox="1040 852 1247 1010"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 1 | Yes | 2 | No | 9 | I don't know | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | | | | |
| 84 | <p>[schoppen]</p> <p>Show the field ONLY if: [gebort]=1 or [gebor tamb]=2</p> | <p>Hat Ihr Kind im Spital/Klinik/Geburtshaus vom Schoppen/von der Flasche getrunken?</p> | <p>radio, Required</p> <table border="1" data-bbox="1040 1062 1305 1224"> <tr><td>1</td><td>Ja</td></tr> <tr><td>2</td><td>Nein</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 2 | Nein | 9 | Ich weiss es nicht | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | |
| 2 | Nein | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>Was your child bottle-fed at the hospital/ clinic/birthing centre?</p> | <table border="1" data-bbox="1040 1314 1247 1472"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 1 | Yes | 2 | No | 9 | I don't know | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | | | | |
| 85 | <p>[gesprob]</p> <p>Show the field ONLY if: [fambio]=1 or ([fa m]=2 or [fam]=3 and [fampfl] < 3)</p> | <p>Hatte Ihr Kind während der ersten Lebensstage/-wochen eines der folgenden gesundheitliche Probleme? (Sie können mehrere Möglichkeiten ankreuzen)</p> | <p>checkbox, Required</p> <table border="1" data-bbox="1040 1524 1502 1965"> <tr><td>1</td><td>gesprob__1</td><td>Probleme durch Frühgeburtlichkeit</td></tr> <tr><td>2</td><td>gesprob__2</td><td>Ungenügende Gewichtszunahme</td></tr> <tr><td>3</td><td>gesprob__3</td><td>Gelbsucht mit Phototherapie (Bestrahlung mit blauem Licht)</td></tr> <tr><td>4</td><td>gesprob__4</td><td>Infektion</td></tr> <tr><td>5</td><td>gesprob__5</td><td>Atempausen</td></tr> </table> | 1 | gesprob__1 | Probleme durch Frühgeburtlichkeit | 2 | gesprob__2 | Ungenügende Gewichtszunahme | 3 | gesprob__3 | Gelbsucht mit Phototherapie (Bestrahlung mit blauem Licht) | 4 | gesprob__4 | Infektion | 5 | gesprob__5 | Atempausen |
| 1 | gesprob__1 | Probleme durch Frühgeburtlichkeit | | | | | | | | | | | | | | | | |
| 2 | gesprob__2 | Ungenügende Gewichtszunahme | | | | | | | | | | | | | | | | |
| 3 | gesprob__3 | Gelbsucht mit Phototherapie (Bestrahlung mit blauem Licht) | | | | | | | | | | | | | | | | |
| 4 | gesprob__4 | Infektion | | | | | | | | | | | | | | | | |
| 5 | gesprob__5 | Atempausen | | | | | | | | | | | | | | | | |

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|----|--|--|---|---|------------|--|---|------------|------------------------------------|---|------------|--|---|------------|-----------|---|------------|--------------|---|------------|----------------------|---|------------|---------------------------------|---|------------|---------------------------------|
| | | | <table border="1"> <tr> <td>6</td> <td>gesprob__6</td> <td>Lippen-Kiefer-Gaumenspalte</td> </tr> <tr> <td>7</td> <td>gesprob__7</td> <td>Andere Komplikationen: {andprobw}</td> </tr> <tr> <td>8</td> <td>gesprob__8</td> <td>Mein Kind hatte keine gesundheitlichen Probleme</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=8</p> | 6 | gesprob__6 | Lippen-Kiefer-Gaumenspalte | 7 | gesprob__7 | Andere Komplikationen: {andprobw} | 8 | gesprob__8 | Mein Kind hatte keine gesundheitlichen Probleme | | | | | | | | | | | | | | | |
| 6 | gesprob__6 | Lippen-Kiefer-Gaumenspalte | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | gesprob__7 | Andere Komplikationen: {andprobw} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | gesprob__8 | Mein Kind hatte keine gesundheitlichen Probleme | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | In the first few days/weeks after being born, did your child have any of the following health problems?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>gesprob__1</td> <td>Problems due to having been born prematurely</td> </tr> <tr> <td>2</td> <td>gesprob__2</td> <td>Insufficient weight gain</td> </tr> <tr> <td>3</td> <td>gesprob__3</td> <td>Jaundice with phototherapy (blue light therapy)</td> </tr> <tr> <td>4</td> <td>gesprob__4</td> <td>Infection</td> </tr> <tr> <td>5</td> <td>gesprob__5</td> <td>Apnea spells</td> </tr> <tr> <td>6</td> <td>gesprob__6</td> <td>Cleft lip and palate</td> </tr> <tr> <td>7</td> <td>gesprob__7</td> <td>Other complications: {andprobw}</td> </tr> <tr> <td>8</td> <td>gesprob__8</td> <td>My child had no health problems</td> </tr> </table> | 1 | gesprob__1 | Problems due to having been born prematurely | 2 | gesprob__2 | Insufficient weight gain | 3 | gesprob__3 | Jaundice with phototherapy (blue light therapy) | 4 | gesprob__4 | Infection | 5 | gesprob__5 | Apnea spells | 6 | gesprob__6 | Cleft lip and palate | 7 | gesprob__7 | Other complications: {andprobw} | 8 | gesprob__8 | My child had no health problems |
| 1 | gesprob__1 | Problems due to having been born prematurely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | gesprob__2 | Insufficient weight gain | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | gesprob__3 | Jaundice with phototherapy (blue light therapy) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | gesprob__4 | Infection | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | gesprob__5 | Apnea spells | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | gesprob__6 | Cleft lip and palate | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | gesprob__7 | Other complications: {andprobw} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | gesprob__8 | My child had no health problems | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86 | [andprobw] Show the field ONLY if: [gesprob(7)]=1 | Andere Komplikationen: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other complications: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 87 | [betrh] Show the field ONLY if: [fambio]=1 or ([fam]=2 or [fam]=3 and [fampfl]=0) | In den ersten Tagen zu Hause (nach Entlassung aus dem Spital / der Klinik / dem Geburtshaus oder nach einer Hausgeburt) wer hat Sie zu Hause betreut, unterstützt und entlastet? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>betrh__1</td> <td>Partner:in</td> </tr> <tr> <td>2</td> <td>betrh__2</td> <td>Jemand aus der Familie: {betrfamw}</td> </tr> <tr> <td>3</td> <td>betrh__3</td> <td>Eine Gesundheitsfachperson (z. B. Hebamme, Pflegefachperson, Spitex)</td> </tr> </table> | 1 | betrh__1 | Partner:in | 2 | betrh__2 | Jemand aus der Familie: {betrfamw} | 3 | betrh__3 | Eine Gesundheitsfachperson (z. B. Hebamme, Pflegefachperson, Spitex) | | | | | | | | | | | | | | | |
| 1 | betrh__1 | Partner:in | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | betrh__2 | Jemand aus der Familie: {betrfamw} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | betrh__3 | Eine Gesundheitsfachperson (z. B. Hebamme, Pflegefachperson, Spitex) | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|----|------------|--|---|---|----------|-------------------------------|---|----------|--|---|----------|--|---|----------|-----------------------------|---|----------|--------|
| | | | <table border="1"> <tr> <td>4</td> <td>bethr__4</td> <td>Jemand anderes: {betrandw}</td> </tr> <tr> <td>5</td> <td>bethr__5</td> <td>Niemand</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=5</p> | 4 | bethr__4 | Jemand anderes: {betrandw} | 5 | bethr__5 | Niemand | | | | | | | | | |
| 4 | bethr__4 | Jemand anderes: {betrandw} | | | | | | | | | | | | | | | | |
| 5 | bethr__5 | Niemand | | | | | | | | | | | | | | | | |
| | [en-gb] | In the first few days at home (after being discharged from the hospital/clinic/birthing centre or after a home birth), who looked after, supported and helped you at home? (You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>bethr__1</td> <td>Partner</td> </tr> <tr> <td>2</td> <td>bethr__2</td> <td>A family member: {betrfamw}</td> </tr> <tr> <td>3</td> <td>bethr__3</td> <td>A healthcare professional (e.g. midwife, nurse, at-home caregiver)</td> </tr> <tr> <td>4</td> <td>bethr__4</td> <td>Someone else: {betrandw}</td> </tr> <tr> <td>5</td> <td>bethr__5</td> <td>No one</td> </tr> </table> | 1 | bethr__1 | Partner | 2 | bethr__2 | A family member: {betrfamw} | 3 | bethr__3 | A healthcare professional (e.g. midwife, nurse, at-home caregiver) | 4 | bethr__4 | Someone else: {betrandw} | 5 | bethr__5 | No one |
| 1 | bethr__1 | Partner | | | | | | | | | | | | | | | | |
| 2 | bethr__2 | A family member: {betrfamw} | | | | | | | | | | | | | | | | |
| 3 | bethr__3 | A healthcare professional (e.g. midwife, nurse, at-home caregiver) | | | | | | | | | | | | | | | | |
| 4 | bethr__4 | Someone else: {betrandw} | | | | | | | | | | | | | | | | |
| 5 | bethr__5 | No one | | | | | | | | | | | | | | | | |
| 88 | [betrfamw] | Jemand aus der Familie: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | |
| | | Show the field ONLY if: [bethr(2)]=1 | | | | | | | | | | | | | | | | |
| | [en-gb] | Someone else: | | | | | | | | | | | | | | | | |
| 89 | [betrandw] | Jemand anderes: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | |
| | | Show the field ONLY if: [bethr(4)]=1 | | | | | | | | | | | | | | | | |
| | [en-gb] | Someone else: | | | | | | | | | | | | | | | | |
| 90 | [hebzah1] | Wie oft wurden Sie von einer Gesundheitsfachperson betreut? <i>Bitte geben Sie nur die Zahl ein, z.B. 9. Wenn Sie es nicht genau wissen, geben Sie eine Schätzung an</i> | text (number, Min: 0, Max: 25), Required Custom alignment: LV | | | | | | | | | | | | | | | |
| | [en-gb] | How often were you seen by a healthcare professional? <i>Please enter only the number, e.g. 9. If you do not know the exact number, enter an estimate.</i> | | | | | | | | | | | | | | | | |
| 91 | [psych] | Fühlten Sie sich während den ersten Wochen nach der Geburt psychisch belastet? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>psych__1</td> <td>Nein</td> </tr> <tr> <td>2</td> <td>psych__2</td> <td>Ja, mit grosser Traurigkeit und viel Weinen (verstärkter Baby Blues)</td> </tr> </table> | 1 | psych__1 | Nein | 2 | psych__2 | Ja, mit grosser Traurigkeit und viel Weinen (verstärkter Baby Blues) | | | | | | | | | |
| 1 | psych__1 | Nein | | | | | | | | | | | | | | | | |
| 2 | psych__2 | Ja, mit grosser Traurigkeit und viel Weinen (verstärkter Baby Blues) | | | | | | | | | | | | | | | | |
| | | Show the field ONLY if: [fambio]=1 | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|----|--|---|--|---|------------|---|---|------------|---|---|------------|--|---|------------|---|---|----------|---|---|----------|----------------------|
| | | | <table border="1"> <tr> <td>3</td> <td>psych__3</td> <td>Ja, es wurde eine postpartale Depression diagnostiziert</td> </tr> <tr> <td>4</td> <td>psych__4</td> <td>Ja, es wurde eine postpartale Psychose diagnostiziert</td> </tr> <tr> <td>5</td> <td>psych__5</td> <td>Ja, andere psychische Belastung/Diagnose: {psychand}</td> </tr> <tr> <td>9</td> <td>psych__9</td> <td>Ich weiss es nicht mehr</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=1</p> | 3 | psych__3 | Ja, es wurde eine postpartale Depression diagnostiziert | 4 | psych__4 | Ja, es wurde eine postpartale Psychose diagnostiziert | 5 | psych__5 | Ja, andere psychische Belastung/Diagnose: {psychand} | 9 | psych__9 | Ich weiss es nicht mehr | | | | | | |
| 3 | psych__3 | Ja, es wurde eine postpartale Depression diagnostiziert | | | | | | | | | | | | | | | | | | | |
| 4 | psych__4 | Ja, es wurde eine postpartale Psychose diagnostiziert | | | | | | | | | | | | | | | | | | | |
| 5 | psych__5 | Ja, andere psychische Belastung/Diagnose: {psychand} | | | | | | | | | | | | | | | | | | | |
| 9 | psych__9 | Ich weiss es nicht mehr | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | During the first few weeks after the birth, did you have any issues with your mental health?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>psych__1</td> <td>No</td> </tr> <tr> <td>2</td> <td>psych__2</td> <td>Yes, felt very sad and did a lot of crying (intensive baby blues)</td> </tr> <tr> <td>3</td> <td>psych__3</td> <td>Yes, postpartum depression was diagnosed</td> </tr> <tr> <td>4</td> <td>psych__4</td> <td>Yes, postpartum psychosis was diagnosed</td> </tr> <tr> <td>5</td> <td>psych__5</td> <td>Yes, other mental health issue/ diagnosis: {psychand}</td> </tr> <tr> <td>9</td> <td>psych__9</td> <td>I don't know anymore</td> </tr> </table> | 1 | psych__1 | No | 2 | psych__2 | Yes, felt very sad and did a lot of crying (intensive baby blues) | 3 | psych__3 | Yes, postpartum depression was diagnosed | 4 | psych__4 | Yes, postpartum psychosis was diagnosed | 5 | psych__5 | Yes, other mental health issue/ diagnosis: {psychand} | 9 | psych__9 | I don't know anymore |
| 1 | psych__1 | No | | | | | | | | | | | | | | | | | | | |
| 2 | psych__2 | Yes, felt very sad and did a lot of crying (intensive baby blues) | | | | | | | | | | | | | | | | | | | |
| 3 | psych__3 | Yes, postpartum depression was diagnosed | | | | | | | | | | | | | | | | | | | |
| 4 | psych__4 | Yes, postpartum psychosis was diagnosed | | | | | | | | | | | | | | | | | | | |
| 5 | psych__5 | Yes, other mental health issue/ diagnosis: {psychand} | | | | | | | | | | | | | | | | | | | |
| 9 | psych__9 | I don't know anymore | | | | | | | | | | | | | | | | | | | |
| 92 | [psychand] Show the field ONLY if: [psych(5)]=1 | Ja, andere psychische Belastung/Diagnose: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Yes, other mental health issue/diagnosis: | | | | | | | | | | | | | | | | | | | |
| 93 | [psychja] Show the field ONLY if: [psych(2)]=1 or [psych(3)]=1 or [psych(4)]=1 or [psych(5)]=1 | Wurden die psychischen Belastungen/ Diagnosen behandelt ? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>psychja__1</td> <td>Nein</td> </tr> <tr> <td>2</td> <td>psychja__2</td> <td>Ja, medikamentös</td> </tr> <tr> <td>3</td> <td>psychja__3</td> <td>Ja, psychotherapeutisch</td> </tr> <tr> <td>4</td> <td>psychja__4</td> <td>Ja, andere Behandlungsart {psychjaand}</td> </tr> </table> | 1 | psychja__1 | Nein | 2 | psychja__2 | Ja, medikamentös | 3 | psychja__3 | Ja, psychotherapeutisch | 4 | psychja__4 | Ja, andere Behandlungsart {psychjaand} | | | | | | |
| 1 | psychja__1 | Nein | | | | | | | | | | | | | | | | | | | |
| 2 | psychja__2 | Ja, medikamentös | | | | | | | | | | | | | | | | | | | |
| 3 | psychja__3 | Ja, psychotherapeutisch | | | | | | | | | | | | | | | | | | | |
| 4 | psychja__4 | Ja, andere Behandlungsart {psychjaand} | | | | | | | | | | | | | | | | | | | |

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|----|--|---|---|---|------------|---|---|------------|-------------------------------|---|------------|--|---|------------|---|---|-----------|-------------------------------------|---|-----------|--|---|-----------|---------------------------------------|
| | | | Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=1 | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Did you receive treatment for these mental health issues/diagnoses?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>psychja__1</td> <td>No</td> </tr> <tr> <td>2</td> <td>psychja__2</td> <td>Yes, medication</td> </tr> <tr> <td>3</td> <td>psychja__3</td> <td>Yes, psychotherapy</td> </tr> <tr> <td>4</td> <td>psychja__4</td> <td>Yes, other type of treatment: {psychjaand}</td> </tr> </table> | 1 | psychja__1 | No | 2 | psychja__2 | Yes, medication | 3 | psychja__3 | Yes, psychotherapy | 4 | psychja__4 | Yes, other type of treatment: {psychjaand} | | | | | | | | | |
| 1 | psychja__1 | No | | | | | | | | | | | | | | | | | | | | | | |
| 2 | psychja__2 | Yes, medication | | | | | | | | | | | | | | | | | | | | | | |
| 3 | psychja__3 | Yes, psychotherapy | | | | | | | | | | | | | | | | | | | | | | |
| 4 | psychja__4 | Yes, other type of treatment: {psychjaand} | | | | | | | | | | | | | | | | | | | | | | |
| 94 | [psychjaand] Show the field ONLY if: [psychja(4)]=1 | Ja, andere Behandlungsart | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Yes, other type of treatment: | | | | | | | | | | | | | | | | | | | | | | |
| 95 | [probpp] Show the field ONLY if: [fambio]=1 | Hatten Sie während der ersten Wochen nach der Geburt eines der folgenden körperlichen Probleme: (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>probpp__1</td> <td>Anhaltende Schmerzen seit der Geburt (Nahtschmerzen, Unterleibsschmerzen, Kopfschmerzen)</td> </tr> <tr> <td>2</td> <td>probpp__2</td> <td>Dammnaht, die sich entzündete</td> </tr> <tr> <td>3</td> <td>probpp__3</td> <td>Kaiserschnittnaht, die sich entzündete</td> </tr> <tr> <td>4</td> <td>probpp__4</td> <td>Dammnaht, die sich öffnete</td> </tr> <tr> <td>5</td> <td>probpp__5</td> <td>Kaiserschnittnaht, die sich öffnete</td> </tr> <tr> <td>6</td> <td>probpp__6</td> <td>Anderes körperliches Problem: {probppand}</td> </tr> <tr> <td>7</td> <td>probpp__7</td> <td>Ich hatte keine körperlichen Probleme</td> </tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=7 | 1 | probpp__1 | Anhaltende Schmerzen seit der Geburt (Nahtschmerzen, Unterleibsschmerzen, Kopfschmerzen) | 2 | probpp__2 | Dammnaht, die sich entzündete | 3 | probpp__3 | Kaiserschnittnaht, die sich entzündete | 4 | probpp__4 | Dammnaht, die sich öffnete | 5 | probpp__5 | Kaiserschnittnaht, die sich öffnete | 6 | probpp__6 | Anderes körperliches Problem: {probppand} | 7 | probpp__7 | Ich hatte keine körperlichen Probleme |
| 1 | probpp__1 | Anhaltende Schmerzen seit der Geburt (Nahtschmerzen, Unterleibsschmerzen, Kopfschmerzen) | | | | | | | | | | | | | | | | | | | | | | |
| 2 | probpp__2 | Dammnaht, die sich entzündete | | | | | | | | | | | | | | | | | | | | | | |
| 3 | probpp__3 | Kaiserschnittnaht, die sich entzündete | | | | | | | | | | | | | | | | | | | | | | |
| 4 | probpp__4 | Dammnaht, die sich öffnete | | | | | | | | | | | | | | | | | | | | | | |
| 5 | probpp__5 | Kaiserschnittnaht, die sich öffnete | | | | | | | | | | | | | | | | | | | | | | |
| 6 | probpp__6 | Anderes körperliches Problem: {probppand} | | | | | | | | | | | | | | | | | | | | | | |
| 7 | probpp__7 | Ich hatte keine körperlichen Probleme | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | During the first few weeks after the birth, did you have any of the following physical issues:(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>probpp__1</td> <td>Persistent pain since the birth (suture pain, abdominal pain,</td> </tr> </table> | 1 | probpp__1 | Persistent pain since the birth (suture pain, abdominal pain, | | | | | | | | | | | | | | | | | | |
| 1 | probpp__1 | Persistent pain since the birth (suture pain, abdominal pain, | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|---|--|---|---------------------------|-----------|-------------------------------|-----------|--|---|-----------|---|---|-----------|-------------------------------|---|-----------|--|---|-----------|-----------------------------------|---|-----------|------------------------------------|
| | | | <table border="1"> <tr> <td></td> <td></td> <td>headache)</td> </tr> <tr> <td>2</td> <td>probpp__2</td> <td>Perineal stitches that became inflamed</td> </tr> <tr> <td>3</td> <td>probpp__3</td> <td>Caesarean section stitches that became inflamed</td> </tr> <tr> <td>4</td> <td>probpp__4</td> <td>Perineal stitches that opened</td> </tr> <tr> <td>5</td> <td>probpp__5</td> <td>Caesarean section stitches that opened</td> </tr> <tr> <td>6</td> <td>probpp__6</td> <td>Other physical issue: {probppand}</td> </tr> <tr> <td>7</td> <td>probpp__7</td> <td>I did not have any physical issues</td> </tr> </table> | | | headache) | 2 | probpp__2 | Perineal stitches that became inflamed | 3 | probpp__3 | Caesarean section stitches that became inflamed | 4 | probpp__4 | Perineal stitches that opened | 5 | probpp__5 | Caesarean section stitches that opened | 6 | probpp__6 | Other physical issue: {probppand} | 7 | probpp__7 | I did not have any physical issues |
| | | headache) | | | | | | | | | | | | | | | | | | | | | | |
| 2 | probpp__2 | Perineal stitches that became inflamed | | | | | | | | | | | | | | | | | | | | | | |
| 3 | probpp__3 | Caesarean section stitches that became inflamed | | | | | | | | | | | | | | | | | | | | | | |
| 4 | probpp__4 | Perineal stitches that opened | | | | | | | | | | | | | | | | | | | | | | |
| 5 | probpp__5 | Caesarean section stitches that opened | | | | | | | | | | | | | | | | | | | | | | |
| 6 | probpp__6 | Other physical issue: {probppand} | | | | | | | | | | | | | | | | | | | | | | |
| 7 | probpp__7 | I did not have any physical issues | | | | | | | | | | | | | | | | | | | | | | |
| 96 | [probppand] Show the field ONLY if: [probpp(6)]=1 | Anderes körperliches Problem: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other physical issue: | | | | | | | | | | | | | | | | | | | | | | |
| 97 | [bestillsup] Show the field ONLY if: [still]=1 | Section Header: <i>Wurden Sie vor oder am Anfang der Stillzeit von einer Ärztin, einem Arzt, einer Hebamme oder einer anderen medizinischen Fachperson zu folgenden Themen rund ums Stillen beraten?</i> Einnahme von Supplementen (Vitamine, Eisen, etc.) während der Stillzeit | radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Ja, ich wurde beraten</td> </tr> <tr> <td>2</td> <td>Nein, ich wurde nicht beraten</td> </tr> <tr> <td>9</td> <td>Ich weiss es nicht mehr</td> </tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr | | | | | | | | | | | | | | | |
| 1 | Ja, ich wurde beraten | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Section Header: ??? Taking supplements (vitamins, iron, etc.) during breastfeeding | <table border="1"> <tr> <td>1</td> <td>Yes, I did receive advice</td> </tr> <tr> <td>2</td> <td>No, I did not receive advice</td> </tr> <tr> <td>9</td> <td>I don't know anymore</td> </tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore | | | | | | | | | | | | | | | |
| 1 | Yes, I did receive advice | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | [bestillern] Show the field ONLY if: [still]=1 | Ernährung während der Stillzeit | radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Ja, ich wurde beraten</td> </tr> <tr> <td>2</td> <td>Nein, ich wurde nicht beraten</td> </tr> <tr> <td>9</td> <td>Ich weiss es nicht mehr</td> </tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr | | | | | | | | | | | | | | | |
| 1 | Ja, ich wurde beraten | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Nutrition during breastfeeding | <table border="1"> <tr> <td>1</td> <td>Yes, I did receive advice</td> </tr> <tr> <td>2</td> <td>No, I did not receive advice</td> </tr> <tr> <td>9</td> <td>I don't know anymore</td> </tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore | | | | | | | | | | | | | | | |
| 1 | Yes, I did receive advice | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | [bestillmed] Show the field ONLY if: [still]=1 | Einnahme von Medikamenten während der Stillzeit | radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Ja, ich wurde beraten</td> </tr> <tr> <td>2</td> <td>Nein, ich wurde nicht beraten</td> </tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | | | | | | | | | | | | | | | | | |
| 1 | Ja, ich wurde beraten | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|--|---|---|---------------------------|---|--|---|-------------------------------|
| | | | 9 Ich weiss es nicht mehr | | | | | | |
| | [en-gb] | Taking medication during breastfeeding | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 100 | [bestillimpf] Show the field ONLY if: [still]=1 | Impfungen in der Stillzeit | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | [en-gb] | Vaccinations during breastfeeding | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 101 | [bestillrauch] Show the field ONLY if: [still]=1 | Rauchen in der Stillzeit | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | [en-gb] | Smoking during breastfeeding | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 102 | [bestillalk] Show the field ONLY if: [still]=1 | Alkohol in der Stillzeit | radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Ja, ich wurde beraten</td></tr> <tr><td>2</td><td>Nein, ich wurde nicht beraten</td></tr> <tr><td>9</td><td>Ich weiss es nicht mehr</td></tr> </table> | 1 | Ja, ich wurde beraten | 2 | Nein, ich wurde nicht beraten | 9 | Ich weiss es nicht mehr |
| 1 | Ja, ich wurde beraten | | | | | | | | |
| 2 | Nein, ich wurde nicht beraten | | | | | | | | |
| 9 | Ich weiss es nicht mehr | | | | | | | | |
| | [en-gb] | Alcohol during breastfeeding | <table border="1"> <tr><td>1</td><td>Yes, I did receive advice</td></tr> <tr><td>2</td><td>No, I did not receive advice</td></tr> <tr><td>9</td><td>I don't know anymore</td></tr> </table> | 1 | Yes, I did receive advice | 2 | No, I did not receive advice | 9 | I don't know anymore |
| 1 | Yes, I did receive advice | | | | | | | | |
| 2 | No, I did not receive advice | | | | | | | | |
| 9 | I don't know anymore | | | | | | | | |
| 103 | [wobe] Show the field ONLY if: [still]=1 | Wurden Sie in den allerersten Tagen nach der Geburt beraten, wie Sie Ihr Kind stillen? | radio, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>2</td><td>Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung</td></tr> <tr><td>3</td><td>Nein, ich wurde nicht beraten</td></tr> </table> Custom alignment: LV | 1 | Ja | 2 | Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung | 3 | Nein, ich wurde nicht beraten |
| 1 | Ja | | | | | | | | |
| 2 | Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung | | | | | | | | |
| 3 | Nein, ich wurde nicht beraten | | | | | | | | |
| | [en-gb] | In the first few days after the birth, were you advised on how to breastfeed your child? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table> | 1 | Yes | | | | |
| 1 | Yes | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|---|---|--|--------------------------------------|------------------------------|--------------|--|---|---------------|---|----------------------|--------------|------------------------------|---|--------------|--------------|---|--------------|-------------------|---|--------------|---------------------|---|--------------|------------------------------------|
| | | | <table border="1"> <tr> <td>2</td> <td>No, I have/had enough experience and did not need any advice</td> </tr> <tr> <td>3</td> <td>No, I did not receive advice</td> </tr> </table> | 2 | No, I have/had enough experience and did not need any advice | 3 | No, I did not receive advice | | | | | | | | | | | | | | | | | | | | |
| 2 | No, I have/had enough experience and did not need any advice | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | No, I did not receive advice | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | <p>[wobeja]</p> <p>Show the field ONLY if: [wobe]=1</p> | Wie zufrieden waren Sie mit der Beratung? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Sehr zufrieden</td> </tr> <tr> <td>2</td> <td>Zufrieden</td> </tr> <tr> <td>3</td> <td>Teilweise zufrieden/ teilweise unzufrieden</td> </tr> <tr> <td>4</td> <td>Unzufrieden</td> </tr> <tr> <td>5</td> <td>Sehr unzufrieden</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Sehr zufrieden | 2 | Zufrieden | 3 | Teilweise zufrieden/ teilweise unzufrieden | 4 | Unzufrieden | 5 | Sehr unzufrieden | | | | | | | | | | | | | | |
| 1 | Sehr zufrieden | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Zufrieden | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Teilweise zufrieden/ teilweise unzufrieden | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Unzufrieden | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Sehr unzufrieden | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice? | <table border="1"> <tr> <td>1</td> <td>Very satisfied</td> </tr> <tr> <td>2</td> <td>Satisfied on the whole</td> </tr> <tr> <td>3</td> <td>Satisfied with some parts, but not all</td> </tr> <tr> <td>4</td> <td>Not satisfied</td> </tr> <tr> <td>5</td> <td>Not satisfied at all</td> </tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | 3 | Satisfied with some parts, but not all | 4 | Not satisfied | 5 | Not satisfied at all | | | | | | | | | | | | | | |
| 1 | Very satisfied | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Not satisfied at all | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | <p>[stilltech]</p> <p>Show the field ONLY if: [still]=1 and [wobe]=1</p> | Welche der folgenden Techniken rund ums Stillen wurde Ihnen dabei gezeigt? (Sie können mehrere Möglichkeiten ankreuzen) | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>stilltech__1</td> <td>Mehrere verschiedene Stillpositionen</td> </tr> <tr> <td>2</td> <td>stilltech__2</td> <td>Das Anlegen des Kindes an der Brust</td> </tr> <tr> <td>3</td> <td>stilltech__3</td> <td>Das Ausstreichen von Muttermilch von Hand</td> </tr> <tr> <td>4</td> <td>stilltech__4</td> <td>Das Abpumpen von Muttermilch</td> </tr> <tr> <td>5</td> <td>stilltech__5</td> <td>Brustmassage</td> </tr> <tr> <td>6</td> <td>stilltech__6</td> <td>Brustwarzenpflege</td> </tr> <tr> <td>7</td> <td>stilltech__7</td> <td>Anderes: {techandw}</td> </tr> <tr> <td>8</td> <td>stilltech__8</td> <td>Es wurde mir keine Technik gezeigt</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=8</p> | 1 | stilltech__1 | Mehrere verschiedene Stillpositionen | 2 | stilltech__2 | Das Anlegen des Kindes an der Brust | 3 | stilltech__3 | Das Ausstreichen von Muttermilch von Hand | 4 | stilltech__4 | Das Abpumpen von Muttermilch | 5 | stilltech__5 | Brustmassage | 6 | stilltech__6 | Brustwarzenpflege | 7 | stilltech__7 | Anderes: {techandw} | 8 | stilltech__8 | Es wurde mir keine Technik gezeigt |
| 1 | stilltech__1 | Mehrere verschiedene Stillpositionen | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | stilltech__2 | Das Anlegen des Kindes an der Brust | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | stilltech__3 | Das Ausstreichen von Muttermilch von Hand | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | stilltech__4 | Das Abpumpen von Muttermilch | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | stilltech__5 | Brustmassage | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | stilltech__6 | Brustwarzenpflege | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | stilltech__7 | Anderes: {techandw} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | stilltech__8 | Es wurde mir keine Technik gezeigt | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|--|---|--|---|--|--------------|-------------------------------|---|--------------|--------------------------------|---|--------------|------------------------------------|---|--------------|----------------|---|--------------|-------------|---|--------------|-------------------|---|--------------|-------------------------------|
| | <i>[en-gb]</i> | Which of the following breastfeeding techniques were you shown?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>stilltech__1</td> <td>Several different breastfeeding positions</td> </tr> <tr> <td>2</td> <td>stilltech__2</td> <td>Getting the child to latch on</td> </tr> <tr> <td>3</td> <td>stilltech__3</td> <td>Expressing breast milk by hand</td> </tr> <tr> <td>4</td> <td>stilltech__4</td> <td>Expressing breast milk with a pump</td> </tr> <tr> <td>5</td> <td>stilltech__5</td> <td>Breast massage</td> </tr> <tr> <td>6</td> <td>stilltech__6</td> <td>Nipple care</td> </tr> <tr> <td>7</td> <td>stilltech__7</td> <td>Other: {techandw}</td> </tr> <tr> <td>8</td> <td>stilltech__8</td> <td>I wasn't shown any techniques</td> </tr> </table> | 1 | stilltech__1 | Several different breastfeeding positions | 2 | stilltech__2 | Getting the child to latch on | 3 | stilltech__3 | Expressing breast milk by hand | 4 | stilltech__4 | Expressing breast milk with a pump | 5 | stilltech__5 | Breast massage | 6 | stilltech__6 | Nipple care | 7 | stilltech__7 | Other: {techandw} | 8 | stilltech__8 | I wasn't shown any techniques |
| 1 | stilltech__1 | Several different breastfeeding positions | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | stilltech__2 | Getting the child to latch on | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | stilltech__3 | Expressing breast milk by hand | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | stilltech__4 | Expressing breast milk with a pump | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | stilltech__5 | Breast massage | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | stilltech__6 | Nipple care | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | stilltech__7 | Other: {techandw} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | stilltech__8 | I wasn't shown any techniques | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | <i>[techandw]</i> | Anderes: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | <i>[rhyth]</i> | In welchem Rhythmus haben Sie am Anfang gestillt? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ich stillte, wann immer mein Kind Hunger anmeldete</td> </tr> <tr> <td>2</td> <td>Ich versuchte, einen Stundenplan einzuhalten</td> </tr> <tr> <td>3</td> <td>Anderes: {rhythwas}</td> </tr> </table> Custom alignment: LV | 1 | Ich stillte, wann immer mein Kind Hunger anmeldete | 2 | Ich versuchte, einen Stundenplan einzuhalten | 3 | Anderes: {rhythwas} | | | | | | | | | | | | | | | | | | |
| 1 | Ich stillte, wann immer mein Kind Hunger anmeldete | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Ich versuchte, einen Stundenplan einzuhalten | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Anderes: {rhythwas} | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | How frequently did you breastfeed at the beginning? | <table border="1"> <tr> <td>1</td> <td>I breastfed whenever my child showed signs of being hungry</td> </tr> <tr> <td>2</td> <td>I tried to stick to a timetable</td> </tr> <tr> <td>3</td> <td>Other: {rhythwas}</td> </tr> </table> | 1 | I breastfed whenever my child showed signs of being hungry | 2 | I tried to stick to a timetable | 3 | Other: {rhythwas} | | | | | | | | | | | | | | | | | | |
| 1 | I breastfed whenever my child showed signs of being hungry | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | I tried to stick to a timetable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other: {rhythwas} | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | <i>[rhythwas]</i> | Anderes: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | <i>[stschw]</i> | Hatten Sie am Anfang oder später im Alltag Schwierigkeiten beim Stillen? | radio, Required <table border="1"> <tr> <td>1</td> <td>Nur geringe Schwierigkeiten</td> </tr> <tr> <td>2</td> <td>Grosse Schwierigkeiten</td> </tr> <tr> <td>3</td> <td>Nein, keine Schwierigkeiten</td> </tr> </table> | 1 | Nur geringe Schwierigkeiten | 2 | Grosse Schwierigkeiten | 3 | Nein, keine Schwierigkeiten | | | | | | | | | | | | | | | | | | |
| 1 | Nur geringe Schwierigkeiten | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Grosse Schwierigkeiten | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Nein, keine Schwierigkeiten | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|--|---|---|-------------------------|-----------------|--------------------|---------------|---|---|---------------|----------------------------|---|---------------|-------------------------------------|---|---------------|--------------------------|---|---------------|-------------------------|---|---------------|------------------------------|---|---------------|----------------------------------|---|---------------|-----------------------|----|----------------|----------------|
| | | | Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Did you encounter any difficulties when breastfeeding, either at the beginning or later on in everyday life? | <table border="1"> <tr> <td>1</td> <td>Only minor difficulties</td> </tr> <tr> <td>2</td> <td>Major difficulties</td> </tr> <tr> <td>3</td> <td>No, no difficulties</td> </tr> </table> | 1 | Only minor difficulties | 2 | Major difficulties | 3 | No, no difficulties | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Only minor difficulties | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Major difficulties | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | No, no difficulties | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | <i>[stschwjaan]</i> Show the field ONLY if: [still]=1 and [stschw]=1 or [stschw]=2 | Welche Stillschwierigkeiten hatten Sie am Anfang?(Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>stschwjaan__1</td> <td>Wunde Brustwar:</td> </tr> <tr> <td>2</td> <td>stschwjaan__2</td> <td>Milchstau, d.h. schmerzende, verhärtete, überwärmte Stell</td> </tr> <tr> <td>3</td> <td>stschwjaan__3</td> <td>Brustentzündung (Mastitis)</td> </tr> <tr> <td>4</td> <td>stschwjaan__4</td> <td>Schmerzhafte Nachwehen beim Stillen</td> </tr> <tr> <td>5</td> <td>stschwjaan__5</td> <td>Ich hatte zu wenig Milch</td> </tr> <tr> <td>6</td> <td>stschwjaan__6</td> <td>Ich hatte zu viel Milch</td> </tr> <tr> <td>7</td> <td>stschwjaan__7</td> <td>Saugschwierigkeit des Kindes</td> </tr> <tr> <td>8</td> <td>stschwjaan__8</td> <td>Ich war zeitweise sehr erschöpft</td> </tr> <tr> <td>9</td> <td>stschwjaan__9</td> <td>Anderes: {stschwandw}</td> </tr> <tr> <td>10</td> <td>stschwjaan__10</td> <td>Keine Probleme</td> </tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=10 | 1 | stschwjaan__1 | Wunde Brustwar: | 2 | stschwjaan__2 | Milchstau, d.h. schmerzende, verhärtete, überwärmte Stell | 3 | stschwjaan__3 | Brustentzündung (Mastitis) | 4 | stschwjaan__4 | Schmerzhafte Nachwehen beim Stillen | 5 | stschwjaan__5 | Ich hatte zu wenig Milch | 6 | stschwjaan__6 | Ich hatte zu viel Milch | 7 | stschwjaan__7 | Saugschwierigkeit des Kindes | 8 | stschwjaan__8 | Ich war zeitweise sehr erschöpft | 9 | stschwjaan__9 | Anderes: {stschwandw} | 10 | stschwjaan__10 | Keine Probleme |
| 1 | stschwjaan__1 | Wunde Brustwar: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | stschwjaan__2 | Milchstau, d.h. schmerzende, verhärtete, überwärmte Stell | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | stschwjaan__3 | Brustentzündung (Mastitis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | stschwjaan__4 | Schmerzhafte Nachwehen beim Stillen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | stschwjaan__5 | Ich hatte zu wenig Milch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | stschwjaan__6 | Ich hatte zu viel Milch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | stschwjaan__7 | Saugschwierigkeit des Kindes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | stschwjaan__8 | Ich war zeitweise sehr erschöpft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | stschwjaan__9 | Anderes: {stschwandw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | stschwjaan__10 | Keine Probleme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | What breastfeeding difficulties did you have at the beginning?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>stschwjaan__1</td> <td>Sore nipples</td> </tr> <tr> <td>2</td> <td>stschwjaan__2</td> <td>Blocked milk duct, i.e. areas of the breast becoming hard, sore and hot</td> </tr> <tr> <td>3</td> <td>stschwjaan__3</td> <td>Mastitis</td> </tr> <tr> <td>4</td> <td>stschwjaan__4</td> <td>Painful uterine contractions</td> </tr> </table> | 1 | stschwjaan__1 | Sore nipples | 2 | stschwjaan__2 | Blocked milk duct, i.e. areas of the breast becoming hard, sore and hot | 3 | stschwjaan__3 | Mastitis | 4 | stschwjaan__4 | Painful uterine contractions | | | | | | | | | | | | | | | | | | |
| 1 | stschwjaan__1 | Sore nipples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | stschwjaan__2 | Blocked milk duct, i.e. areas of the breast becoming hard, sore and hot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | stschwjaan__3 | Mastitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | stschwjaan__4 | Painful uterine contractions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|---|----|--|---|
| | | | | | while breastfeeding |
| | | | | 5 | stschwjaan__5 I had too little milk |
| | | | | 6 | stschwjaan__6 I had too much milk |
| | | | | 7 | stschwjaan__7 Child had difficulties sucking |
| | | | | 8 | stschwjaan__8 I was extremely exhausted at times |
| | | | | 9 | stschwjaan__9 Other: {stschwandw} |
| | | | | 10 | stschwjaan__10 No problems |
| 111 | [stschwandw] Show the field ONLY if: [stschwjaan(9)]=1 | Anderes: | | text, Required Custom alignment: LV | |
| | [en-gb] | Other: | | | |
| 112 | [stschwjasp] Show the field ONLY if: [still]=1 and [stschw]=1 or [stschw]=2 | Welche Stillschwierigkeiten hatten Sie später, im Alltag?(Sie können mehrere Möglichkeiten ankreuzen) | | checkbox, Required | |
| | | | 1 | stschwjasp__1 | Wunde Brustwarz |
| | | | 2 | stschwjasp__2 | Milchstau, d.h. schmerzende, verhärtete, überwärmte Stellen |
| | | | 3 | stschwjasp__3 | Brustentzündung (Mastitis) |
| | | | 4 | stschwjasp__4 | Schmerzhafte Nachwehen beim Stillen |
| | | | 5 | stschwjasp__5 | Ich hatte zu wenig Milch |
| | | | 6 | stschwjasp__6 | Ich hatte zu viel Milch |
| | | | 7 | stschwjasp__7 | Saug Schwierigkeiten des Kindes |
| | | | 8 | stschwjasp__8 | Ich war zeitweise sehr erschöpft |
| | | | 9 | stschwjasp__9 | Anderes: {stschwandwsp} |
| | | | 10 | stschwjasp__10 | Keine Probleme |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|--|---|---------------|--------------|---|---------------|---|---|---------------|--|---|---------------|---|---|---------------|-----------------------|---|---------------|---------------------|---|---------------|--------------------------------|---|---------------|------------------------------------|---|---------------|-----------------------|----|----------------|-------------|
| | | | Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | What breastfeeding difficulties did you have later in everyday life?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>stschwjasp__1</td> <td>Sore nipples</td> </tr> <tr> <td>2</td> <td>stschwjasp__2</td> <td>Blocked milk duct, i.e. areas of the breast becoming hard, sore and hot</td> </tr> <tr> <td>3</td> <td>stschwjasp__3</td> <td>Mastitis</td> </tr> <tr> <td>4</td> <td>stschwjasp__4</td> <td>Painful uterine contractions while breastfeeding</td> </tr> <tr> <td>5</td> <td>stschwjasp__5</td> <td>I had too little milk</td> </tr> <tr> <td>6</td> <td>stschwjasp__6</td> <td>I had too much milk</td> </tr> <tr> <td>7</td> <td>stschwjasp__7</td> <td>Child had difficulties sucking</td> </tr> <tr> <td>8</td> <td>stschwjasp__8</td> <td>I was extremely exhausted at times</td> </tr> <tr> <td>9</td> <td>stschwjasp__9</td> <td>Other: {stschwandwsp}</td> </tr> <tr> <td>10</td> <td>stschwjasp__10</td> <td>No problems</td> </tr> </table> | 1 | stschwjasp__1 | Sore nipples | 2 | stschwjasp__2 | Blocked milk duct, i.e. areas of the breast becoming hard, sore and hot | 3 | stschwjasp__3 | Mastitis | 4 | stschwjasp__4 | Painful uterine contractions while breastfeeding | 5 | stschwjasp__5 | I had too little milk | 6 | stschwjasp__6 | I had too much milk | 7 | stschwjasp__7 | Child had difficulties sucking | 8 | stschwjasp__8 | I was extremely exhausted at times | 9 | stschwjasp__9 | Other: {stschwandwsp} | 10 | stschwjasp__10 | No problems |
| 1 | stschwjasp__1 | Sore nipples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | stschwjasp__2 | Blocked milk duct, i.e. areas of the breast becoming hard, sore and hot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | stschwjasp__3 | Mastitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | stschwjasp__4 | Painful uterine contractions while breastfeeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | stschwjasp__5 | I had too little milk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | stschwjasp__6 | I had too much milk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | stschwjasp__7 | Child had difficulties sucking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | stschwjasp__8 | I was extremely exhausted at times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | stschwjasp__9 | Other: {stschwandwsp} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | stschwjasp__10 | No problems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 | <i>[stschwandwsp]</i> Show the field ONLY if: [stschwjasp(9)]=1 | Anderes: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | <i>[rat]</i> Show the field ONLY if: [still]=1 and [stschw]=1 or [stschw]=2 | Wurden Sie bei diesen Stillschwierigkeiten beraten oder haben Sie sich informiert? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>rat__1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>rat__2</td> <td>Nein, ich wurde nicht beraten</td> </tr> <tr> <td>3</td> <td>rat__3</td> <td>Nein, ich habe keine Informationen gesucht</td> </tr> <tr> <td>4</td> <td>rat__4</td> <td>Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung oder Informationen</td> </tr> </table> | 1 | rat__1 | Ja | 2 | rat__2 | Nein, ich wurde nicht beraten | 3 | rat__3 | Nein, ich habe keine Informationen gesucht | 4 | rat__4 | Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung oder Informationen | | | | | | | | | | | | | | | | | | |
| 1 | rat__1 | Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | rat__2 | Nein, ich wurde nicht beraten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | rat__3 | Nein, ich habe keine Informationen gesucht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | rat__4 | Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung oder Informationen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|--|---|---|----------|---|---|----------|--|---|----------|---|---|----------|---|---|----------|---|
| | | | Custom alignment: LV Field Annotation: @NONOFTHEABOVE=1 | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Were you given advice about these breastfeeding difficulties or did you go and look for information yourself?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>rat__1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>rat__2</td> <td>No, I did not receive advice</td> </tr> <tr> <td>3</td> <td>rat__3</td> <td>No, I did not look for any information</td> </tr> <tr> <td>4</td> <td>rat__4</td> <td>No, I have/had enough experience and did not need any advice or information</td> </tr> </table> | 1 | rat__1 | Yes | 2 | rat__2 | No, I did not receive advice | 3 | rat__3 | No, I did not look for any information | 4 | rat__4 | No, I have/had enough experience and did not need any advice or information | | | |
| 1 | rat__1 | Yes | | | | | | | | | | | | | | | | |
| 2 | rat__2 | No, I did not receive advice | | | | | | | | | | | | | | | | |
| 3 | rat__3 | No, I did not look for any information | | | | | | | | | | | | | | | | |
| 4 | rat__4 | No, I have/had enough experience and did not need any advice or information | | | | | | | | | | | | | | | | |
| 115 | [ratja] Show the field ONLY if: [still]=1 and [rat(1)]=1 | Von wo oder von wem haben Sie Beratung oder Informationen erhalten? (Sie können mehrere Möglichkeiten ankreuzen). Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? | checkbox, Required <table border="1"> <tr> <td>1</td> <td>ratja__1</td> <td>Von Gesundheitsfachpersonen (z.B. Hebamme, Mütter- und Väterberatung, Arzt/Ärztin, Stillberatung) {gesundzuf}</td> </tr> <tr> <td>2</td> <td>ratja__2</td> <td>Von Freund:innen oder Verwandten {freundzuf}</td> </tr> <tr> <td>3</td> <td>ratja__3</td> <td>Printmedien (Bücher, Zeitschriften, Informationsflyer) {printzuf}</td> </tr> <tr> <td>4</td> <td>ratja__4</td> <td>Digitale Medien (Webseiten, Apps, Blogs) {digitzuf}</td> </tr> <tr> <td>5</td> <td>ratja__5</td> <td>Andere Quellen, und zwar: {ratand} {anderzuf}</td> </tr> </table> Custom alignment: LV | 1 | ratja__1 | Von Gesundheitsfachpersonen (z.B. Hebamme, Mütter- und Väterberatung, Arzt/Ärztin, Stillberatung) {gesundzuf} | 2 | ratja__2 | Von Freund:innen oder Verwandten {freundzuf} | 3 | ratja__3 | Printmedien (Bücher, Zeitschriften, Informationsflyer) {printzuf} | 4 | ratja__4 | Digitale Medien (Webseiten, Apps, Blogs) {digitzuf} | 5 | ratja__5 | Andere Quellen, und zwar: {ratand} {anderzuf} |
| 1 | ratja__1 | Von Gesundheitsfachpersonen (z.B. Hebamme, Mütter- und Väterberatung, Arzt/Ärztin, Stillberatung) {gesundzuf} | | | | | | | | | | | | | | | | |
| 2 | ratja__2 | Von Freund:innen oder Verwandten {freundzuf} | | | | | | | | | | | | | | | | |
| 3 | ratja__3 | Printmedien (Bücher, Zeitschriften, Informationsflyer) {printzuf} | | | | | | | | | | | | | | | | |
| 4 | ratja__4 | Digitale Medien (Webseiten, Apps, Blogs) {digitzuf} | | | | | | | | | | | | | | | | |
| 5 | ratja__5 | Andere Quellen, und zwar: {ratand} {anderzuf} | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | From where or from whom did you receive advice or information?(You can select more than one option) How satisfied were you with the advice or with the information received? | <table border="1"> <tr> <td>1</td> <td>ratja__1</td> <td>From healthcare professionals (e.g. midwife, parent advisory professionals, doctor, breastfeeding counsellor) {gesundzuf}</td> </tr> <tr> <td>2</td> <td>ratja__2</td> <td>From friends or relatives {freundzuf}</td> </tr> <tr> <td>3</td> <td>ratja__3</td> <td>Print media (books, magazines, information flyers) {printzuf}</td> </tr> </table> | 1 | ratja__1 | From healthcare professionals (e.g. midwife, parent advisory professionals, doctor, breastfeeding counsellor) {gesundzuf} | 2 | ratja__2 | From friends or relatives {freundzuf} | 3 | ratja__3 | Print media (books, magazines, information flyers) {printzuf} | | | | | | |
| 1 | ratja__1 | From healthcare professionals (e.g. midwife, parent advisory professionals, doctor, breastfeeding counsellor) {gesundzuf} | | | | | | | | | | | | | | | | |
| 2 | ratja__2 | From friends or relatives {freundzuf} | | | | | | | | | | | | | | | | |
| 3 | ratja__3 | Print media (books, magazines, information flyers) {printzuf} | | | | | | | | | | | | | | | | |

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|-----------------|---|--|---|-----------------|----------------|--|------------------------|----------------|--|---|---------------|---|----------------------|--|--|---|-------------|--|---|------------------|--|
| | | | <table border="1"> <tr> <td>4</td> <td>ratja__4</td> <td>Digital media (websites, apps, blogs) {digitzuf}</td> </tr> <tr> <td>5</td> <td>ratja__5</td> <td>Other, namely: {ratand} {anderzuf}</td> </tr> </table> | 4 | ratja__4 | Digital media (websites, apps, blogs) {digitzuf} | 5 | ratja__5 | Other, namely: {ratand} {anderzuf} | | | | | | | | | | | | |
| 4 | ratja__4 | Digital media (websites, apps, blogs) {digitzuf} | | | | | | | | | | | | | | | | | | | |
| 5 | ratja__5 | Other, namely: {ratand} {anderzuf} | | | | | | | | | | | | | | | | | | | |
| 116 | [ratand] Show the field ONLY if: [ratja(5)]=1 | Andere Quellen: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other, namely | | | | | | | | | | | | | | | | | | | |
| 117 | [gesundzuf] Show the field ONLY if: [still]=1 and [ratja(1)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Von Gesundheitsfachpersonen: | <table border="1"> <tr> <td colspan="3">radio, Required</td> </tr> <tr> <td>1</td> <td colspan="2">Sehr zufrieden</td> </tr> <tr> <td>2</td> <td colspan="2">Zufrieden</td> </tr> <tr> <td>3</td> <td colspan="2">Teilweise zufrieden/ teilweise unzufrieden</td> </tr> <tr> <td>4</td> <td colspan="2">Unzufrieden</td> </tr> <tr> <td>5</td> <td colspan="2">Sehr unzufrieden</td> </tr> </table> <p>Custom alignment: LV</p> | radio, Required | | | 1 | Sehr zufrieden | | 2 | Zufrieden | | 3 | Teilweise zufrieden/ teilweise unzufrieden | | 4 | Unzufrieden | | 5 | Sehr unzufrieden | |
| radio, Required | | | | | | | | | | | | | | | | | | | | | |
| 1 | Sehr zufrieden | | | | | | | | | | | | | | | | | | | | |
| 2 | Zufrieden | | | | | | | | | | | | | | | | | | | | |
| 3 | Teilweise zufrieden/ teilweise unzufrieden | | | | | | | | | | | | | | | | | | | | |
| 4 | Unzufrieden | | | | | | | | | | | | | | | | | | | | |
| 5 | Sehr unzufrieden | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice or with the information received? Healthcare professionals: | <table border="1"> <tr> <td>1</td> <td>Very satisfied</td> </tr> <tr> <td>2</td> <td>Satisfied on the whole</td> </tr> <tr> <td>3</td> <td>Satisfied with some parts, but not all</td> </tr> <tr> <td>4</td> <td>Not satisfied</td> </tr> <tr> <td>5</td> <td>Not satisfied at all</td> </tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | 3 | Satisfied with some parts, but not all | 4 | Not satisfied | 5 | Not satisfied at all | | | | | | | | |
| 1 | Very satisfied | | | | | | | | | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | | | | | | | | | |
| 5 | Not satisfied at all | | | | | | | | | | | | | | | | | | | | |
| 118 | [freundzuf] Show the field ONLY if: [still]=1 and [ratja(2)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Von Freund:innen oder Verwandte: | <table border="1"> <tr> <td colspan="3">radio, Required</td> </tr> <tr> <td>1</td> <td colspan="2">Sehr zufrieden</td> </tr> <tr> <td>2</td> <td colspan="2">Zufrieden</td> </tr> <tr> <td>3</td> <td colspan="2">Teilweise zufrieden/ teilweise unzufrieden</td> </tr> <tr> <td>4</td> <td colspan="2">Unzufrieden</td> </tr> <tr> <td>5</td> <td colspan="2">Sehr unzufrieden</td> </tr> </table> <p>Custom alignment: LV</p> | radio, Required | | | 1 | Sehr zufrieden | | 2 | Zufrieden | | 3 | Teilweise zufrieden/ teilweise unzufrieden | | 4 | Unzufrieden | | 5 | Sehr unzufrieden | |
| radio, Required | | | | | | | | | | | | | | | | | | | | | |
| 1 | Sehr zufrieden | | | | | | | | | | | | | | | | | | | | |
| 2 | Zufrieden | | | | | | | | | | | | | | | | | | | | |
| 3 | Teilweise zufrieden/ teilweise unzufrieden | | | | | | | | | | | | | | | | | | | | |
| 4 | Unzufrieden | | | | | | | | | | | | | | | | | | | | |
| 5 | Sehr unzufrieden | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice or with the information received? Friends or relatives: | <table border="1"> <tr> <td>1</td> <td>Very satisfied</td> </tr> <tr> <td>2</td> <td>Satisfied on the whole</td> </tr> <tr> <td>3</td> <td>Satisfied with some parts, but not all</td> </tr> <tr> <td>4</td> <td>Not satisfied</td> </tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | 3 | Satisfied with some parts, but not all | 4 | Not satisfied | | | | | | | | | | |
| 1 | Very satisfied | | | | | | | | | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | | | | | | | | | |

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| | | | 5 Not satisfied at all |
| 119 | [printzuf] Show the field ONLY if: [still]=1 and [ratja(3)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Aus den Printmedien: | radio, Required 1 Sehr zufrieden 2 Zufrieden 3 Teilweise zufrieden/ teilweise unzufrieden 4 Unzufrieden 5 Sehr unzufrieden Custom alignment: LV |
| | [en-gb] | How satisfied were you with the advice or with the information received? Print media: | 1 Very satisfied 2 Satisfied on the whole 3 Satisfied with some parts, but not all 4 Not satisfied 5 Not satisfied at all |
| 120 | [digitzuf] Show the field ONLY if: [still]=1 and [ratja(4)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Aus den Digitale Medien: | radio, Required 1 Sehr zufrieden 2 Zufrieden 3 Teilweise zufrieden/ teilweise unzufrieden 4 Unzufrieden 5 Sehr unzufrieden Custom alignment: LV |
| | [en-gb] | How satisfied were you with the advice or with the information received? Digital media: | 1 Very satisfied 2 Satisfied on the whole 3 Satisfied with some parts, but not all 4 Not satisfied 5 Not satisfied at all |
| 121 | [anderzuf] Show the field ONLY if: [still]=1 and [ratja(5)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Aus anderen Quellen: | radio, Required 1 Sehr zufrieden 2 Zufrieden 3 Teilweise zufrieden/ teilweise unzufrieden 4 Unzufrieden 5 Sehr unzufrieden |

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| | | | Custom alignment: LV | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice or with the information received? Other sources: | <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied on the whole</td></tr> <tr><td>3</td><td>Satisfied with some parts, but not all</td></tr> <tr><td>4</td><td>Not satisfied</td></tr> <tr><td>5</td><td>Not satisfied at all</td></tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | 3 | Satisfied with some parts, but not all | 4 | Not satisfied | 5 | Not satisfied at all | | | | | | | | | | |
| 1 | Very satisfied | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Not satisfied at all | | | | | | | | | | | | | | | | | | | | | | |
| 122 | [mm] Show the field ONLY if: [still]=1 | Wie lange hat Ihr Kind nichts anderes als Muttermilch erhalten? | radio <table border="1"> <tr><td>1</td><td>Bis heute, denn ich stille ausschliesslich: mein Kind erhält nur Muttermilch</td></tr> <tr><td>2</td><td>Bis es {mmwomo} Wochen/ Monate alt war: es erhielt zu diesem Zeitpunkt zum ersten Mal Brei, Tee oder Pulvermilch</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> Custom alignment: LV | 1 | Bis heute, denn ich stille ausschliesslich: mein Kind erhält nur Muttermilch | 2 | Bis es {mmwomo} Wochen/ Monate alt war: es erhielt zu diesem Zeitpunkt zum ersten Mal Brei, Tee oder Pulvermilch | 9 | Ich weiss es nicht | | | | | | | | | | | | | | |
| 1 | Bis heute, denn ich stille ausschliesslich: mein Kind erhält nur Muttermilch | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Bis es {mmwomo} Wochen/ Monate alt war: es erhielt zu diesem Zeitpunkt zum ersten Mal Brei, Tee oder Pulvermilch | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | How long did your child receive exclusively breast milk? | <table border="1"> <tr><td>1</td><td>Until now, because I am exclusively breastfeeding : my child is still receiving nothing but breast milk</td></tr> <tr><td>2</td><td>Until {mmwomo} weeks/months old: this was the age when my child was given baby porridge/ puree, herbal tea or powdered milk for the first time</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 1 | Until now, because I am exclusively breastfeeding : my child is still receiving nothing but breast milk | 2 | Until {mmwomo} weeks/months old: this was the age when my child was given baby porridge/ puree, herbal tea or powdered milk for the first time | 9 | I don't know | | | | | | | | | | | | | | |
| 1 | Until now, because I am exclusively breastfeeding : my child is still receiving nothing but breast milk | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Until {mmwomo} weeks/months old: this was the age when my child was given baby porridge/ puree, herbal tea or powdered milk for the first time | | | | | | | | | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | | | | | | | | | |
| 123 | [mmwomo] Show the field ONLY if: [mm]=2 | Bis es _____ alt war. | dropdown, Required <table border="1"> <tr><td>1</td><td>1 Woche</td></tr> <tr><td>2</td><td>2 Wochen</td></tr> <tr><td>3</td><td>3 Wochen</td></tr> <tr><td>4</td><td>4 Wochen</td></tr> <tr><td>5</td><td>5 Wochen</td></tr> <tr><td>6</td><td>6 Wochen</td></tr> <tr><td>7</td><td>7 Wochen</td></tr> <tr><td>8</td><td>8 Wochen</td></tr> <tr><td>9</td><td>9 Wochen</td></tr> <tr><td>10</td><td>10 Wochen</td></tr> </table> | 1 | 1 Woche | 2 | 2 Wochen | 3 | 3 Wochen | 4 | 4 Wochen | 5 | 5 Wochen | 6 | 6 Wochen | 7 | 7 Wochen | 8 | 8 Wochen | 9 | 9 Wochen | 10 | 10 Wochen |
| 1 | 1 Woche | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 Wochen | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 Wochen | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 Wochen | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 Wochen | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 Wochen | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 Wochen | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 Wochen | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 Wochen | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 Wochen | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|----------------------------|---|----|-----------|----|-----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|-----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|-----------|
| | | | <table border="1"> <tr><td>11</td><td>11 Wochen</td></tr> <tr><td>12</td><td>12 Wochen</td></tr> <tr><td>13</td><td>3 Monate</td></tr> <tr><td>14</td><td>4 Monate</td></tr> <tr><td>15</td><td>5 Monate</td></tr> <tr><td>16</td><td>6 Monate</td></tr> <tr><td>17</td><td>7 Monate</td></tr> <tr><td>18</td><td>8 Monate</td></tr> <tr><td>19</td><td>9 Monate</td></tr> <tr><td>20</td><td>10 Monate</td></tr> </table> <p>Custom alignment: LV</p> | 11 | 11 Wochen | 12 | 12 Wochen | 13 | 3 Monate | 14 | 4 Monate | 15 | 5 Monate | 16 | 6 Monate | 17 | 7 Monate | 18 | 8 Monate | 19 | 9 Monate | 20 | 10 Monate | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 3 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 4 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 5 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 6 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 7 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 8 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 9 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 10 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Until ___ old | <table border="1"> <tr><td>1</td><td>1 week</td></tr> <tr><td>2</td><td>2 weeks</td></tr> <tr><td>3</td><td>3 weeks</td></tr> <tr><td>4</td><td>4 weeks</td></tr> <tr><td>5</td><td>5 weeks</td></tr> <tr><td>6</td><td>6 weeks</td></tr> <tr><td>7</td><td>7 weeks</td></tr> <tr><td>8</td><td>8 weeks</td></tr> <tr><td>9</td><td>9 weeks</td></tr> <tr><td>10</td><td>10 weeks</td></tr> <tr><td>11</td><td>11 weeks</td></tr> <tr><td>12</td><td>12 weeks</td></tr> <tr><td>13</td><td>3 months</td></tr> <tr><td>14</td><td>4 months</td></tr> <tr><td>15</td><td>5 months</td></tr> <tr><td>16</td><td>6 months</td></tr> <tr><td>17</td><td>7 months</td></tr> <tr><td>18</td><td>8 months</td></tr> <tr><td>19</td><td>9 months</td></tr> <tr><td>20</td><td>10 months</td></tr> </table> | 1 | 1 week | 2 | 2 weeks | 3 | 3 weeks | 4 | 4 weeks | 5 | 5 weeks | 6 | 6 weeks | 7 | 7 weeks | 8 | 8 weeks | 9 | 9 weeks | 10 | 10 weeks | 11 | 11 weeks | 12 | 12 weeks | 13 | 3 months | 14 | 4 months | 15 | 5 months | 16 | 6 months | 17 | 7 months | 18 | 8 months | 19 | 9 months | 20 | 10 months |
| 1 | 1 week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 3 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 4 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 5 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 7 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 8 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 9 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 10 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 124 | <i>[still1]</i> Show the field ONLY if: <i>[still]=1 and [mm]=2</i> | Stillen Sie Ihr Kind noch? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> </table> | 1 | Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table border="1"> <tr> <td>2</td> <td>Nein, ich habe abgestillt als es {still1womo} Wochen/Monate alt war</td> </tr> </table> <p>Custom alignment: LV</p> | 2 | Nein, ich habe abgestillt als es {still1womo} Wochen/Monate alt war | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Nein, ich habe abgestillt als es {still1womo} Wochen/Monate alt war | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Is your child still being breastfed? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No, I stopped breastfeeding when my child was {still1womo} weeks/months</td> </tr> </table> | 1 | Yes | 2 | No, I stopped breastfeeding when my child was {still1womo} weeks/months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No, I stopped breastfeeding when my child was {still1womo} weeks/months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 | [still1womo] | Als es _____ alt war. | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>1 Woche</td></tr> <tr><td>2</td><td>2 Wochen</td></tr> <tr><td>3</td><td>3 Wochen</td></tr> <tr><td>4</td><td>4 Wochen</td></tr> <tr><td>5</td><td>5 Wochen</td></tr> <tr><td>6</td><td>6 Wochen</td></tr> <tr><td>7</td><td>7 Wochen</td></tr> <tr><td>8</td><td>8 Wochen</td></tr> <tr><td>9</td><td>9 Wochen</td></tr> <tr><td>10</td><td>10 Wochen</td></tr> <tr><td>11</td><td>11 Wochen</td></tr> <tr><td>12</td><td>12 Wochen</td></tr> <tr><td>13</td><td>3 Monate</td></tr> <tr><td>14</td><td>4 Monate</td></tr> <tr><td>15</td><td>5 Monate</td></tr> <tr><td>16</td><td>6 Monate</td></tr> <tr><td>17</td><td>7 Monate</td></tr> <tr><td>18</td><td>8 Monate</td></tr> <tr><td>19</td><td>9 Monate</td></tr> <tr><td>20</td><td>10 Monate</td></tr> <tr><td>21</td><td>11 Monate</td></tr> <tr><td>22</td><td>12 Monate</td></tr> <tr><td>23</td><td>13 Monate</td></tr> <tr><td>24</td><td>14 Monate</td></tr> <tr><td>25</td><td>15 Monate</td></tr> </table> <p>Custom alignment: LV</p> | 1 | 1 Woche | 2 | 2 Wochen | 3 | 3 Wochen | 4 | 4 Wochen | 5 | 5 Wochen | 6 | 6 Wochen | 7 | 7 Wochen | 8 | 8 Wochen | 9 | 9 Wochen | 10 | 10 Wochen | 11 | 11 Wochen | 12 | 12 Wochen | 13 | 3 Monate | 14 | 4 Monate | 15 | 5 Monate | 16 | 6 Monate | 17 | 7 Monate | 18 | 8 Monate | 19 | 9 Monate | 20 | 10 Monate | 21 | 11 Monate | 22 | 12 Monate | 23 | 13 Monate | 24 | 14 Monate | 25 | 15 Monate |
| 1 | 1 Woche | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | 10 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 3 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 4 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 5 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 6 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 7 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 8 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 9 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 10 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 11 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 12 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 13 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 14 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 15 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | <p>[en-gb] Until ___ old</p> | | <table border="1"> <tr><td>1</td><td>1 week</td></tr> <tr><td>2</td><td>2 weeks</td></tr> <tr><td>3</td><td>3 weeks</td></tr> <tr><td>4</td><td>4 weeks</td></tr> <tr><td>5</td><td>5 weeks</td></tr> <tr><td>6</td><td>6 weeks</td></tr> <tr><td>7</td><td>7 weeks</td></tr> <tr><td>8</td><td>8 weeks</td></tr> <tr><td>9</td><td>9 weeks</td></tr> <tr><td>10</td><td>10 weeks</td></tr> <tr><td>11</td><td>11 weeks</td></tr> <tr><td>12</td><td>12 weeks</td></tr> <tr><td>13</td><td>3 months</td></tr> <tr><td>14</td><td>4 months</td></tr> <tr><td>15</td><td>5 months</td></tr> <tr><td>16</td><td>6 months</td></tr> <tr><td>17</td><td>7 months</td></tr> <tr><td>18</td><td>8 months</td></tr> <tr><td>19</td><td>9 months</td></tr> <tr><td>20</td><td>10 months</td></tr> <tr><td>21</td><td>11 months</td></tr> <tr><td>22</td><td>12 months</td></tr> <tr><td>23</td><td>13 months</td></tr> <tr><td>24</td><td>14 months</td></tr> <tr><td>25</td><td>15 months</td></tr> </table> | 1 | 1 week | 2 | 2 weeks | 3 | 3 weeks | 4 | 4 weeks | 5 | 5 weeks | 6 | 6 weeks | 7 | 7 weeks | 8 | 8 weeks | 9 | 9 weeks | 10 | 10 weeks | 11 | 11 weeks | 12 | 12 weeks | 13 | 3 months | 14 | 4 months | 15 | 5 months | 16 | 6 months | 17 | 7 months | 18 | 8 months | 19 | 9 months | 20 | 10 months | 21 | 11 months | 22 | 12 months | 23 | 13 months | 24 | 14 months | 25 | 15 months |
| 1 | 1 week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 | 4 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 5 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 7 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 8 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 9 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 10 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 11 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 13 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 14 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 15 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>126</p> | <p>[abstill]</p> <p>Show the field ONLY if: [still]=1 and [still1]=2</p> | <p>Was hat zu Ihrer Entscheidung geführt, zu diesem Zeitpunkt abzustillen? (Sie können mehrere Möglichkeiten ankreuzen)</p> | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>abstill__1</td> <td>Das Alter meines Kindes</td> </tr> <tr> <td>2</td> <td>abstill__2</td> <td>Mein Kind hatte Hunger</td> </tr> <tr> <td>3</td> <td>abstill__3</td> <td>Mein Kind wollte nicht mehr (so oft) an die Brust</td> </tr> <tr> <td>4</td> <td>abstill__4</td> <td>Mein Kind bekam Zähne</td> </tr> <tr> <td>5</td> <td>abstill__5</td> <td>Mein Kind war krank</td> </tr> </table> | 1 | abstill__1 | Das Alter meines Kindes | 2 | abstill__2 | Mein Kind hatte Hunger | 3 | abstill__3 | Mein Kind wollte nicht mehr (so oft) an die Brust | 4 | abstill__4 | Mein Kind bekam Zähne | 5 | abstill__5 | Mein Kind war krank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | abstill__1 | Das Alter meines Kindes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 | abstill__4 | Mein Kind bekam Zähne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | <table border="1"> <tr> <td>6</td> <td>abstill__6</td> <td>Mein Kind war einige Tage nicht bei mir</td> </tr> <tr> <td>7</td> <td>abstill__7</td> <td>Ich wollte mehr Spielraum für mich und meinen Partner/meine Partnerin</td> </tr> <tr> <td>8</td> <td>abstill__8</td> <td>Ich war erschöpft</td> </tr> <tr> <td>9</td> <td>abstill__9</td> <td>Ich hatte zu wenig Milch</td> </tr> <tr> <td>10</td> <td>abstill__10</td> <td>Mein Kind war sehr unruhig</td> </tr> <tr> <td>11</td> <td>abstill__11</td> <td>Ich hatte Probleme mit den Brustwarzen</td> </tr> <tr> <td>12</td> <td>abstill__12</td> <td>Ich hatte eine Brustentzündung</td> </tr> <tr> <td>13</td> <td>abstill__13</td> <td>Es liess sich nicht mit meiner beruflichen Tätigkeit vereinbaren</td> </tr> <tr> <td>14</td> <td>abstill__14</td> <td>Es liess sich nicht mit meinen Haushalts- und familiären Verpflichtungen vereinbaren</td> </tr> <tr> <td>15</td> <td>abstill__15</td> <td>Andere Gründe: {grund2was}</td> </tr> </table> <p>Custom alignment: LV</p> | 6 | abstill__6 | Mein Kind war einige Tage nicht bei mir | 7 | abstill__7 | Ich wollte mehr Spielraum für mich und meinen Partner/meine Partnerin | 8 | abstill__8 | Ich war erschöpft | 9 | abstill__9 | Ich hatte zu wenig Milch | 10 | abstill__10 | Mein Kind war sehr unruhig | 11 | abstill__11 | Ich hatte Probleme mit den Brustwarzen | 12 | abstill__12 | Ich hatte eine Brustentzündung | 13 | abstill__13 | Es liess sich nicht mit meiner beruflichen Tätigkeit vereinbaren | 14 | abstill__14 | Es liess sich nicht mit meinen Haushalts- und familiären Verpflichtungen vereinbaren | 15 | abstill__15 | Andere Gründe: {grund2was} |
| 6 | abstill__6 | Mein Kind war einige Tage nicht bei mir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | abstill__7 | Ich wollte mehr Spielraum für mich und meinen Partner/meine Partnerin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | abstill__8 | Ich war erschöpft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | abstill__9 | Ich hatte zu wenig Milch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | abstill__10 | Mein Kind war sehr unruhig | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | abstill__11 | Ich hatte Probleme mit den Brustwarzen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | abstill__12 | Ich hatte eine Brustentzündung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | abstill__13 | Es liess sich nicht mit meiner beruflichen Tätigkeit vereinbaren | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | abstill__14 | Es liess sich nicht mit meinen Haushalts- und familiären Verpflichtungen vereinbaren | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | abstill__15 | Andere Gründe: {grund2was} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>[en-gb]</p> | <p>What led to your decision to stop breastfeeding at this time?(You can select more than one option)</p> | <table border="1"> <tr> <td>1</td> <td>abstill__1</td> <td>My child's age</td> </tr> <tr> <td>2</td> <td>abstill__2</td> <td>My child was hungry</td> </tr> <tr> <td>3</td> <td>abstill__3</td> <td>My child no longer wanted to breastfeed (so often)</td> </tr> <tr> <td>4</td> <td>abstill__4</td> <td>My child's teeth came in</td> </tr> <tr> <td>5</td> <td>abstill__5</td> <td>My child was sick</td> </tr> </table> | 1 | abstill__1 | My child's age | 2 | abstill__2 | My child was hungry | 3 | abstill__3 | My child no longer wanted to breastfeed (so often) | 4 | abstill__4 | My child's teeth came in | 5 | abstill__5 | My child was sick | | | | | | | | | | | | | | | |
| 1 | abstill__1 | My child's age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | abstill__2 | My child was hungry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | abstill__3 | My child no longer wanted to breastfeed (so often) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | abstill__4 | My child's teeth came in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | abstill__5 | My child was sick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table border="1"> <tr> <td>6</td> <td>abstill__6</td> <td>My child was away from me for several days</td> </tr> <tr> <td>7</td> <td>abstill__7</td> <td>I wanted more time for myself and my partner</td> </tr> <tr> <td>8</td> <td>abstill__8</td> <td>I was exhausted</td> </tr> <tr> <td>9</td> <td>abstill__9</td> <td>I did not have enough milk</td> </tr> <tr> <td>10</td> <td>abstill__10</td> <td>My child was very restless</td> </tr> <tr> <td>11</td> <td>abstill__11</td> <td>I had problems with my nipples</td> </tr> <tr> <td>12</td> <td>abstill__12</td> <td>I had mastitis</td> </tr> <tr> <td>13</td> <td>abstill__13</td> <td>I could not reconcile it with my job</td> </tr> <tr> <td>14</td> <td>abstill__14</td> <td>I could not reconcile it with my household and family obligations</td> </tr> <tr> <td>15</td> <td>abstill__15</td> <td>Other reasons: {grund2was}</td> </tr> </table> | 6 | abstill__6 | My child was away from me for several days | 7 | abstill__7 | I wanted more time for myself and my partner | 8 | abstill__8 | I was exhausted | 9 | abstill__9 | I did not have enough milk | 10 | abstill__10 | My child was very restless | 11 | abstill__11 | I had problems with my nipples | 12 | abstill__12 | I had mastitis | 13 | abstill__13 | I could not reconcile it with my job | 14 | abstill__14 | I could not reconcile it with my household and family obligations | 15 | abstill__15 | Other reasons: {grund2was} |
| 6 | abstill__6 | My child was away from me for several days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | abstill__7 | I wanted more time for myself and my partner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | abstill__8 | I was exhausted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | abstill__9 | I did not have enough milk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | abstill__10 | My child was very restless | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | abstill__11 | I had problems with my nipples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | abstill__12 | I had mastitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | abstill__13 | I could not reconcile it with my job | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | abstill__14 | I could not reconcile it with my household and family obligations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | abstill__15 | Other reasons: {grund2was} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | [grund2was] Show the field ONLY if: [abstill(15)]=1 | Andere Gründe: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other reasons: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | [ratb] | Section Header: <i>Fragen zur Einführung von Beikost</i> Wurden Sie zum Thema Einführung von Beikost beraten oder haben Sie sich informiert? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>ratb__1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>ratb__2</td> <td>Nein, ich wurde nicht beraten</td> </tr> <tr> <td>3</td> <td>ratb__3</td> <td>Nein, ich habe keine Informationen gesucht</td> </tr> <tr> <td>4</td> <td>ratb__4</td> <td>Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung oder Informationen</td> </tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=1 | 1 | ratb__1 | Ja | 2 | ratb__2 | Nein, ich wurde nicht beraten | 3 | ratb__3 | Nein, ich habe keine Informationen gesucht | 4 | ratb__4 | Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung oder Informationen | | | | | | | | | | | | | | | | | | |
| 1 | ratb__1 | Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ratb__2 | Nein, ich wurde nicht beraten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ratb__3 | Nein, ich habe keine Informationen gesucht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ratb__4 | Nein, ich habe/hatte genug Erfahrung und brauchte keine Beratung oder Informationen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|-----------|---|---|-----------|---|---|-----------|--|---|-----------|---|---|-----------|--|
| | <p>[en-gb]</p> <p>Section Header: <i>Questions about the introduction of complementary foods</i></p> <p>Were you given advice about the introduction of complementary foods or did you go and look for information yourself? (You can select more than one option)</p> | | <table border="1"> <tr> <td>1</td> <td>ratb__1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>ratb__2</td> <td>No, I did not receive advice</td> </tr> <tr> <td>3</td> <td>ratb__3</td> <td>No, I did not look for any information</td> </tr> <tr> <td>4</td> <td>ratb__4</td> <td>No, I have/had enough experience and did not need any advice or information</td> </tr> </table> | 1 | ratb__1 | Yes | 2 | ratb__2 | No, I did not receive advice | 3 | ratb__3 | No, I did not look for any information | 4 | ratb__4 | No, I have/had enough experience and did not need any advice or information | | | |
| 1 | ratb__1 | Yes | | | | | | | | | | | | | | | | |
| 2 | ratb__2 | No, I did not receive advice | | | | | | | | | | | | | | | | |
| 3 | ratb__3 | No, I did not look for any information | | | | | | | | | | | | | | | | |
| 4 | ratb__4 | No, I have/had enough experience and did not need any advice or information | | | | | | | | | | | | | | | | |
| <p>129</p> <p>[ratbja]</p> <p>Show the field ONLY if: [ratb(1)]=1</p> | | <p>Von wo oder von wem haben Sie Beratung oder Informationen erhalten? Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? (Sie können mehrere Möglichkeiten ankreuzen)</p> | <p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>ratbja__1</td> <td>Von Gesundheitsfachpersonen (z.B. Hebamme, Mütter- und Väterberatung, Arzt/Ärztin, Stillberatung) {ratbgesundzuf}</td> </tr> <tr> <td>2</td> <td>ratbja__2</td> <td>Von Freund:innen oder Verwandten{ratbfreundz}</td> </tr> <tr> <td>3</td> <td>ratbja__3</td> <td>Printmedien (Bücher, Zeitschriften, Informationsflyer) {ratbprintzuf}</td> </tr> <tr> <td>4</td> <td>ratbja__4</td> <td>Digitale Medien (Webseiten, Apps, Blogs) {ratbdigitzuf}</td> </tr> <tr> <td>5</td> <td>ratbja__5</td> <td>Andere Quellen, und zwa {ratband}{ratbandzuf}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | ratbja__1 | Von Gesundheitsfachpersonen (z.B. Hebamme, Mütter- und Väterberatung, Arzt/Ärztin, Stillberatung) {ratbgesundzuf} | 2 | ratbja__2 | Von Freund:innen oder Verwandten{ratbfreundz} | 3 | ratbja__3 | Printmedien (Bücher, Zeitschriften, Informationsflyer) {ratbprintzuf} | 4 | ratbja__4 | Digitale Medien (Webseiten, Apps, Blogs) {ratbdigitzuf} | 5 | ratbja__5 | Andere Quellen, und zwa {ratband}{ratbandzuf} |
| 1 | ratbja__1 | Von Gesundheitsfachpersonen (z.B. Hebamme, Mütter- und Väterberatung, Arzt/Ärztin, Stillberatung) {ratbgesundzuf} | | | | | | | | | | | | | | | | |
| 2 | ratbja__2 | Von Freund:innen oder Verwandten{ratbfreundz} | | | | | | | | | | | | | | | | |
| 3 | ratbja__3 | Printmedien (Bücher, Zeitschriften, Informationsflyer) {ratbprintzuf} | | | | | | | | | | | | | | | | |
| 4 | ratbja__4 | Digitale Medien (Webseiten, Apps, Blogs) {ratbdigitzuf} | | | | | | | | | | | | | | | | |
| 5 | ratbja__5 | Andere Quellen, und zwa {ratband}{ratbandzuf} | | | | | | | | | | | | | | | | |
| | <p>[en-gb]</p> | <p>From where or from whom did you receive advice or information?(You can select more than one option) How satisfied were you with the advice or with the information received?</p> | <table border="1"> <tr> <td>1</td> <td>ratbja__1</td> <td>Healthcare professionals (e.g. midwife, parent advisory professionals, doctor, breastfeeding counsellor) {ratbgesundzuf}</td> </tr> <tr> <td>2</td> <td>ratbja__2</td> <td>Friends or relatives {ratbfreundzuf}</td> </tr> <tr> <td>3</td> <td>ratbja__3</td> <td>Print media {ratbprintzuf}</td> </tr> <tr> <td>4</td> <td>ratbja__4</td> <td>Digital media {ratbdigitzuf}</td> </tr> </table> | 1 | ratbja__1 | Healthcare professionals (e.g. midwife, parent advisory professionals, doctor, breastfeeding counsellor) {ratbgesundzuf} | 2 | ratbja__2 | Friends or relatives {ratbfreundzuf} | 3 | ratbja__3 | Print media {ratbprintzuf} | 4 | ratbja__4 | Digital media {ratbdigitzuf} | | | |
| 1 | ratbja__1 | Healthcare professionals (e.g. midwife, parent advisory professionals, doctor, breastfeeding counsellor) {ratbgesundzuf} | | | | | | | | | | | | | | | | |
| 2 | ratbja__2 | Friends or relatives {ratbfreundzuf} | | | | | | | | | | | | | | | | |
| 3 | ratbja__3 | Print media {ratbprintzuf} | | | | | | | | | | | | | | | | |
| 4 | ratbja__4 | Digital media {ratbdigitzuf} | | | | | | | | | | | | | | | | |

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| | | | 5 ratbja__5 Other sources: {ratband} {ratbandzuf} | | | | | | | | | | |
| 130 | [ratband] Show the field ONLY if: [ratbja(5)]=1 | Andere Quellen: | text, Required Custom alignment: LV | | | | | | | | | | |
| | [en-gb] | Other sources | | | | | | | | | | | |
| 131 | [ratgesundzuf] Show the field ONLY if: [ratbja(1)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Von den Gesundheitsfachpersonen: | radio, Required <table border="1"> <tr><td>1</td><td>Sehr zufrieden</td></tr> <tr><td>2</td><td>Eher zufrieden</td></tr> <tr><td>3</td><td>Teilweise zufrieden</td></tr> <tr><td>4</td><td>Unzufrieden</td></tr> <tr><td>5</td><td>Sehr unzufrieden</td></tr> </table> Custom alignment: LV | 1 | Sehr zufrieden | 2 | Eher zufrieden | 3 | Teilweise zufrieden | 4 | Unzufrieden | 5 | Sehr unzufrieden |
| 1 | Sehr zufrieden | | | | | | | | | | | | |
| 2 | Eher zufrieden | | | | | | | | | | | | |
| 3 | Teilweise zufrieden | | | | | | | | | | | | |
| 4 | Unzufrieden | | | | | | | | | | | | |
| 5 | Sehr unzufrieden | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice or with the information received? Healthcare professionals | <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied on the whole</td></tr> <tr><td>3</td><td>Satisfied with some parts, but not all</td></tr> <tr><td>4</td><td>Not satisfied</td></tr> <tr><td>5</td><td>Not satisfied at all</td></tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | 3 | Satisfied with some parts, but not all | 4 | Not satisfied | 5 | Not satisfied at all |
| 1 | Very satisfied | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | |
| 5 | Not satisfied at all | | | | | | | | | | | | |
| 132 | [ratbfreundzuf] Show the field ONLY if: [ratbja(2)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Von den Freund:innen oder Verwandte: | radio, Required <table border="1"> <tr><td>1</td><td>Sehr zufrieden</td></tr> <tr><td>2</td><td>Eher zufrieden</td></tr> <tr><td>3</td><td>Teilweise zufrieden</td></tr> <tr><td>4</td><td>Unzufrieden</td></tr> <tr><td>5</td><td>Sehr unzufrieden</td></tr> </table> Custom alignment: LV | 1 | Sehr zufrieden | 2 | Eher zufrieden | 3 | Teilweise zufrieden | 4 | Unzufrieden | 5 | Sehr unzufrieden |
| 1 | Sehr zufrieden | | | | | | | | | | | | |
| 2 | Eher zufrieden | | | | | | | | | | | | |
| 3 | Teilweise zufrieden | | | | | | | | | | | | |
| 4 | Unzufrieden | | | | | | | | | | | | |
| 5 | Sehr unzufrieden | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice or with the information received? Friends or relatives: | <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied on the whole</td></tr> <tr><td>3</td><td>Satisfied with some parts, but not all</td></tr> <tr><td>4</td><td>Not satisfied</td></tr> <tr><td>5</td><td>Not satisfied at all</td></tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | 3 | Satisfied with some parts, but not all | 4 | Not satisfied | 5 | Not satisfied at all |
| 1 | Very satisfied | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | |
| 5 | Not satisfied at all | | | | | | | | | | | | |
| 133 | [ratbprintzuf] Show the field ONLY | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Aus den Printmedien: | radio, Required <table border="1"> <tr><td>1</td><td>Sehr zufrieden</td></tr> </table> | 1 | Sehr zufrieden | | | | | | | | |
| 1 | Sehr zufrieden | | | | | | | | | | | | |

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|-----|--|--|---|---|----------------|---|------------------------|---|--|---|------------------|---|----------------------|
| | if: [ratbja(3)]=1 | | <table border="1"> <tr><td>2</td><td>Eher zufrieden</td></tr> <tr><td>3</td><td>Teilweise zufrieden</td></tr> <tr><td>4</td><td>Unzufrieden</td></tr> <tr><td>5</td><td>Sehr unzufrieden</td></tr> </table> <p>Custom alignment: LV</p> | 2 | Eher zufrieden | 3 | Teilweise zufrieden | 4 | Unzufrieden | 5 | Sehr unzufrieden | | |
| 2 | Eher zufrieden | | | | | | | | | | | | |
| 3 | Teilweise zufrieden | | | | | | | | | | | | |
| 4 | Unzufrieden | | | | | | | | | | | | |
| 5 | Sehr unzufrieden | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice or with the information received? Print media : | <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied on the whole</td></tr> <tr><td>3</td><td>Satisfied with some parts, but not all</td></tr> <tr><td>4</td><td>Not satisfied</td></tr> <tr><td>5</td><td>Not satisfied at all</td></tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | 3 | Satisfied with some parts, but not all | 4 | Not satisfied | 5 | Not satisfied at all |
| 1 | Very satisfied | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | |
| 5 | Not satisfied at all | | | | | | | | | | | | |
| 134 | [ratbdigitzuf] Show the field ONLY if: [ratbja(4)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Aus den Digitalen Medien: | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Sehr zufrieden</td></tr> <tr><td>2</td><td>Eher zufrieden</td></tr> <tr><td>3</td><td>Teilweise zufrieden</td></tr> <tr><td>4</td><td>Unzufrieden</td></tr> <tr><td>5</td><td>Sehr unzufrieden</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Sehr zufrieden | 2 | Eher zufrieden | 3 | Teilweise zufrieden | 4 | Unzufrieden | 5 | Sehr unzufrieden |
| 1 | Sehr zufrieden | | | | | | | | | | | | |
| 2 | Eher zufrieden | | | | | | | | | | | | |
| 3 | Teilweise zufrieden | | | | | | | | | | | | |
| 4 | Unzufrieden | | | | | | | | | | | | |
| 5 | Sehr unzufrieden | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice or with the information received? Digital media: | <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied on the whole</td></tr> <tr><td>3</td><td>Satisfied with some parts, but not all</td></tr> <tr><td>4</td><td>Not satisfied</td></tr> <tr><td>5</td><td>Not satisfied at all</td></tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | 3 | Satisfied with some parts, but not all | 4 | Not satisfied | 5 | Not satisfied at all |
| 1 | Very satisfied | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | |
| 5 | Not satisfied at all | | | | | | | | | | | | |
| 135 | [ratbandzuf] Show the field ONLY if: [ratbja(5)]=1 | Wie zufrieden waren Sie mit der Beratung bzw. mit den erhaltenen Informationen? Aus anderen Quellen: | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Sehr zufrieden</td></tr> <tr><td>2</td><td>Eher zufrieden</td></tr> <tr><td>3</td><td>Teilweise zufrieden</td></tr> <tr><td>4</td><td>Unzufrieden</td></tr> <tr><td>5</td><td>Sehr unzufrieden</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Sehr zufrieden | 2 | Eher zufrieden | 3 | Teilweise zufrieden | 4 | Unzufrieden | 5 | Sehr unzufrieden |
| 1 | Sehr zufrieden | | | | | | | | | | | | |
| 2 | Eher zufrieden | | | | | | | | | | | | |
| 3 | Teilweise zufrieden | | | | | | | | | | | | |
| 4 | Unzufrieden | | | | | | | | | | | | |
| 5 | Sehr unzufrieden | | | | | | | | | | | | |
| | [en-gb] | How satisfied were you with the advice or with the information received? Other sources: | <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied on the whole</td></tr> </table> | 1 | Very satisfied | 2 | Satisfied on the whole | | | | | | |
| 1 | Very satisfied | | | | | | | | | | | | |
| 2 | Satisfied on the whole | | | | | | | | | | | | |

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|-----|--|--|--|---|--|--|---|---------------|--|---|----------------------|---|---|-----------|--|---|-----------|---|---|-----------|--|---|-----------|--|
| | | | <table border="1"> <tr> <td>3</td> <td colspan="2">Satisfied with some parts, but not all</td> </tr> <tr> <td>4</td> <td colspan="2">Not satisfied</td> </tr> <tr> <td>5</td> <td colspan="2">Not satisfied at all</td> </tr> </table> | 3 | Satisfied with some parts, but not all | | 4 | Not satisfied | | 5 | Not satisfied at all | | | | | | | | | | | | | |
| 3 | Satisfied with some parts, but not all | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Not satisfied | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Not satisfied at all | | | | | | | | | | | | | | | | | | | | | | | |
| 136 | <p>[digmed]</p> <p>Show the field ONLY if: [ratja(4)]=1 or [ratbja(4)]=1 or [stillinfoja(7)]=1</p> | <p>Sie haben sich zum Thema Stillen und/oder Säuglingsernährung über die digitalen Medien informiert. Wie häufig benutzen Sie folgende digitale Medien</p> | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>digmed__1</td> <td>Social Media (z.B. Facebook, Twitter, YouTube) {sociaselt}</td> </tr> <tr> <td>2</td> <td>digmed__2</td> <td>Internetseiten für Mütter/Väter/Eltern {interselt}</td> </tr> <tr> <td>3</td> <td>digmed__3</td> <td>Spezielle Apps auf dem PC oder mobilen Geräten (Tablets, Mobiltelefone) {speziselt}</td> </tr> <tr> <td>4</td> <td>digmed__4</td> <td>Internet-Suchmaschine (z.B. Google, Yahoo) {interselt_1}</td> </tr> <tr> <td>5</td> <td>digmed__5</td> <td>Internetseiten von Kinderärzt:innen/ Kinderspitälern/ Hebammen oder Stillberater:innen {internselt}</td> </tr> <tr> <td>6</td> <td>digmed__6</td> <td>Offizielle Webseiten von Gesundheitsdiensten oder Gesundheitsorganisationen {offiziselt}</td> </tr> <tr> <td>7</td> <td>digmed__7</td> <td>Andere digitale Informationsquellen und zwar: {andereseltw} {andereselt}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | digmed__1 | Social Media (z.B. Facebook, Twitter, YouTube) {sociaselt} | 2 | digmed__2 | Internetseiten für Mütter/Väter/Eltern {interselt} | 3 | digmed__3 | Spezielle Apps auf dem PC oder mobilen Geräten (Tablets, Mobiltelefone) {speziselt} | 4 | digmed__4 | Internet-Suchmaschine (z.B. Google, Yahoo) {interselt_1} | 5 | digmed__5 | Internetseiten von Kinderärzt:innen/ Kinderspitälern/ Hebammen oder Stillberater:innen {internselt} | 6 | digmed__6 | Offizielle Webseiten von Gesundheitsdiensten oder Gesundheitsorganisationen {offiziselt} | 7 | digmed__7 | Andere digitale Informationsquellen und zwar: {andereseltw} {andereselt} |
| 1 | digmed__1 | Social Media (z.B. Facebook, Twitter, YouTube) {sociaselt} | | | | | | | | | | | | | | | | | | | | | | |
| 2 | digmed__2 | Internetseiten für Mütter/Väter/Eltern {interselt} | | | | | | | | | | | | | | | | | | | | | | |
| 3 | digmed__3 | Spezielle Apps auf dem PC oder mobilen Geräten (Tablets, Mobiltelefone) {speziselt} | | | | | | | | | | | | | | | | | | | | | | |
| 4 | digmed__4 | Internet-Suchmaschine (z.B. Google, Yahoo) {interselt_1} | | | | | | | | | | | | | | | | | | | | | | |
| 5 | digmed__5 | Internetseiten von Kinderärzt:innen/ Kinderspitälern/ Hebammen oder Stillberater:innen {internselt} | | | | | | | | | | | | | | | | | | | | | | |
| 6 | digmed__6 | Offizielle Webseiten von Gesundheitsdiensten oder Gesundheitsorganisationen {offiziselt} | | | | | | | | | | | | | | | | | | | | | | |
| 7 | digmed__7 | Andere digitale Informationsquellen und zwar: {andereseltw} {andereselt} | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>You sought out information about breastfeeding and/or infant nutrition via digital media. How frequently do you use the following digital media?</p> | <table border="1"> <tr> <td>1</td> <td>digmed__1</td> <td>Social media (e.g. Facebook, Twitter, YouTube) {sociaselt}</td> </tr> <tr> <td>2</td> <td>digmed__2</td> <td>Websites for mothers/fathers/parents {interselt}</td> </tr> <tr> <td>3</td> <td>digmed__3</td> <td>Special apps on the PC or mobile devices (e.g. tablets, mobile phones) {speziselt}</td> </tr> </table> | 1 | digmed__1 | Social media (e.g. Facebook, Twitter, YouTube) {sociaselt} | 2 | digmed__2 | Websites for mothers/fathers/parents {interselt} | 3 | digmed__3 | Special apps on the PC or mobile devices (e.g. tablets, mobile phones) {speziselt} | | | | | | | | | | | | |
| 1 | digmed__1 | Social media (e.g. Facebook, Twitter, YouTube) {sociaselt} | | | | | | | | | | | | | | | | | | | | | | |
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| | | | <table border="1"> <tr> <td>4</td> <td>digmed__4</td> <td>Internet search engines (e.g. Google, Yahoo) {interselt_1}</td> </tr> <tr> <td>5</td> <td>digmed__5</td> <td>Websites of paediatricians/ children's hospitals/ midwives or lactation consultants {internselt}</td> </tr> <tr> <td>6</td> <td>digmed__6</td> <td>Official websites of health services or health organisations {offizselt}</td> </tr> <tr> <td>7</td> <td>digmed__7</td> <td>Other digital information sources, namely: {andereseltw} {andereselt}</td> </tr> </table> | 4 | digmed__4 | Internet search engines (e.g. Google, Yahoo) {interselt_1} | 5 | digmed__5 | Websites of paediatricians/ children's hospitals/ midwives or lactation consultants {internselt} | 6 | digmed__6 | Official websites of health services or health organisations {offizselt} | 7 | digmed__7 | Other digital information sources, namely: {andereseltw} {andereselt} |
| 4 | digmed__4 | Internet search engines (e.g. Google, Yahoo) {interselt_1} | | | | | | | | | | | | | |
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| 6 | digmed__6 | Official websites of health services or health organisations {offizselt} | | | | | | | | | | | | | |
| 7 | digmed__7 | Other digital information sources, namely: {andereseltw} {andereselt} | | | | | | | | | | | | | |
| 137 | [andereseltw] Show the field ONLY if: [digmed(7)]=1 | und zwar | text, Required Custom alignment: LV | | | | | | | | | | | | |
| | [en-gb] | namely | | | | | | | | | | | | | |
| 138 | [sociaselt] Show the field ONLY if: [digmed(1)]=1 | Social Media (z.B. Facebook, Twitter, Youtube) | dropdown, Required <table border="1"> <tr><td>1</td><td>Nie</td></tr> <tr><td>2</td><td>Selten</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>4</td><td>Häufig</td></tr> <tr><td>5</td><td>Sehr häufig</td></tr> </table> Custom alignment: LV | 1 | Nie | 2 | Selten | 3 | Manchmal | 4 | Häufig | 5 | Sehr häufig | | |
| 1 | Nie | | | | | | | | | | | | | | |
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| | [en-gb] | Social media (e.g. Facebook, Twitter, YouTube) | <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Frequently</td></tr> <tr><td>5</td><td>Very frequently</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Frequently | 5 | Very frequently | | |
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| 139 | [interselt] Show the field ONLY if: [digmed(2)]=1 | Internetseiten für Mütter/Väter/Eltern | dropdown, Required <table border="1"> <tr><td>1</td><td>Nie</td></tr> <tr><td>2</td><td>Selten</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>4</td><td>Häufig</td></tr> <tr><td>5</td><td>Sehr häufig</td></tr> </table> Custom alignment: LV | 1 | Nie | 2 | Selten | 3 | Manchmal | 4 | Häufig | 5 | Sehr häufig |
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| 3 | Manchmal | | | | | | | | | | | | |
| 4 | Häufig | | | | | | | | | | | | |
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| | [en-gb] | Websites for mothers/fathers/parents | <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Frequently</td></tr> <tr><td>5</td><td>Very frequently</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Frequently | 5 | Very frequently |
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| 140 | [spezisiert] Show the field ONLY if: [digmed(3)]=1 | Spezielle Apps auf dem PC oder mobilen Geräten (z.B. Tablets, Mobiltelefone) | dropdown, Required <table border="1"> <tr><td>1</td><td>Nie</td></tr> <tr><td>2</td><td>Selten</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>4</td><td>Häufig</td></tr> <tr><td>5</td><td>Sehr häufig</td></tr> </table> Custom alignment: LV | 1 | Nie | 2 | Selten | 3 | Manchmal | 4 | Häufig | 5 | Sehr häufig |
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| 3 | Manchmal | | | | | | | | | | | | |
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| 5 | Sehr häufig | | | | | | | | | | | | |
| | [en-gb] | Special apps on the PC or mobile devices (e.g. tablets, mobile phones) | <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Frequently</td></tr> <tr><td>5</td><td>Very frequently</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Frequently | 5 | Very frequently |
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| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Frequently | | | | | | | | | | | | |
| 5 | Very frequently | | | | | | | | | | | | |
| 141 | [interselt_1] Show the field ONLY if: [digmed(4)]=1 | Internet-Suchmaschinen (z.B. Google, Yahoo) | dropdown, Required <table border="1"> <tr><td>1</td><td>Nie</td></tr> <tr><td>2</td><td>Selten</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>4</td><td>Häufig</td></tr> <tr><td>5</td><td>Sehr häufig</td></tr> </table> Custom alignment: LV | 1 | Nie | 2 | Selten | 3 | Manchmal | 4 | Häufig | 5 | Sehr häufig |
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| | [en-gb] | Internet search engines (e.g. Google, Yahoo) | <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | | | | |
| 1 | Never | | | | | | | | | | | | |
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| | | | <table border="1"> <tr><td>4</td><td>Frequently</td></tr> <tr><td>5</td><td>Very frequently</td></tr> </table> | 4 | Frequently | 5 | Very frequently | | | | | | |
| 4 | Frequently | | | | | | | | | | | | |
| 5 | Very frequently | | | | | | | | | | | | |
| 142 | <p>[internselt]</p> <p>Show the field ONLY if: [digmed(5)]=1</p> | <p>Internetseiten von Kinderärzt:innen/ Kinderspitälern/Hebammen oder Stillberater:innen</p> | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Nie</td></tr> <tr><td>2</td><td>Selten</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>4</td><td>Häufig</td></tr> <tr><td>5</td><td>Sehr häufig</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Nie | 2 | Selten | 3 | Manchmal | 4 | Häufig | 5 | Sehr häufig |
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| 5 | Sehr häufig | | | | | | | | | | | | |
| | [en-gb] | <p>Websites of paediatricians/children's hospitals/midwives or lactation consultants</p> | <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Frequently</td></tr> <tr><td>5</td><td>Very frequently</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Frequently | 5 | Very frequently |
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| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Frequently | | | | | | | | | | | | |
| 5 | Very frequently | | | | | | | | | | | | |
| 143 | <p>[offizselt]</p> <p>Show the field ONLY if: [digmed(6)]=1</p> | <p>Offizielle Webseiten von Gesundheitsdiensten oder Gesundheitsorganisationen</p> | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Nie</td></tr> <tr><td>2</td><td>Selten</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>4</td><td>Häufig</td></tr> <tr><td>5</td><td>Sehr häufig</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Nie | 2 | Selten | 3 | Manchmal | 4 | Häufig | 5 | Sehr häufig |
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| 5 | Sehr häufig | | | | | | | | | | | | |
| | [en-gb] | <p>Official websites of health services or health organisations</p> | <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Frequently</td></tr> <tr><td>5</td><td>Very frequently</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Frequently | 5 | Very frequently |
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| 2 | Rarely | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Frequently | | | | | | | | | | | | |
| 5 | Very frequently | | | | | | | | | | | | |
| 144 | <p>[andereselt]</p> <p>Show the field ONLY if: [digmed(7)]=1</p> | <p>Andere digitale Informationsquellen und zwar:</p> | <p>dropdown, Required</p> <table border="1"> <tr><td>2</td><td>Selten</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>4</td><td>Häufig</td></tr> <tr><td>5</td><td>Sehr häufig</td></tr> </table> <p>Custom alignment: LV</p> | 2 | Selten | 3 | Manchmal | 4 | Häufig | 5 | Sehr häufig | | |
| 2 | Selten | | | | | | | | | | | | |
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| 4 | Häufig | | | | | | | | | | | | |
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| | [en-gb] | <p>Other digital information sources, namely:</p> | <table border="1"> <tr><td>2</td><td>Never</td></tr> </table> | 2 | Never | | | | | | | | |
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| | | | <table border="1"> <tr><td>3</td><td>Rarely</td></tr> <tr><td>4</td><td>Sometimes</td></tr> <tr><td>5</td><td>Frequently</td></tr> </table> | 3 | Rarely | 4 | Sometimes | 5 | Frequently | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Frequently | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 145 | <p>[internet]</p> <p>Show the field ONLY if: [interselt]=2 or [interselt]=3 or [interselt]=4 or [interselt]=5</p> | <p>Sie verwenden Internetseiten für Mütter/Väter/Eltern: Welche Internetseite(n) verwenden Sie, wenn Sie Fragen zum Thema Stillen und/oder Säuglingsernährung haben? (Sie können mehrere Möglichkeiten ankreuzen)</p> | <p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>internet__1</td><td>swissmom.ch</td></tr> <tr><td>2</td><td>internet__2</td><td>letsfamily.ch</td></tr> <tr><td>3</td><td>internet__3</td><td>gofeminin.de</td></tr> <tr><td>4</td><td>internet__4</td><td>urbia.de</td></tr> <tr><td>5</td><td>internet__5</td><td>eltern.de</td></tr> <tr><td>6</td><td>internet__6</td><td>parents.fr</td></tr> <tr><td>7</td><td>internet__7</td><td>aufeminin.com</td></tr> <tr><td>8</td><td>internet__8</td><td>pianetamamma.it</td></tr> <tr><td>9</td><td>internet__9</td><td>nostrofiglio.it</td></tr> <tr><td>10</td><td>internet__10</td><td>Andere Internetseiten für Mütter/Väter/Eltern: {internetand}</td></tr> <tr><td>99</td><td>internet__99</td><td>Ich weiss nicht, wie die Internetseiten heissen, die ich verwende</td></tr> </table> <p>Custom alignment: LV</p> | 1 | internet__1 | swissmom.ch | 2 | internet__2 | letsfamily.ch | 3 | internet__3 | gofeminin.de | 4 | internet__4 | urbia.de | 5 | internet__5 | eltern.de | 6 | internet__6 | parents.fr | 7 | internet__7 | aufeminin.com | 8 | internet__8 | pianetamamma.it | 9 | internet__9 | nostrofiglio.it | 10 | internet__10 | Andere Internetseiten für Mütter/Väter/Eltern: {internetand} | 99 | internet__99 | Ich weiss nicht, wie die Internetseiten heissen, die ich verwende |
| 1 | internet__1 | swissmom.ch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | internet__2 | letsfamily.ch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | internet__3 | gofeminin.de | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | internet__4 | urbia.de | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | internet__5 | eltern.de | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | internet__6 | parents.fr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | internet__7 | aufeminin.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | internet__8 | pianetamamma.it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | internet__9 | nostrofiglio.it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | internet__10 | Andere Internetseiten für Mütter/Väter/Eltern: {internetand} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | internet__99 | Ich weiss nicht, wie die Internetseiten heissen, die ich verwende | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>You use websites for mothers/fathers/parents: Which website(s) do you use if you have questions about breastfeeding and/or infant nutrition?(You can select more than one option)</p> | <table border="1"> <tr><td>1</td><td>internet__1</td><td>swissmom.ch</td></tr> <tr><td>2</td><td>internet__2</td><td>letsfamily.ch</td></tr> <tr><td>3</td><td>internet__3</td><td>gofeminin.de</td></tr> <tr><td>4</td><td>internet__4</td><td>urbia.de</td></tr> <tr><td>5</td><td>internet__5</td><td>eltern.de</td></tr> <tr><td>6</td><td>internet__6</td><td>parents.fr</td></tr> <tr><td>7</td><td>internet__7</td><td>aufeminin.com</td></tr> <tr><td>8</td><td>internet__8</td><td>pianetamamma.it</td></tr> <tr><td>9</td><td>internet__9</td><td>nostrofiglio.it</td></tr> <tr><td>10</td><td>internet__10</td><td>Other websites for mothers/fathers/parents: {internetand}</td></tr> </table> | 1 | internet__1 | swissmom.ch | 2 | internet__2 | letsfamily.ch | 3 | internet__3 | gofeminin.de | 4 | internet__4 | urbia.de | 5 | internet__5 | eltern.de | 6 | internet__6 | parents.fr | 7 | internet__7 | aufeminin.com | 8 | internet__8 | pianetamamma.it | 9 | internet__9 | nostrofiglio.it | 10 | internet__10 | Other websites for mothers/fathers/parents: {internetand} | | | |
| 1 | internet__1 | swissmom.ch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | internet__2 | letsfamily.ch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | internet__3 | gofeminin.de | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | internet__4 | urbia.de | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | internet__5 | eltern.de | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | internet__6 | parents.fr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | internet__7 | aufeminin.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | internet__8 | pianetamamma.it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | internet__9 | nostrofiglio.it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | internet__10 | Other websites for mothers/fathers/parents: {internetand} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|---|--|--------------|---|
| | | | 99 | internet__99 | I don't know the name of the websites I use |
| 146 | [internetand] Show the field ONLY if: [internet(10)]=1 | Andere Internetseiten für Mütter/Väter/ Eltern: | text, Required Custom alignment: LV | | |
| | [en-gb] | Other websites for mothers/fathers/parents: | | | |
| 147 | [app] Show the field ONLY if: [speziselt]=2 or [spez iselt]=3 or [spezisel t]=4 or [speziselt]=5 | Sie haben angegeben, dass Sie Apps zur Unterstützung beim Stillen oder bei der Säuglingsernährung verwenden. Welche App(s) verwenden Sie? | checkbox, Required | | |
| | [en-gb] | You indicated that you use apps for support with breastfeeding or infant nutrition. Which app(s) do you use? | | | |
| | | | 1 | app__1 | 1. Ich benutze folgende App: {app1} |
| | | | 2 | app__2 | 2. Ich benutze folgende App: {app2} |
| | | | 3 | app__3 | 3. Ich benutze folgende App: {app3} |
| | | | Custom alignment: LV | | |
| 148 | [app1] Show the field ONLY if: [app(1)]=1 | 1. App | text, Required Custom alignment: LV | | |
| | [en-gb] | 1. App | | | |
| 149 | [app2] Show the field ONLY if: [app(2)]=1 | 2.App | text, Required Custom alignment: LV | | |
| | [en-gb] | 2.App | | | |
| 150 | [app3] Show the field ONLY if: [app(3)]=1 | 3. App | text, Required Custom alignment: LV | | |
| | [en-gb] | 3. App | | | |
| 151 | [still124] | Section Header: <i>Ernährung Ihres Kindes während der letzten 24 Stunden Wir bitten Sie, alles aufzuschreiben, was Ihr Kind in den letzten 24 Stunden zu essen oder zu trinken erhalten hat. Bitte geben Sie auch an, wie oft Ihr Kind in der Zeit ein Lebensmittel oder eine Flüssigkeit</i> | dropdown, Required | | |
| | | | 0 | 0 x | |
| | | | 1 | 1 x | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <p>erhalten hat. Beispiel: 1 Portion Gemüsebrei = 1 x oder 4 Stillmahlzeiten = 4 x</p> <p>Stillmahlzeit</p> | <table border="1"> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>[en-gb]</p> | <p>Section Header: <i>Nutrition of your child over the past 24 hours Please write down everything your child has been given to eat or drink in the past 24 hours. Please also indicate how many times your child has received a food or liquid over this period. Example: 1 portion of vegetable puree = 1 x or 4 breast milk = 4 x</i></p> <p>Breast milk</p> | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table border="1"> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? | | | | | | | | | | | | | | | | | | |
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| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 152 | [w24x] | Wasser | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x |
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| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Water | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
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| 16 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 153 | [tee24x] | Tee | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | <table border="1"> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
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| 154 | <p>[tee24us]</p> <p>Show the field ONLY if: [tee24x] = '1' or [tee24x] = '2' or [tee24x] = '3' or [tee24x] = '4' or [tee24x] = '5' or [tee24x] = '6' or [tee24x] = '7' or [tee24x] = '8' or [tee24x] = '9' or [tee24x] = '10' or [tee24x] = '11' or [tee24x] = '12' or [tee24x] = '13' or [tee24x] = '14' or [tee24x] = '15' or [tee24x] = '16' or [tee24x] = '17' or [tee24x] = '18' or [tee24x] = '19' or [tee24x] = '20' or [tee24x] = '21' or [tee24x] = '22' or [tee24x] = '23' or [tee24x] = '24'</p> | Was für ein Tee? | dropdown <table border="1"> <tr><td>1</td><td>ungesüsst</td></tr> <tr><td>2</td><td>gesüsst</td></tr> </table> | 1 | ungesüsst | 2 | gesüsst | | | | | | | | | | | | | | |
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| | [en-gb] | What kind of tea? | <table border="1"> <tr><td>1</td><td>unsweetened</td></tr> <tr><td>2</td><td>sweetened</td></tr> </table> | 1 | unsweetened | 2 | sweetened | | | | | | | | | | | | | | |
| 1 | unsweetened | | | | | | | | | | | | | | | | | | | | |
| 2 | sweetened | | | | | | | | | | | | | | | | | | | | |
| 155 | [sglam24x] | Säuglingsanfangsmilch | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | | | | |
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| | | | <table border="1"> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x |
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| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <i>[en-gb]</i> | Infant formula milk | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | | |
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| 23 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 156 | [sg1fm24x] | Säuglingsfolgemilch | <p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | [en-gb] | Follow-on formula milk | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
| 0 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 157 | [s24x] | Frucht- und/oder Gemüsesaft | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|--|--|--------------------------------------|----|------|
| | | | 9 | 9 x |
| | | | 10 | 10 x |
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| | | | 12 | 12 x |
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| | | | 18 | ??? |
| | | [en-gb] Fruit and/or vegetable juice | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|---|----|----------|---------------------|-----|----------|------------|----|----------|--------------------|-----|----------|--------------|---|-----|---|-----|---|-----|---|-----|
| | | | <table border="1"> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? | | | | | | | | |
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| 22 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 23 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | |
| 158 | <p>[s24vs]</p> <p>Show the field ONLY if: [s24x] = '1' or [s24x] = '2' or [s24x] = '3' or [s24x] = '4' or [s24x] = '5' or [s24x] = '6' or [s24x] = '7' or [s24x] = '8' or [s24x] = '9' or [s24x] = '10' or [s24x] = '11' or [s24x] = '12' or [s24x] = '13' or [s24x] = '14' or [s24x] = '15' or [s24x] = '16' or [s24x] = '17' or [s24x] = '18' or [s24x] = '19' or [s24x] = '20' or [s24x] = '21' or [s24x] = '22' or [s24x] = '23' or [s24x] = '24'</p> | Was für ein Frucht- und/oder Gemüsesaft? | <p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>s24vs__1</td><td>verdünnt mit Wasser</td></tr> <tr><td>2</td><td>s24vs__2</td><td>unverdünnt</td></tr> <tr><td>3</td><td>s24vs__3</td><td>selbst hergestellt</td></tr> <tr><td>4</td><td>s24vs__4</td><td>gekauft</td></tr> </table> | 1 | s24vs__1 | verdünnt mit Wasser | 2 | s24vs__2 | unverdünnt | 3 | s24vs__3 | selbst hergestellt | 4 | s24vs__4 | gekauft | | | | | | | | |
| 1 | s24vs__1 | verdünnt mit Wasser | | | | | | | | | | | | | | | | | | | | | |
| 2 | s24vs__2 | unverdünnt | | | | | | | | | | | | | | | | | | | | | |
| 3 | s24vs__3 | selbst hergestellt | | | | | | | | | | | | | | | | | | | | | |
| 4 | s24vs__4 | gekauft | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | What kind of fruit and/or vegetable juice? | <table border="1"> <tr><td>1</td><td>s24vs__1</td><td>diluted with water</td></tr> <tr><td>2</td><td>s24vs__2</td><td>undiluted</td></tr> <tr><td>3</td><td>s24vs__3</td><td>home-pressed</td></tr> <tr><td>4</td><td>s24vs__4</td><td>store bought</td></tr> </table> | 1 | s24vs__1 | diluted with water | 2 | s24vs__2 | undiluted | 3 | s24vs__3 | home-pressed | 4 | s24vs__4 | store bought | | | | | | | | |
| 1 | s24vs__1 | diluted with water | | | | | | | | | | | | | | | | | | | | | |
| 2 | s24vs__2 | undiluted | | | | | | | | | | | | | | | | | | | | | |
| 3 | s24vs__3 | home-pressed | | | | | | | | | | | | | | | | | | | | | |
| 4 | s24vs__4 | store bought | | | | | | | | | | | | | | | | | | | | | |
| 159 | [km24x] | Kuhmilch | <p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x |
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| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | |

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|----|---------|------------|---|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|-----|----|-----|----|-----|----|-----|----|-----|
| | | | <table border="1"> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Cow's milk | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? |
| 0 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table border="1"> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? | | | | | | | | | | | | |
| 20 | ??? | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | ??? | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | ??? | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | ??? | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | |
| 160 | <p>[km24v]</p> <p>Show the field ONLY if: [km24x] = '1' or [km24x] = '2' or [km24x] = '3' or [km24x] = '4' or [km24x] = '5' or [km24x] = '6' or [km24x] = '7' or [km24x] = '8' or [km24x] = '9' or [km24x] = '10' or [km24x] = '11' or [km24x] = '12' or [km24x] = '13' or [km24x] = '14' or [km24x] = '15' or [km24x] = '16' or [km24x] = '17' or [km24x] = '18' or [km24x] = '19' or [km24x] = '20' or [km24x] = '21' or [km24x] = '22' or [km24x] = '23' or [km24x] = '24'</p> | Was für eine Kuhmilch? | <p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>km24v__1</td><td>verdünnt mit Wasser</td></tr> <tr><td>2</td><td>km24v__2</td><td>unverdünnt</td></tr> </table> | 1 | km24v__1 | verdünnt mit Wasser | 2 | km24v__2 | unverdünnt | | | | | | | | | | | | | | | | |
| 1 | km24v__1 | verdünnt mit Wasser | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | km24v__2 | unverdünnt | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | What kind of cow's milk? | <table border="1"> <tr><td>1</td><td>km24v__1</td><td>diluted with water</td></tr> <tr><td>2</td><td>km24v__2</td><td>undiluted</td></tr> </table> | 1 | km24v__1 | diluted with water | 2 | km24v__2 | undiluted | | | | | | | | | | | | | | | | |
| 1 | km24v__1 | diluted with water | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | km24v__2 | undiluted | | | | | | | | | | | | | | | | | | | | | | | |
| 161 | [tr24x] | andere Getränke | <p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|--|--|--------------------------------|----|------|
| | | | 11 | 11 x |
| | | | 12 | 12 x |
| | | | 13 | 13 x |
| | | | 14 | 14 x |
| | | | 15 | 15 x |
| | | | 16 | 16 x |
| | | | 17 | 17 x |
| | | | 18 | 18 x |
| | | | 19 | 19 x |
| | | | 20 | 20 x |
| | | | 21 | 21 x |
| | | | 22 | 22 x |
| | | | 23 | 23 x |
| | | | 24 | 24 x |
| | | <i>[en-gb]</i> Other beverages | 0 | ??? |
| | | | 1 | ??? |
| | | | 2 | ??? |
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|-----|-------------|-------------|---|----|-----|----|-----|----|-----|----|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|
| | | | <table border="1"> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 162 | [frbr24x] | Früchtebrei | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Fruit puree | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table border="1"> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 163 | <p>[frbr24s]</p> <p>Show the field ONLY if: [frbr24x] = '1' or [frbr24x] = '2' or [frbr24x] = '3' or [frbr24x] = '4' or [frbr24x] = '5' or [frbr24x] = '6' or [frbr24x] = '7' or [frbr24x] = '8' or [frbr24x] = '9' or [frbr24x] = '10' or [frbr24x] = '11' or [frbr24x] = '12' or [frbr24x] = '13' or [frbr24x] = '14' or [frbr24x] = '15' or [frbr24x] = '16' or [frbr24x] = '17' or [frbr24x] = '18' or [frbr24x] = '19' or [frbr24x] = '20' or [frbr24x] = '21' or [frbr24x] = '22' or [frbr24x]</p> | Was für ein Fruchtbrei? | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>frbr24s__1</td> <td>selbst hergestellt</td> </tr> <tr> <td>2</td> <td>frbr24s__2</td> <td>gekauft</td> </tr> <tr> <td>3</td> <td>frbr24s__3</td> <td>mit Getreide, welche: {frbr24wg}</td> </tr> </table> | 1 | frbr24s__1 | selbst hergestellt | 2 | frbr24s__2 | gekauft | 3 | frbr24s__3 | mit Getreide, welche: {frbr24wg} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | frbr24s__1 | selbst hergestellt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | frbr24s__2 | gekauft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | frbr24s__3 | mit Getreide, welche: {frbr24wg} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|--|--|---|------------|----------|-----|------------|--------------|---|------------|--|-----|---|-----|---|-----|---|-----|---|-----|---|-----|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|
| | = '23' or [frbr24x] = '24' | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | What kind of fruit puree? | <table border="1"> <tr> <td>1</td> <td>frbr24s__1</td> <td>homemade</td> </tr> <tr> <td>2</td> <td>frbr24s__2</td> <td>store bought</td> </tr> <tr> <td>3</td> <td>frbr24s__3</td> <td>with cereals, please specify which: {frbr24wg}</td> </tr> </table> | 1 | frbr24s__1 | homemade | 2 | frbr24s__2 | store bought | 3 | frbr24s__3 | with cereals, please specify which: {frbr24wg} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | frbr24s__1 | homemade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | frbr24s__2 | store bought | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | frbr24s__3 | with cereals, please specify which: {frbr24wg} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 164 | [frbr24wg] Show the field ONLY if: [frbr24s(3)]=1 | mit Getreide, welche: | text, Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | with cereals, please specify which: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 165 | [fr24x] | Früchte in Stücken | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|-----|------------|--------------------------|--------------------|------|
| | | | 24 | 24 x |
| | [en-gb] | Fruit cut up into pieces | 0 | ??? |
| | | | 1 | ??? |
| | | | 2 | ??? |
| | | | 3 | ??? |
| | | | 4 | ??? |
| | | | 5 | ??? |
| | | | 6 | ??? |
| | | | 7 | ??? |
| | | | 8 | ??? |
| | | | 9 | ??? |
| | | | 10 | ??? |
| | | | 11 | ??? |
| | | | 12 | ??? |
| | | | 13 | ??? |
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| | | | 15 | ??? |
| | | | 16 | ??? |
| | | | 17 | ??? |
| | | | 18 | ??? |
| | | | 19 | ??? |
| | | | 20 | ??? |
| | | | 21 | ??? |
| | | | 22 | ??? |
| | | | 23 | ??? |
| | | | 24 | ??? |
| 166 | [gembr24x] | Gemüsebrei | dropdown, Required | |
| | | | 0 | 0 x |
| | | | 1 | 1 x |
| | | | 2 | 2 x |
| | | | 3 | 3 x |
| | | | 4 | 4 x |
| | | | 5 | 5 x |
| | | | 6 | 6 x |
| | | | 7 | 7 x |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---------------------------------------|--|---|---|-----|---|-----|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|-----|--|
| | | | <table border="1"> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p><i>[en-gb]</i> Vegetable puree</p> | | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | |
| 0 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | <table border="1"> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
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| 24 | ??? | | | | | | | | | | | | | | | | |
| 167 | <p>[gembr24s]</p> <p>Show the field ONLY if: [gembr24x] = '1' or [gembr24x] = '2' or [gembr24x] = '3' or [gembr24x] = '4' or [gembr24x] = '5' or [gembr24x] = '6' or [gembr24x] = '7' or [gembr24x] = '8' or [gembr24x] = '9' or [gembr24x] = '10' or [gembr24x] = '11' or [gembr24x] = '12' or [gembr24x] = '13' or [gembr24x] = '14' or [gembr24x] = '15' or [gembr24x] = '16' or [gembr24x] = '17' or [gembr24x] = '18' or [gembr24x] = '19' or [gembr24x] = '20' or [gembr24x] = '21' or [gembr24x] = '22' or [gembr24x] = '23' or [gembr24x] = '24'</p> | Was für ein Gemüsebrei? | checkbox, Required <table border="1"> <tr><td>1</td><td>gembr24s__1</td><td>selbst hergestellt</td></tr> <tr><td>2</td><td>gembr24s__2</td><td>gekauft</td></tr> <tr><td>3</td><td>gembr24s__3</td><td>mit Getreide, welche: {gembr24wg}</td></tr> </table> | 1 | gembr24s__1 | selbst hergestellt | 2 | gembr24s__2 | gekauft | 3 | gembr24s__3 | mit Getreide, welche: {gembr24wg} | | | | | |
| 1 | gembr24s__1 | selbst hergestellt | | | | | | | | | | | | | | | |
| 2 | gembr24s__2 | gekauft | | | | | | | | | | | | | | | |
| 3 | gembr24s__3 | mit Getreide, welche: {gembr24wg} | | | | | | | | | | | | | | | |
| | [en-gb] | What kind of vegetable puree? | <table border="1"> <tr><td>1</td><td>gembr24s__1</td><td>homemade</td></tr> <tr><td>2</td><td>gembr24s__2</td><td>store bought</td></tr> <tr><td>3</td><td>gembr24s__3</td><td>with cereals, please specify which: {gembr24wg}</td></tr> </table> | 1 | gembr24s__1 | homemade | 2 | gembr24s__2 | store bought | 3 | gembr24s__3 | with cereals, please specify which: {gembr24wg} | | | | | |
| 1 | gembr24s__1 | homemade | | | | | | | | | | | | | | | |
| 2 | gembr24s__2 | store bought | | | | | | | | | | | | | | | |
| 3 | gembr24s__3 | with cereals, please specify which: {gembr24wg} | | | | | | | | | | | | | | | |
| 168 | <p>[gembr24wg]</p> <p>Show the field ONLY if: [gembr24s(3)]=1</p> | mit Getreide, welche: | text, Required | | | | | | | | | | | | | | |
| | [en-gb] | with cereals, please specify which: | | | | | | | | | | | | | | | |

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| 169 | [gem24x] | Gemüse in Stücken | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Vegetables cut up into pieces | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 170 | [getrbr24x] | Getreidebrei/-schoppen/Milchbrei mit Getreide | <p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table border="1"> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Cereal porridge/cereal added to bottle/milk porridge with cereals | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
| 0 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 171 | [gertbr24wg] Show the field ONLY if: [getrbr24x] = '1' or [getrbr24x] = '2' or [get | Welche Getreide: | text, Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | <p>rbr24x] = '3' or [getrb r24x] = '4' or [getrbr2 4x] = '5' or [getrbr24 x] = '6' or [getrbr24x] = '7' or [getrbr24x] = '8' or [getrbr24x] = '9' or [getrbr24x] = '10' or [getrbr24x] = '11' or [getrbr24x] = '12' or [getrbr24x] = '13' or [getrbr24x] = '14' or [getrbr24x] = '15' or [getrbr24x] = '16' or [getrbr24x] = '17' or [getrbr24x] = '18' or [getrbr24x] = '19' or [getrbr24x] = '20' or [getrbr24x] = '21' or [getrbr24x] = '22' or [getrbr24x] = '23' or [getrbr24x] = '24'</p> | | | | | | | |
| | <i>[en-gb]</i> | Which cereals: | | | | | | |
| 172 | <p>[getrbr24s]</p> <p>Show the field ONLY if: [getrbr24x] = '1' or [g etrbr24x] = '2' or [get rbr24x] = '3' or [getr br24x] = '4' or [getrb r24x] = '5' or [getrbr 24x] = '6' or [getrbr2 4x] = '7' or [getrbr24 x] = '8' or [getrbr24x] = '9' or [getrbr24x] = '10' or [getrbr24x] = ' 11' or [getrbr24x] = ' 12' or [getrbr24x] = ' 13' or [getrbr24x] = ' 14' or [getrbr24x] = ' 15' or [getrbr24x] = ' 16' or [getrbr24x] = ' 17' or [getrbr24x] = ' 18' or [getrbr24x] = ' 19' or [getrbr24x] = ' 20' or [getrbr24x] = ' 21' or [getrbr24x] = ' 22' or [getrbr24x] = ' 23' or [getrbr24x] = ' 24'</p> | <p>Was für ein Getreidebrei/-schoppen/ Milchbrei mit Getreide?</p> | | | | | | |
| | | checkbox, Required | | | | | | |
| | | <table border="1"> <tr> <td>1</td> <td>getrbr24s__1</td> <td>selbst hergestellt</td> </tr> <tr> <td>2</td> <td>getrbr24s__2</td> <td>gekauft</td> </tr> </table> | 1 | getrbr24s__1 | selbst hergestellt | 2 | getrbr24s__2 | gekauft |
| 1 | getrbr24s__1 | selbst hergestellt | | | | | | |
| 2 | getrbr24s__2 | gekauft | | | | | | |

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|-----|------------------|---|---|---|--------------|----------|-----|--------------|--------------|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|
| | <i>[en-gb]</i> | What kind of cereal porridge/cereal added to bottle/milk porridge with cereals? | <table border="1"> <tr> <td>1</td> <td>getrbr24s__1</td> <td>homemade</td> </tr> <tr> <td>2</td> <td>getrbr24s__2</td> <td>store bought</td> </tr> </table> | 1 | getrbr24s__1 | homemade | 2 | getrbr24s__2 | store bought | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | getrbr24s__1 | homemade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | getrbr24s__2 | store bought | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 173 | <i>[fett24x]</i> | Zugabe von Öl/Fett | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x | 22 | 22 x | 23 | 23 x | 24 | 24 x |
| 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Oil/fat added | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table border="1"> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 174 | [zuck24x] | Zugabe von Zucker | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | | |
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| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | [en-gb] | Sugar added | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
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| 175 | [f124x] | Fleisch | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> </table> | 0 | 0 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 176 | [fi24x] | Fisch | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x |
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| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | [en-gb] | Fish | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
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| 177 | [ei24x] | Ei | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 178 | [jog24x] | Jogurt | dropdown, Required | | | | | | | | | | | | | | | | | | | | |

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| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 21 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <i>[en-gb]</i> Yoghurt | | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 179 | <p>[jog24us]</p> <p>Show the field ONLY if: [jog24x] = '1' or [jog24x] = '2' or [jog24x] = '3' or [jog24x] = '4' or [jog24x] = '5' or [jog24x] = '6' or [jog24x] = '7' or [jog24x] = '8' or [jog24x] = '9' or [jog24x] = '10' or [jog24x] = '11' or [jog24x] = '12' or [jog24x] = '13' or [jog24x] = '14' or [jog24x] = '15' or [jog24x] = '16' or [jog24x] = '17' or [jog24x] = '18' or [jog24x] = '19' or [jog24x] = '20' or [jog24x] = '21' or [jog24x] = '22' or [jog24x] = '23' or [jog24x] = '24'</p> | Was für ein Jogurt? | checkbox, Required <table border="1"> <tr> <td>1</td> <td>jog24us__1</td> <td>ungesüsst</td> </tr> <tr> <td>2</td> <td>jog24us__2</td> <td>gesüsst</td> </tr> </table> | 1 | jog24us__1 | ungesüsst | 2 | jog24us__2 | gesüsst | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | jog24us__1 | ungesüsst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | jog24us__2 | gesüsst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | What kind of yoghurt? | <table border="1"> <tr> <td>1</td> <td>jog24us__1</td> <td>unsweetened</td> </tr> <tr> <td>2</td> <td>jog24us__2</td> <td>sweetened</td> </tr> </table> | 1 | jog24us__1 | unsweetened | 2 | jog24us__2 | sweetened | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | jog24us__1 | unsweetened | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | jog24us__2 | sweetened | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | [brot24x] | ungesüsste Waffeln, Zwieback, Brot | dropdown, Required <table border="1"> <tr> <td>0</td> <td>0 x</td> </tr> <tr> <td>1</td> <td>1 x</td> </tr> </table> | 0 | 0 x | 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <i>[en-gb]</i> | Unsweetened waffles, rusks, bread | 0 | ??? |
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| | | | <table border="1"> <tbody> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </tbody> </table> | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? | | | | | | | | | | | | | | | | | | |
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| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 181 | [biss24x] | süsse Biskuits, Waffeln, Zwieback | dropdown, Required <table border="1"> <tbody> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> <tr><td>6</td><td>6 x</td></tr> <tr><td>7</td><td>7 x</td></tr> <tr><td>8</td><td>8 x</td></tr> <tr><td>9</td><td>9 x</td></tr> <tr><td>10</td><td>10 x</td></tr> <tr><td>11</td><td>11 x</td></tr> <tr><td>12</td><td>12 x</td></tr> <tr><td>13</td><td>13 x</td></tr> <tr><td>14</td><td>14 x</td></tr> <tr><td>15</td><td>15 x</td></tr> <tr><td>16</td><td>16 x</td></tr> <tr><td>17</td><td>17 x</td></tr> <tr><td>18</td><td>18 x</td></tr> <tr><td>19</td><td>19 x</td></tr> <tr><td>20</td><td>20 x</td></tr> <tr><td>21</td><td>21 x</td></tr> </tbody> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | 6 | 6 x | 7 | 7 x | 8 | 8 x | 9 | 9 x | 10 | 10 x | 11 | 11 x | 12 | 12 x | 13 | 13 x | 14 | 14 x | 15 | 15 x | 16 | 16 x | 17 | 17 x | 18 | 18 x | 19 | 19 x | 20 | 20 x | 21 | 21 x |
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| 1 | 1 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 16 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 17 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 18 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 19 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 20 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | <table border="1"> <tr><td>22</td><td>22 x</td></tr> <tr><td>23</td><td>23 x</td></tr> <tr><td>24</td><td>24 x</td></tr> </table> | 22 | 22 x | 23 | 23 x | 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 22 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 23 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 24 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Sweet biscuits, waffles, rusks | <table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> <tr><td>15</td><td>???</td></tr> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | 15 | ??? | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
| 0 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 24 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 182 | [nahr24x] | Andere Nahrung | dropdown, Required <table border="1"> <tr><td>0</td><td>0 x</td></tr> <tr><td>1</td><td>1 x</td></tr> <tr><td>2</td><td>2 x</td></tr> <tr><td>3</td><td>3 x</td></tr> <tr><td>4</td><td>4 x</td></tr> <tr><td>5</td><td>5 x</td></tr> </table> | 0 | 0 x | 1 | 1 x | 2 | 2 x | 3 | 3 x | 4 | 4 x | 5 | 5 x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|--|----|----------|----|---|----|--|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|
| | | | <table border="1"> <tr><td>16</td><td>???</td></tr> <tr><td>17</td><td>???</td></tr> <tr><td>18</td><td>???</td></tr> <tr><td>19</td><td>???</td></tr> <tr><td>20</td><td>???</td></tr> <tr><td>21</td><td>???</td></tr> <tr><td>22</td><td>???</td></tr> <tr><td>23</td><td>???</td></tr> <tr><td>24</td><td>???</td></tr> </table> | 16 | ??? | 17 | ??? | 18 | ??? | 19 | ??? | 20 | ??? | 21 | ??? | 22 | ??? | 23 | ??? | 24 | ??? |
| 16 | ??? | | | | | | | | | | | | | | | | | | | | |
| 17 | ??? | | | | | | | | | | | | | | | | | | | | |
| 18 | ??? | | | | | | | | | | | | | | | | | | | | |
| 19 | ??? | | | | | | | | | | | | | | | | | | | | |
| 20 | ??? | | | | | | | | | | | | | | | | | | | | |
| 21 | ??? | | | | | | | | | | | | | | | | | | | | |
| 22 | ??? | | | | | | | | | | | | | | | | | | | | |
| 23 | ??? | | | | | | | | | | | | | | | | | | | | |
| 24 | ??? | | | | | | | | | | | | | | | | | | | | |
| 183 | <p>[nahr24was]</p> <p>Show the field ONLY if: [nahr24x] = '1' or [nahr24x] = '2' or [nahr24x] = '3' or [nahr24x] = '4' or [nahr24x] = '5' or [nahr24x] = '6' or [nahr24x] = '7' or [nahr24x] = '8' or [nahr24x] = '9' or [nahr24x] = '10' or [nahr24x] = '11' or [nahr24x] = '12' or [nahr24x] = '13' or [nahr24x] = '14' or [nahr24x] = '15' or [nahr24x] = '16' or [nahr24x] = '17' or [nahr24x] = '18' or [nahr24x] = '19' or [nahr24x] = '20' or [nahr24x] = '21' or [nahr24x] = '22' or [nahr24x] = '23' or [nahr24x] = '24'</p> | Was genau? | text, Required | | | | | | | | | | | | | | | | | | |
| | [en-gb] | What exactly? | | | | | | | | | | | | | | | | | | | |
| 184 | <p>[wassernn]</p> <p>Section Header: <i>Einführung von verschiedenen Getränken und Lebensmitteln</i> Bitte geben Sie möglichst genau an, wann Ihr Kind ein Lebensmittel oder eine Flüssigkeit zum ersten Mal erhalten hat. Die Angabe des Alters bei der Einführung erfolgt entweder in Wochen (0-12 Wochen) oder in Monaten (1-18 Monate)</p> <p>Wasser</p> | <p>Section Header: <i>Einführung von verschiedenen Getränken und Lebensmitteln</i> Bitte geben Sie möglichst genau an, wann Ihr Kind ein Lebensmittel oder eine Flüssigkeit zum ersten Mal erhalten hat. Die Angabe des Alters bei der Einführung erfolgt entweder in Wochen (0-12 Wochen) oder in Monaten (1-18 Monate)</p> <p>Wasser</p> | <p>radio, Required</p> <table border="1"> <tr><td>0</td><td>noch nie</td></tr> <tr><td>1</td><td>als es folgende Anzahl Wochen alt war: {wasserwo}</td></tr> <tr><td>2</td><td>oder als es folgende Anzahl Monate alt war: {wassermo}</td></tr> </table> | 0 | noch nie | 1 | als es folgende Anzahl Wochen alt war: {wasserwo} | 2 | oder als es folgende Anzahl Monate alt war: {wassermo} | | | | | | | | | | | | |
| 0 | noch nie | | | | | | | | | | | | | | | | | | | | |
| 1 | als es folgende Anzahl Wochen alt war: {wasserwo} | | | | | | | | | | | | | | | | | | | | |
| 2 | oder als es folgende Anzahl Monate alt war: {wassermo} | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>Section Header: <i>Introduction of different beverages and foods</i> Please indicate as precisely as possible when your child received a food or liquid for the first time. The age at introduction is specified either in weeks (0-12 weeks) or months (1-18 months).</p> | <table border="1"> <tr><td>0</td><td>not yet</td></tr> <tr><td>1</td><td>when it was the following number of weeks old: {wasserwo}</td></tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {wasserwo} | | | | | | | | | | | | | | |
| 0 | not yet | | | | | | | | | | | | | | | | | | | | |
| 1 | when it was the following number of weeks old: {wasserwo} | | | | | | | | | | | | | | | | | | | | |

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|-----|--|-----------------------|---|
| | | Water | 2 or when it was the following number of months old: {wassermo} |
| 185 | [wasserwo] Show the field ONLY if: [wassernn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 186 | [wassermo] Show the field ONLY if: [wassernn]=2 | Monate alt | text (number, Min: 1.5, Max: 18), Required |
| | [en-gb] | months old | |
| 187 | [teenn] | Tee | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {teewo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {teemo} |
| | [en-gb] | Tea | 0 not yet |
| | | | 1 when it was the following number of weeks old: {teewo} |
| | | | 2 or when it was the following number of months old: {teemo} |
| 188 | [teewo] Show the field ONLY if: [teenn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 189 | [teemo] Show the field ONLY if: [teenn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required |
| | [en-gb] | months old | |
| 190 | [sglamnn] | Säuglingsanfangsmilch | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {sglamwo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {sglammo} |

| | | | | | | | | | |
|-----|--|-------------------------------------|--|---|----------|---|--|---|--|
| | <i>[en-gb]</i> | Infant formula milk | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {sglamwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {sglammo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {sglamwo} | 2 | or when it was the following number of months old: {sglammo} |
| 0 | not yet | | | | | | | | |
| 1 | when it was the following number of weeks old: {sglamwo} | | | | | | | | |
| 2 | or when it was the following number of months old: {sglammo} | | | | | | | | |
| 191 | [sglamwo] | Wochen alt | text (number, Min: 0, Max: 12), Required | | | | | | |
| | | Show the field ONLY if: [sglamnn]=1 | | | | | | | |
| | <i>[en-gb]</i> | weeks old | | | | | | | |
| 192 | [sglammo] | Monate alt | text (number, Min: 1, Max: 18), Required | | | | | | |
| | | Show the field ONLY if: [sglamnn]=2 | | | | | | | |
| | <i>[en-gb]</i> | months old | | | | | | | |
| 193 | [sglfmnn] | Säuglingsfolgemilch | radio, Required | | | | | | |
| | | | <table border="1"> <tr> <td>0</td> <td>noch nie</td> </tr> <tr> <td>1</td> <td>als es folgende Anzahl Wochen alt war: {sglfmwo}</td> </tr> <tr> <td>2</td> <td>oder als es folgende Anzahl Monate alt war: {sglfmmo}</td> </tr> </table> | 0 | noch nie | 1 | als es folgende Anzahl Wochen alt war: {sglfmwo} | 2 | oder als es folgende Anzahl Monate alt war: {sglfmmo} |
| 0 | noch nie | | | | | | | | |
| 1 | als es folgende Anzahl Wochen alt war: {sglfmwo} | | | | | | | | |
| 2 | oder als es folgende Anzahl Monate alt war: {sglfmmo} | | | | | | | | |
| | <i>[en-gb]</i> | Follow-on formula milk | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {sglfmwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {sglfmmo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {sglfmwo} | 2 | or when it was the following number of months old: {sglfmmo} |
| 0 | not yet | | | | | | | | |
| 1 | when it was the following number of weeks old: {sglfmwo} | | | | | | | | |
| 2 | or when it was the following number of months old: {sglfmmo} | | | | | | | | |
| 194 | [sglfmwo] | Wochen alt | text (number, Min: 0, Max: 12), Required | | | | | | |
| | | Show the field ONLY if: [sglfmnn]=1 | | | | | | | |
| | <i>[en-gb]</i> | weeks old | | | | | | | |
| 195 | [sglfmmo] | Monate alt | text (number, Min: 1, Max: 18), Required | | | | | | |
| | | Show the field ONLY if: [sglfmnn]=2 | | | | | | | |
| | <i>[en-gb]</i> | months old | | | | | | | |
| 196 | [kmnn] | Kuhmilch | radio, Required | | | | | | |
| | | | <table border="1"> <tr> <td>0</td> <td>noch nie</td> </tr> </table> | 0 | noch nie | | | | |
| 0 | noch nie | | | | | | | | |

| | | | | | | | | | |
|-----|---|--------------------|--|---|---|---|---|---|---|
| | | | <table border="1"> <tr> <td>1</td> <td>als es folgende Anzahl Wochen alt war: {kmwo}</td> </tr> <tr> <td>2</td> <td>oder als es folgende Anzahl Monate alt war: {kmmo}</td> </tr> </table> | 1 | als es folgende Anzahl Wochen alt war: {kmwo} | 2 | oder als es folgende Anzahl Monate alt war: {kmmo} | | |
| 1 | als es folgende Anzahl Wochen alt war: {kmwo} | | | | | | | | |
| 2 | oder als es folgende Anzahl Monate alt war: {kmmo} | | | | | | | | |
| | [en-gb] | Cow's milk | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {kmwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {kmmo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {kmwo} | 2 | or when it was the following number of months old: {kmmo} |
| 0 | not yet | | | | | | | | |
| 1 | when it was the following number of weeks old: {kmwo} | | | | | | | | |
| 2 | or when it was the following number of months old: {kmmo} | | | | | | | | |
| 197 | [kmwo] Show the field ONLY if: [kmnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required | | | | | | |
| | [en-gb] | weeks old | | | | | | | |
| 198 | [kmmo] Show the field ONLY if: [kmnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required | | | | | | |
| | [en-gb] | months old | | | | | | | |
| 199 | [gstrnn] | Gesüsstes Getränk | radio, Required <table border="1"> <tr> <td>0</td> <td>noch nie</td> </tr> <tr> <td>1</td> <td>als es folgende Anzahl Wochen alt war: {gstrwo}</td> </tr> <tr> <td>2</td> <td>oder als es folgende Anzahl Monate alt war: {gstrmo}</td> </tr> </table> | 0 | noch nie | 1 | als es folgende Anzahl Wochen alt war: {gstrwo} | 2 | oder als es folgende Anzahl Monate alt war: {gstrmo} |
| 0 | noch nie | | | | | | | | |
| 1 | als es folgende Anzahl Wochen alt war: {gstrwo} | | | | | | | | |
| 2 | oder als es folgende Anzahl Monate alt war: {gstrmo} | | | | | | | | |
| | [en-gb] | Sweetened beverage | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {gstrwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {gstrmo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {gstrwo} | 2 | or when it was the following number of months old: {gstrmo} |
| 0 | not yet | | | | | | | | |
| 1 | when it was the following number of weeks old: {gstrwo} | | | | | | | | |
| 2 | or when it was the following number of months old: {gstrmo} | | | | | | | | |
| 200 | [gstrwo] Show the field ONLY if: [gstrnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required | | | | | | |
| | [en-gb] | weeks old | | | | | | | |
| 201 | [gstrmo] Show the field ONLY if: [gstrnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required | | | | | | |
| | [en-gb] | months old | | | | | | | |

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|-----|--|------------|--|
| 202 | [frnn] | Früchte | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {frwo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {frmo} |
| | [en-gb] | Fruit | 0 not yet |
| | | | 1 when it was the following number of weeks old: {frwo} |
| | | | 2 or when it was the following number of months old: {frmo} |
| 203 | [frwo] Show the field ONLY if: [frnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 204 | [frmo] Show the field ONLY if: [frnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required |
| | [en-gb] | months old | |
| 205 | [gemnn] | Gemüse | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {gemwo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {gemmo} |
| | [en-gb] | Vegetables | 0 not yet |
| | | | 1 when it was the following number of weeks old: {gemwo} |
| | | | 2 or when it was the following number of months old: {gemmo} |
| 206 | [gemwo] Show the field ONLY if: [gemnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 207 | [gemmo] Show the field ONLY if: | Monate alt | text (number, Min: 1, Max: 18), Required |

| | | | | | | | | | |
|-----|---|------------|---|---|----------|---|---|---|---|
| | [gemnn]=2 | | | | | | | | |
| | [en-gb] | months old | | | | | | | |
| 208 | [kartnn] | Kartoffeln | radio, Required <table border="1"> <tr> <td>0</td> <td>noch nie</td> </tr> <tr> <td>1</td> <td>als es folgende Anzahl Wochen alt war: {kartwo}</td> </tr> <tr> <td>2</td> <td>oder als es folgende Anzahl Monate alt war: {kartmo}</td> </tr> </table> | 0 | noch nie | 1 | als es folgende Anzahl Wochen alt war: {kartwo} | 2 | oder als es folgende Anzahl Monate alt war: {kartmo} |
| 0 | noch nie | | | | | | | | |
| 1 | als es folgende Anzahl Wochen alt war: {kartwo} | | | | | | | | |
| 2 | oder als es folgende Anzahl Monate alt war: {kartmo} | | | | | | | | |
| | [en-gb] | Potatoes | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {kartwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {kartmo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {kartwo} | 2 | or when it was the following number of months old: {kartmo} |
| 0 | not yet | | | | | | | | |
| 1 | when it was the following number of weeks old: {kartwo} | | | | | | | | |
| 2 | or when it was the following number of months old: {kartmo} | | | | | | | | |
| 209 | [kartwo] Show the field ONLY if: [kartnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required | | | | | | |
| | [en-gb] | weeks old | | | | | | | |
| 210 | [kartmo] Show the field ONLY if: [kartnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required | | | | | | |
| | [en-gb] | months old | | | | | | | |
| 211 | [getrnn] | Getreide | radio, Required <table border="1"> <tr> <td>0</td> <td>noch nie</td> </tr> <tr> <td>1</td> <td>als es folgende Anzahl Wochen alt war: {getrwo}</td> </tr> <tr> <td>2</td> <td>oder als es folgende Anzahl Monate alt war: {getrmo}</td> </tr> </table> | 0 | noch nie | 1 | als es folgende Anzahl Wochen alt war: {getrwo} | 2 | oder als es folgende Anzahl Monate alt war: {getrmo} |
| 0 | noch nie | | | | | | | | |
| 1 | als es folgende Anzahl Wochen alt war: {getrwo} | | | | | | | | |
| 2 | oder als es folgende Anzahl Monate alt war: {getrmo} | | | | | | | | |
| | [en-gb] | Cereals | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {getrwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {getrmo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {getrwo} | 2 | or when it was the following number of months old: {getrmo} |
| 0 | not yet | | | | | | | | |
| 1 | when it was the following number of weeks old: {getrwo} | | | | | | | | |
| 2 | or when it was the following number of months old: {getrmo} | | | | | | | | |
| 212 | [getrwo] Show the field ONLY if: [getrnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required | | | | | | |
| | [en-gb] | weeks old | | | | | | | |

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|-----|--|------------|---|
| 213 | [getrmo] Show the field ONLY if: [getrnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required |
| | [en-gb] | months old | |
| 214 | [flnn] | Fleisch | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {flwo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {flmo} |
| | [en-gb] | Meat | 0 not yet |
| | | | 1 when it was the following number of weeks old: {flwo} |
| | | | 2 or when it was the following number of months old: {flmo} |
| 215 | [flwo] Show the field ONLY if: [flnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 216 | [flmo] Show the field ONLY if: [flnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required |
| | [en-gb] | months old | |
| 217 | [finn] | Fisch | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {fiwo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {fimo} |
| | [en-gb] | Fish | 0 not yet |
| | | | 1 when it was the following number of weeks old: {fiwo} |
| | | | 2 or when it was the following number of months old: {fimo} |
| 218 | [fiwo] Show the field ONLY if: | Wochen alt | text (number, Min: 0, Max: 12), Required |

| | | | | | | | | | |
|-----|--|------------|---|---|----------|---|--|---|--|
| | [finn]=1 | | | | | | | | |
| | [en-gb] | weeks old | | | | | | | |
| 219 | [fimo] Show the field ONLY if: [finn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required | | | | | | |
| | [en-gb] | months old | | | | | | | |
| 220 | [einn] | Ei | radio, Required <table border="1"> <tr> <td>0</td> <td>noch nie</td> </tr> <tr> <td>1</td> <td>als es folgende Anzahl Wochen alt war: {eiwo}</td> </tr> <tr> <td>2</td> <td>oder als es folgende Anzahl Monate alt war: {eimo}</td> </tr> </table> | 0 | noch nie | 1 | als es folgende Anzahl Wochen alt war: {eiwo} | 2 | oder als es folgende Anzahl Monate alt war: {eimo} |
| 0 | noch nie | | | | | | | | |
| 1 | als es folgende Anzahl Wochen alt war: {eiwo} | | | | | | | | |
| 2 | oder als es folgende Anzahl Monate alt war: {eimo} | | | | | | | | |
| | [en-gb] | Egg | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {eiwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {eimo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {eiwo} | 2 | or when it was the following number of months old: {eimo} |
| 0 | not yet | | | | | | | | |
| 1 | when it was the following number of weeks old: {eiwo} | | | | | | | | |
| 2 | or when it was the following number of months old: {eimo} | | | | | | | | |
| 221 | [eiwo] Show the field ONLY if: [einn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required | | | | | | |
| | [en-gb] | weeks old | | | | | | | |
| 222 | [eimo] Show the field ONLY if: [einn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required | | | | | | |
| | [en-gb] | months old | | | | | | | |
| 223 | [jognn] | Joghurt | radio, Required <table border="1"> <tr> <td>0</td> <td>noch nie</td> </tr> <tr> <td>1</td> <td>als es folgende Anzahl Wochen alt war: {jogwo}</td> </tr> <tr> <td>2</td> <td>oder als es folgende Anzahl Monate alt war: {jogmo}</td> </tr> </table> | 0 | noch nie | 1 | als es folgende Anzahl Wochen alt war: {jogwo} | 2 | oder als es folgende Anzahl Monate alt war: {jogmo} |
| 0 | noch nie | | | | | | | | |
| 1 | als es folgende Anzahl Wochen alt war: {jogwo} | | | | | | | | |
| 2 | oder als es folgende Anzahl Monate alt war: {jogmo} | | | | | | | | |
| | [en-gb] | Yoghurt | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {jogwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {jogmo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {jogwo} | 2 | or when it was the following number of months old: {jogmo} |
| 0 | not yet | | | | | | | | |
| 1 | when it was the following number of weeks old: {jogwo} | | | | | | | | |
| 2 | or when it was the following number of months old: {jogmo} | | | | | | | | |

| | | | |
|-----|--|------------------------------------|---|
| 224 | [jogwo] Show the field ONLY if: [jognn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 225 | [jogmo] Show the field ONLY if: [jognn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required |
| | [en-gb] | months old | |
| 226 | [bissnn] | Süsse Biskuits, Waffeln, Zwieback | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {bisswo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {bissmo} |
| | [en-gb] | Sweet biscuits, waffles, rusks | 0 not yet |
| | | | 1 when it was the following number of weeks old: {bisswo} |
| | | | 2 or when it was the following number of months old: {bissmo} |
| 227 | [bisswo] Show the field ONLY if: [bissnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 228 | [bissmo] Show the field ONLY if: [bissnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required |
| | [en-gb] | months old | |
| 229 | [brotnn] | Ungesüsste Waffeln, Zwieback, Brot | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {brotwo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {brotmo} |
| | [en-gb] | Unsweetened waffles, rusks, bread | 0 not yet |
| | | | 1 when it was the following number of weeks old: {brotwo} |

| | | | |
|-----|---|---|--|
| | | | 2 or when it was the following number of months old: {brotmo} |
| 230 | [brotwo] Show the field ONLY if: [brotnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 231 | [brotmo] Show the field ONLY if: [brotnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required |
| | [en-gb] | months old | |
| 232 | [suessnn] | Süssigkeiten wie Schokolade, Bonbons | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {suesswo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {suessmo} |
| | [en-gb] | Sweets such as chocolate, confectionery | 0 not yet |
| | | | 1 when it was the following number of weeks old: {suesswo} |
| | | | 2 or when it was the following number of months old: {suessmo} |
| 233 | [suesswo] Show the field ONLY if: [suessnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required |
| | [en-gb] | weeks old | |
| 234 | [suessmo] Show the field ONLY if: [suessnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required |
| | [en-gb] | months old | |
| 235 | [nahrnn] | Anderes: | radio, Required |
| | | | 0 noch nie |
| | | | 1 als es folgende Anzahl Wochen alt war: {nahrwo} |
| | | | 2 oder als es folgende Anzahl Monate alt war: {nahrmo} |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|---|---------|------|---|---------|---|---|---------|------------------|---|---------|------------------------------|---|---------|-----------------|---|---------|-------------------------------|---|---------|--------|---|---------|-------------------|---|---------|---------|---|---------|------------------------------------|----|----------|---------------------|
| | [en-gb] | Other: | <table border="1"> <tr> <td>0</td> <td>not yet</td> </tr> <tr> <td>1</td> <td>when it was the following number of weeks old: {nahrwo}</td> </tr> <tr> <td>2</td> <td>or when it was the following number of months old: {nahrmo}</td> </tr> </table> | 0 | not yet | 1 | when it was the following number of weeks old: {nahrwo} | 2 | or when it was the following number of months old: {nahrmo} | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | not yet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | when it was the following number of weeks old: {nahrwo} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | or when it was the following number of months old: {nahrmo} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 236 | [nahrwo] Show the field ONLY if: [nahrnn]=1 | Wochen alt | text (number, Min: 0, Max: 12), Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | weeks old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 237 | [nahrmo] Show the field ONLY if: [nahrnn]=2 | Monate alt | text (number, Min: 1, Max: 18), Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | months old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 238 | [nahrwas] Show the field ONLY if: [nahrnn]=1 or [nahrnn]=2 | Was für andere Nahrung? | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | What exactly? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 239 | [erkr] | Section Header: <i>Fragen zur Gesundheit Ihres Kindes</i> Hatte Ihr Kind schon einmal eine der folgenden Erkrankungen? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>0</td> <td>erkr__0</td> <td>Nein</td> </tr> <tr> <td>1</td> <td>erkr__1</td> <td>Fieber</td> </tr> <tr> <td>2</td> <td>erkr__2</td> <td>Lungenentzündung</td> </tr> <tr> <td>3</td> <td>erkr__3</td> <td>Erkältung (Schnupfen/Husten)</td> </tr> <tr> <td>4</td> <td>erkr__4</td> <td>Ohrenentzündung</td> </tr> <tr> <td>5</td> <td>erkr__5</td> <td>Atemwegserkrankung/Bronchitis</td> </tr> <tr> <td>6</td> <td>erkr__6</td> <td>Unfall</td> </tr> <tr> <td>7</td> <td>erkr__7</td> <td>Magen-Darm Infekt</td> </tr> <tr> <td>8</td> <td>erkr__8</td> <td>Koliken</td> </tr> <tr> <td>9</td> <td>erkr__9</td> <td>unklare Schmerzen oder Beschwerden</td> </tr> <tr> <td>10</td> <td>erkr__10</td> <td>Anderes: {erkrandw}</td> </tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=0 | 0 | erkr__0 | Nein | 1 | erkr__1 | Fieber | 2 | erkr__2 | Lungenentzündung | 3 | erkr__3 | Erkältung (Schnupfen/Husten) | 4 | erkr__4 | Ohrenentzündung | 5 | erkr__5 | Atemwegserkrankung/Bronchitis | 6 | erkr__6 | Unfall | 7 | erkr__7 | Magen-Darm Infekt | 8 | erkr__8 | Koliken | 9 | erkr__9 | unklare Schmerzen oder Beschwerden | 10 | erkr__10 | Anderes: {erkrandw} |
| 0 | erkr__0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | erkr__1 | Fieber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | erkr__2 | Lungenentzündung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | erkr__3 | Erkältung (Schnupfen/Husten) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | erkr__4 | Ohrenentzündung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | erkr__5 | Atemwegserkrankung/Bronchitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | erkr__6 | Unfall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | erkr__7 | Magen-Darm Infekt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | erkr__8 | Koliken | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | erkr__9 | unklare Schmerzen oder Beschwerden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | erkr__10 | Anderes: {erkrandw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|------------------------|---|--|---|------------------------|----|------|---------|-------|---|---------|-----------|---|---------|--------------------------|---|---------|---------------|---|---------|---------------------------------|---|---------|----------|---|---------|----------------------------|---|---------|-------|---|---------|----------------------------|----|----------|-------------------|
| | <i>[en-gb]</i> | Section Header: <i>Questions about your child's health</i> Has your child ever had any of the following illnesses/conditions?(You can select more than one option) | <table border="1"> <tr><td>0</td><td>erkr__0</td><td>No</td></tr> <tr><td>1</td><td>erkr__1</td><td>Fever</td></tr> <tr><td>2</td><td>erkr__2</td><td>Pneumonia</td></tr> <tr><td>3</td><td>erkr__3</td><td>Cold (runny nose/ cough)</td></tr> <tr><td>4</td><td>erkr__4</td><td>Ear infection</td></tr> <tr><td>5</td><td>erkr__5</td><td>Respiratory disease/ bronchitis</td></tr> <tr><td>6</td><td>erkr__6</td><td>Accident</td></tr> <tr><td>7</td><td>erkr__7</td><td>Gastrointestinal infection</td></tr> <tr><td>8</td><td>erkr__8</td><td>Colic</td></tr> <tr><td>9</td><td>erkr__9</td><td>Unclear pain or discomfort</td></tr> <tr><td>10</td><td>erkr__10</td><td>Other: {erkrandw}</td></tr> </table> | 0 | erkr__0 | No | 1 | erkr__1 | Fever | 2 | erkr__2 | Pneumonia | 3 | erkr__3 | Cold (runny nose/ cough) | 4 | erkr__4 | Ear infection | 5 | erkr__5 | Respiratory disease/ bronchitis | 6 | erkr__6 | Accident | 7 | erkr__7 | Gastrointestinal infection | 8 | erkr__8 | Colic | 9 | erkr__9 | Unclear pain or discomfort | 10 | erkr__10 | Other: {erkrandw} |
| 0 | erkr__0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | erkr__1 | Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | erkr__2 | Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | erkr__3 | Cold (runny nose/ cough) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | erkr__4 | Ear infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | erkr__5 | Respiratory disease/ bronchitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | erkr__6 | Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | erkr__7 | Gastrointestinal infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | erkr__8 | Colic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | erkr__9 | Unclear pain or discomfort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | erkr__10 | Other: {erkrandw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 240 | [erkrandw] | Anderes: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 241 | [ther] | War/ist Ihr Kind deswegen in ärztlicher Behandlung? | yesno, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> Custom alignment: LV | 1 | Ja | 0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Did your child receive medical treatment for this, or is such treatment currently ongoing? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 242 | [hosp] | War Ihr Kind nach dem Wochenbett/ ausserhalb der Geburtsphase einmal im Spital? | radio, Required <table border="1"> <tr><td>1</td><td>Ja, wegen: {hospwas}</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> Custom alignment: LV | 1 | Ja, wegen: {hospwas} | 0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Ja, wegen: {hospwas} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Has your child ever been hospitalised outside of the phase immediately following the birth or the postpartum period? | <table border="1"> <tr><td>1</td><td>Yes, due to: {hospwas}</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes, due to: {hospwas} | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes, due to: {hospwas} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|-----|--|---|--|---|--|------|------------|----------|---------------------|
| 243 | [hospwas] Show the field ONLY if: [hosp]=1 | Ja, wegen: | text, Required Custom alignment: LV | | | | | | |
| | [en-gb] | Yes, due to: | | | | | | | |
| 244 | [hospd] Show the field ONLY if: [hosp]=1 | Wie lange war Ihr Kind im Spital? | radio, Required <table border="1"> <tr> <td>1</td> <td>Weniger als 1 Woche</td> </tr> <tr> <td>2</td> <td>1-3 Wochen</td> </tr> <tr> <td>3</td> <td>Länger als 3 Wochen</td> </tr> </table> Custom alignment: LV | 1 | Weniger als 1 Woche | 2 | 1-3 Wochen | 3 | Länger als 3 Wochen |
| 1 | Weniger als 1 Woche | | | | | | | | |
| 2 | 1-3 Wochen | | | | | | | | |
| 3 | Länger als 3 Wochen | | | | | | | | |
| | [en-gb] | How long was your child hospitalised for? | <table border="1"> <tr> <td>1</td> <td>Less than 1 week</td> </tr> <tr> <td>2</td> <td>1-3 weeks</td> </tr> <tr> <td>3</td> <td>Longer than 3 weeks</td> </tr> </table> | 1 | Less than 1 week | 2 | 1-3 weeks | 3 | Longer than 3 weeks |
| 1 | Less than 1 week | | | | | | | | |
| 2 | 1-3 weeks | | | | | | | | |
| 3 | Longer than 3 weeks | | | | | | | | |
| 245 | [vitdh] | Erhält Ihr Kind zurzeit Vitamin D? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> </table> Custom alignment: LV | 1 | Ja | 0 | Nein | | |
| 1 | Ja | | | | | | | | |
| 0 | Nein | | | | | | | | |
| | [en-gb] | Is your child currently receiving vitamin D? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 246 | [vitdfr] Show the field ONLY if: [vitdh]="0" | Haben Sie früher einmal Vitamin D gegeben? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja, bis es folgende Anzahl Monate alt war: {vitdmo}</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> </table> Custom alignment: LV | 1 | Ja, bis es folgende Anzahl Monate alt war: {vitdmo} | 0 | Nein | | |
| 1 | Ja, bis es folgende Anzahl Monate alt war: {vitdmo} | | | | | | | | |
| 0 | Nein | | | | | | | | |
| | [en-gb] | Did you give vitamin D before? | <table border="1"> <tr> <td>1</td> <td>Yes, until it was the following number of months old: {vitdmo}</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes, until it was the following number of months old: {vitdmo} | 0 | No | | |
| 1 | Yes, until it was the following number of months old: {vitdmo} | | | | | | | | |
| 0 | No | | | | | | | | |
| 247 | [vitdmo] Show the field ONLY if: [vitdfr]=1 | Anzahl Monate: | text (number, Min: 1, Max: 15), Required Custom alignment: LV | | | | | | |
| | [en-gb] | Number of months: | | | | | | | |
| 248 | [med24] | Hat Ihr Kind in den letzten 24 Stunden eines der folgenden Vitamine oder Medikamente erhalten? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>0</td> <td>med24__0</td> <td>Nein</td> </tr> <tr> <td>1</td> <td>med24__1</td> <td>Vitamin D</td> </tr> </table> | 0 | med24__0 | Nein | 1 | med24__1 | Vitamin D |
| 0 | med24__0 | Nein | | | | | | | |
| 1 | med24__1 | Vitamin D | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|---|---|----------|-----------------|---|----------|------------------------------|---|----------|----------------|---|----------|--|---|----------|------------------------------|---|----------|--|---|----------|----------------------------|
| | | | <table border="1"> <tr> <td>2</td> <td>med24__2</td> <td>andere Vitamine</td> </tr> <tr> <td>3</td> <td>med24__3</td> <td>Schmerz- oder Fieberzäpfchen</td> </tr> <tr> <td>4</td> <td>med24__4</td> <td>Antibiotika</td> </tr> <tr> <td>5</td> <td>med24__5</td> <td>Homöopathische Mittel, komplementärmedizinische Produkte</td> </tr> <tr> <td>6</td> <td>med24__6</td> <td>andere Medikamente: {medwas}</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=0</p> | 2 | med24__2 | andere Vitamine | 3 | med24__3 | Schmerz- oder Fieberzäpfchen | 4 | med24__4 | Antibiotika | 5 | med24__5 | Homöopathische Mittel, komplementärmedizinische Produkte | 6 | med24__6 | andere Medikamente: {medwas} | | | | | | |
| 2 | med24__2 | andere Vitamine | | | | | | | | | | | | | | | | | | | | | | |
| 3 | med24__3 | Schmerz- oder Fieberzäpfchen | | | | | | | | | | | | | | | | | | | | | | |
| 4 | med24__4 | Antibiotika | | | | | | | | | | | | | | | | | | | | | | |
| 5 | med24__5 | Homöopathische Mittel, komplementärmedizinische Produkte | | | | | | | | | | | | | | | | | | | | | | |
| 6 | med24__6 | andere Medikamente: {medwas} | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Has your child been given any of the following vitamins or medications in the past 24 hours?(You can select more than one option) | <table border="1"> <tr> <td>0</td> <td>med24__0</td> <td>No</td> </tr> <tr> <td>1</td> <td>med24__1</td> <td>Vitamin D</td> </tr> <tr> <td>2</td> <td>med24__2</td> <td>Other vitamins</td> </tr> <tr> <td>3</td> <td>med24__3</td> <td>Suppository for pain relief or fever</td> </tr> <tr> <td>4</td> <td>med24__4</td> <td>Antibiotics</td> </tr> <tr> <td>5</td> <td>med24__5</td> <td>Homeopathic remedies, complementary medicinal products</td> </tr> <tr> <td>6</td> <td>med24__6</td> <td>Other medication: {medwas}</td> </tr> </table> | 0 | med24__0 | No | 1 | med24__1 | Vitamin D | 2 | med24__2 | Other vitamins | 3 | med24__3 | Suppository for pain relief or fever | 4 | med24__4 | Antibiotics | 5 | med24__5 | Homeopathic remedies, complementary medicinal products | 6 | med24__6 | Other medication: {medwas} |
| 0 | med24__0 | No | | | | | | | | | | | | | | | | | | | | | | |
| 1 | med24__1 | Vitamin D | | | | | | | | | | | | | | | | | | | | | | |
| 2 | med24__2 | Other vitamins | | | | | | | | | | | | | | | | | | | | | | |
| 3 | med24__3 | Suppository for pain relief or fever | | | | | | | | | | | | | | | | | | | | | | |
| 4 | med24__4 | Antibiotics | | | | | | | | | | | | | | | | | | | | | | |
| 5 | med24__5 | Homeopathic remedies, complementary medicinal products | | | | | | | | | | | | | | | | | | | | | | |
| 6 | med24__6 | Other medication: {medwas} | | | | | | | | | | | | | | | | | | | | | | |
| 249 | [medwas] | Andere Medikamente: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | |
| | | Show the field ONLY if: [med24(6)]=1 | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other medication: | | | | | | | | | | | | | | | | | | | | | | |
| 250 | [kontrol] | Im ersten Lebensjahr wird empfohlen, Kinder regelmässig bei der Kinderärztin oder dem Kinderarzt vorsorglich untersuchen zu lassen (mit einem, zwei, vier, sechs, neun und zwölf Monaten). Haben Sie die empfohlenen Kontrolluntersuchungen bis jetzt wahrgenommen? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>Ja, aber nicht zu den empfohlenen Zeitpunkten</td> </tr> <tr> <td>3</td> <td>Teilweise</td> </tr> <tr> <td>4</td> <td>Nein</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 2 | Ja, aber nicht zu den empfohlenen Zeitpunkten | 3 | Teilweise | 4 | Nein | | | | | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Ja, aber nicht zu den empfohlenen Zeitpunkten | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Teilweise | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Nein | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | In the first year of life, it is recommended that children be regularly examined by a paediatrician as a precautionary measure (at one, two, four, six, nine and twelve months). | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>Yes, but not at the recommended times</td> </tr> </table> | 1 | Yes | 2 | Yes, but not at the recommended times | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Yes, but not at the recommended times | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|--|--|--|---|--|---|--|---|--|---|------|---|--------------------|
| | | Have you kept up with the recommended number of check-ups so far? | <table border="1"> <tr> <td>3</td> <td>Some of them</td> </tr> <tr> <td>4</td> <td>No</td> </tr> </table> | 3 | Some of them | 4 | No | | | | | | |
| 3 | Some of them | | | | | | | | | | | | |
| 4 | No | | | | | | | | | | | | |
| 251 | [impf] | Im ersten Lebensjahr wird in der Schweiz empfohlen, Kinder mit zwei, vier, neun und zwölf Monaten zu impfen. Haben Sie die empfohlenen Impfungen durchführen lassen? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>Ja, aber nicht zu den empfohlenen Zeitpunkten</td> </tr> <tr> <td>3</td> <td>Teilweise, ich habe folgende Impfung(en) abgelehnt: {impfwas}</td> </tr> <tr> <td>4</td> <td>Nein</td> </tr> <tr> <td>9</td> <td>Ich weiss es nicht</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 2 | Ja, aber nicht zu den empfohlenen Zeitpunkten | 3 | Teilweise, ich habe folgende Impfung(en) abgelehnt: {impfwas} | 4 | Nein | 9 | Ich weiss es nicht |
| 1 | Ja | | | | | | | | | | | | |
| 2 | Ja, aber nicht zu den empfohlenen Zeitpunkten | | | | | | | | | | | | |
| 3 | Teilweise, ich habe folgende Impfung(en) abgelehnt: {impfwas} | | | | | | | | | | | | |
| 4 | Nein | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | |
| | [en-gb] | In the first year of life, the recommendation in Switzerland is that children be vaccinated at two, four, nine and twelve months. Has your child had the recommended basic vaccinations? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>Yes, but not at the recommended times</td> </tr> <tr> <td>3</td> <td>Some of them, I declined the following vaccination(s): {impfwas}</td> </tr> <tr> <td>4</td> <td>No</td> </tr> <tr> <td>9</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 2 | Yes, but not at the recommended times | 3 | Some of them, I declined the following vaccination(s): {impfwas} | 4 | No | 9 | I don't know |
| 1 | Yes | | | | | | | | | | | | |
| 2 | Yes, but not at the recommended times | | | | | | | | | | | | |
| 3 | Some of them, I declined the following vaccination(s): {impfwas} | | | | | | | | | | | | |
| 4 | No | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | |
| 252 | [impfwas] Show the field ONLY if: [impf]=3 | Ich habe folgende Impfungen abgelehnt: | <p>text, Required</p> <p>Custom alignment: LV</p> | | | | | | | | | | |
| | [en-gb] | Some of them, I declined the following vaccination(s): | | | | | | | | | | | |
| 253 | [bett] | <p>Section Header: <i>Die folgenden Fragen beziehen sich auf das Schlafverhalten Ihres Kindes</i></p> <p>Wo schläft Ihr Kind mehrheitlich?</p> | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Im gleichen Bett wie Sie oder im Beistellbett</td> </tr> <tr> <td>2</td> <td>Im eigenen Bett, aber im gleichen Zimmer wie Sie</td> </tr> <tr> <td>3</td> <td>In einem anderen Zimmer als Sie</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Im gleichen Bett wie Sie oder im Beistellbett | 2 | Im eigenen Bett, aber im gleichen Zimmer wie Sie | 3 | In einem anderen Zimmer als Sie | | | | |
| 1 | Im gleichen Bett wie Sie oder im Beistellbett | | | | | | | | | | | | |
| 2 | Im eigenen Bett, aber im gleichen Zimmer wie Sie | | | | | | | | | | | | |
| 3 | In einem anderen Zimmer als Sie | | | | | | | | | | | | |
| | [en-gb] | <p>Section Header: <i>The following questions relate to your child's sleeping behaviour</i></p> <p>Where does your child generally sleep?</p> | <table border="1"> <tr> <td>1</td> <td>In the same bed as you or in the side-sleeping cot</td> </tr> <tr> <td>2</td> <td>In its own bed, but in the same room as you</td> </tr> <tr> <td>3</td> <td>In a different room from you</td> </tr> </table> | 1 | In the same bed as you or in the side-sleeping cot | 2 | In its own bed, but in the same room as you | 3 | In a different room from you | | | | |
| 1 | In the same bed as you or in the side-sleeping cot | | | | | | | | | | | | |
| 2 | In its own bed, but in the same room as you | | | | | | | | | | | | |
| 3 | In a different room from you | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------|--|---|---|------------|---|------------------|---|-------------------|---|-------------------|---|-------------------|---|-------------------|---|-------------------|---|-------------------|---|-------------------|---|-------------------|----|--------------------|----|--------------------|----|--------------------|----|--------------------|----|--------------------|----|--------------------|
| 254 | [wach] | Wie oft werden Sie nachts durchschnittlich durch Ihr Kind geweckt? | <p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>gar nicht</td></tr> <tr><td>1</td><td>1 mal pro Nacht</td></tr> <tr><td>2</td><td>2 mal pro Nacht</td></tr> <tr><td>3</td><td>3 mal pro Nacht</td></tr> <tr><td>4</td><td>4 mal pro Nacht</td></tr> <tr><td>5</td><td>5 mal pro Nacht</td></tr> <tr><td>6</td><td>6 mal pro Nacht</td></tr> <tr><td>7</td><td>7 mal pro Nacht</td></tr> <tr><td>8</td><td>8 mal pro Nacht</td></tr> <tr><td>9</td><td>9 mal pro Nacht</td></tr> <tr><td>10</td><td>10 mal pro Nacht</td></tr> <tr><td>11</td><td>11 mal pro Nacht</td></tr> <tr><td>12</td><td>12 mal pro Nacht</td></tr> <tr><td>13</td><td>13 mal pro Nacht</td></tr> <tr><td>14</td><td>14 mal pro Nacht</td></tr> <tr><td>15</td><td>15 mal pro Nacht</td></tr> </table> <p>Custom alignment: LV</p> | 0 | gar nicht | 1 | 1 mal pro Nacht | 2 | 2 mal pro Nacht | 3 | 3 mal pro Nacht | 4 | 4 mal pro Nacht | 5 | 5 mal pro Nacht | 6 | 6 mal pro Nacht | 7 | 7 mal pro Nacht | 8 | 8 mal pro Nacht | 9 | 9 mal pro Nacht | 10 | 10 mal pro Nacht | 11 | 11 mal pro Nacht | 12 | 12 mal pro Nacht | 13 | 13 mal pro Nacht | 14 | 14 mal pro Nacht | 15 | 15 mal pro Nacht |
| 0 | gar nicht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 mal pro Nacht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | On average, how often does your child wake you up at night? | <table border="1"> <tr><td>0</td><td>not at all</td></tr> <tr><td>1</td><td>1 time per night</td></tr> <tr><td>2</td><td>2 times per night</td></tr> <tr><td>3</td><td>3 times per night</td></tr> <tr><td>4</td><td>4 times per night</td></tr> <tr><td>5</td><td>5 times per night</td></tr> <tr><td>6</td><td>6 times per night</td></tr> <tr><td>7</td><td>7 times per night</td></tr> <tr><td>8</td><td>8 times per night</td></tr> <tr><td>9</td><td>9 times per night</td></tr> <tr><td>10</td><td>10 times per night</td></tr> <tr><td>11</td><td>11 times per night</td></tr> <tr><td>12</td><td>12 times per night</td></tr> <tr><td>13</td><td>13 times per night</td></tr> <tr><td>14</td><td>14 times per night</td></tr> <tr><td>15</td><td>15 times per night</td></tr> </table> | 0 | not at all | 1 | 1 time per night | 2 | 2 times per night | 3 | 3 times per night | 4 | 4 times per night | 5 | 5 times per night | 6 | 6 times per night | 7 | 7 times per night | 8 | 8 times per night | 9 | 9 times per night | 10 | 10 times per night | 11 | 11 times per night | 12 | 12 times per night | 13 | 13 times per night | 14 | 14 times per night | 15 | 15 times per night |
| 0 | not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 time per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 13 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 14 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 15 times per night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--------------------|--|---|---|-----------|---|-----------------|---|------------------|---|------------------|---|------------------|---|--------------------|---|------------------|---|------------------|
| 255 | [gesundm] | <p>Section Header: <i>Fragen zu Ihrer Gesundheit</i></p> <p>Wie ist Ihr Gesundheitszustand im Allgemeinen?</p> | <p>radio, Required</p> <table border="1"> <tr><td>5</td><td>Sehr gut</td></tr> <tr><td>4</td><td>Gut</td></tr> <tr><td>3</td><td>Mittelmässig</td></tr> <tr><td>2</td><td>Schlecht</td></tr> <tr><td>1</td><td>Sehr schlecht</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> <p>Custom alignment: LV</p> | 5 | Sehr gut | 4 | Gut | 3 | Mittelmässig | 2 | Schlecht | 1 | Sehr schlecht | 9 | Ich weiss es nicht | | | | |
| 5 | Sehr gut | | | | | | | | | | | | | | | | | | |
| 4 | Gut | | | | | | | | | | | | | | | | | | |
| 3 | Mittelmässig | | | | | | | | | | | | | | | | | | |
| 2 | Schlecht | | | | | | | | | | | | | | | | | | |
| 1 | Sehr schlecht | | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>Section Header: <i>Questions about your health</i></p> <p>What is your general state of health?</p> | <table border="1"> <tr><td>5</td><td>Very good</td></tr> <tr><td>4</td><td>Good</td></tr> <tr><td>3</td><td>So-so</td></tr> <tr><td>2</td><td>Poor</td></tr> <tr><td>1</td><td>Very poor</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 5 | Very good | 4 | Good | 3 | So-so | 2 | Poor | 1 | Very poor | 9 | I don't know | | | | |
| 5 | Very good | | | | | | | | | | | | | | | | | | |
| 4 | Good | | | | | | | | | | | | | | | | | | |
| 3 | So-so | | | | | | | | | | | | | | | | | | |
| 2 | Poor | | | | | | | | | | | | | | | | | | |
| 1 | Very poor | | | | | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | | | | | |
| 256 | [gewm] | <p>Wie schwer sind Sie? <i>Bitte geben Sie die Anzahl kg an</i></p> | <p>text (number, Min: 30, Max: 250), Required Custom alignment: LV</p> | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>How heavy are you? <i>Please enter the number of kg</i></p> | | | | | | | | | | | | | | | | | |
| 257 | [grm] | <p>Wie gross sind Sie? <i>Bitte geben Sie die Anzahl Zentimeter an</i></p> | <p>text (number, Min: 70, Max: 200), Required Custom alignment: LV</p> | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>How tall are you? <i>Please enter the number of centimetres</i></p> | | | | | | | | | | | | | | | | | |
| 258 | [atem] | <p>Wenn Sie an körperliche Aktivitäten denken, bei denen Sie zumindest ein bisschen ausser Atem kommen, z.B. zügiges Laufen, Gartenarbeit, Mutter- Kind Turnen, Rückbildungsgymnastik.</p> <p>An wie vielen Tagen pro Woche machen Sie solche Aktivitäten?</p> | <p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>Nie</td></tr> <tr><td>1</td><td>1 Tag pro Woche</td></tr> <tr><td>2</td><td>2 Tage pro Woche</td></tr> <tr><td>3</td><td>3 Tage pro Woche</td></tr> <tr><td>4</td><td>4 Tage pro Woche</td></tr> <tr><td>5</td><td>5 Tage pro Woche</td></tr> <tr><td>6</td><td>6 Tage pro Woche</td></tr> <tr><td>7</td><td>7 Tage pro Woche</td></tr> </table> <p>Custom alignment: LV</p> | 0 | Nie | 1 | 1 Tag pro Woche | 2 | 2 Tage pro Woche | 3 | 3 Tage pro Woche | 4 | 4 Tage pro Woche | 5 | 5 Tage pro Woche | 6 | 6 Tage pro Woche | 7 | 7 Tage pro Woche |
| 0 | Nie | | | | | | | | | | | | | | | | | | |
| 1 | 1 Tag pro Woche | | | | | | | | | | | | | | | | | | |
| 2 | 2 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 3 | 3 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 4 | 4 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 5 | 5 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 6 | 6 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 7 | 7 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| | [en-gb] | <p>Think of physical activities in which you are at least a little out of breath, e.g. brisk running, gardening, mother-baby gymnastics, postnatal exercises.</p> | <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>1 day per week</td></tr> </table> | 0 | Never | 1 | 1 day per week | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | |
| 1 | 1 day per week | | | | | | | | | | | | | | | | | | |

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|-----|---|--|---|---|-----------------|----------------------------|-----------------|------------|----------------------------|---|------------------|---|------------------|---|------------------|---|------------------|---|------------------|
| | | How many days per week do you do such activities? | <table border="1"> <tr><td>2</td><td>2 days per week</td></tr> <tr><td>3</td><td>3 days per week</td></tr> <tr><td>4</td><td>4 days per week</td></tr> <tr><td>5</td><td>5 days per week</td></tr> <tr><td>6</td><td>6 days per week</td></tr> <tr><td>7</td><td>7 days per week</td></tr> </table> | 2 | 2 days per week | 3 | 3 days per week | 4 | 4 days per week | 5 | 5 days per week | 6 | 6 days per week | 7 | 7 days per week | | | | |
| 2 | 2 days per week | | | | | | | | | | | | | | | | | | |
| 3 | 3 days per week | | | | | | | | | | | | | | | | | | |
| 4 | 4 days per week | | | | | | | | | | | | | | | | | | |
| 5 | 5 days per week | | | | | | | | | | | | | | | | | | |
| 6 | 6 days per week | | | | | | | | | | | | | | | | | | |
| 7 | 7 days per week | | | | | | | | | | | | | | | | | | |
| 259 | [atemdau] Show the field ONLY if: [atem]=1 or [atem]=2 or [atem]=3 or [atem]=4 or [atem]=5 or [atem]=6 or [atem]=7 | Wie lange sind Sie durchschnittlich an jedem dieser Tage aktiv? | checkbox, Required <table border="1"> <tr><td>1</td><td>atemdau__1</td><td>Stunden pro Tag: {atemstd}</td></tr> <tr><td>2</td><td>atemdau__2</td><td>Minuten pro Tag: {atemmin}</td></tr> </table> Custom alignment: LV | 1 | atemdau__1 | Stunden pro Tag: {atemstd} | 2 | atemdau__2 | Minuten pro Tag: {atemmin} | | | | | | | | | | |
| 1 | atemdau__1 | Stunden pro Tag: {atemstd} | | | | | | | | | | | | | | | | | |
| 2 | atemdau__2 | Minuten pro Tag: {atemmin} | | | | | | | | | | | | | | | | | |
| | [en-gb] | On average, how long are you active on each of these days? | <table border="1"> <tr><td>1</td><td>atemdau__1</td><td>hours per day: {atemstd}</td></tr> <tr><td>2</td><td>atemdau__2</td><td>minutes per day: {atemmin}</td></tr> </table> | 1 | atemdau__1 | hours per day: {atemstd} | 2 | atemdau__2 | minutes per day: {atemmin} | | | | | | | | | | |
| 1 | atemdau__1 | hours per day: {atemstd} | | | | | | | | | | | | | | | | | |
| 2 | atemdau__2 | minutes per day: {atemmin} | | | | | | | | | | | | | | | | | |
| 260 | [atemstd] Show the field ONLY if: [atemdau(1)]=1 | Stunden: | text (integer, Min: 0, Max: 12), Required Custom alignment: LV | | | | | | | | | | | | | | | | |
| | [en-gb] | hours | | | | | | | | | | | | | | | | | |
| 261 | [atemmin] Show the field ONLY if: [atemdau(2)]=1 | Minuten: | text (integer, Min: 0, Max: 60), Required Custom alignment: LV | | | | | | | | | | | | | | | | |
| | [en-gb] | minutes | | | | | | | | | | | | | | | | | |
| 262 | [schwitz] | Kommen Sie in Ihrer Freizeit mindestens einmal pro Woche durch körperliche Betätigung zum Schwitzen? Zum Beispiel durch Rennen, Velofahren, u.s.w. An wie vielen Tagen pro Woche machen Sie solche Aktivitäten? | dropdown, Required <table border="1"> <tr><td>0</td><td>Nie</td></tr> <tr><td>1</td><td>1 Tag pro Woche</td></tr> <tr><td>2</td><td>2 Tage pro Woche</td></tr> <tr><td>3</td><td>3 Tage pro Woche</td></tr> <tr><td>4</td><td>4 Tage pro Woche</td></tr> <tr><td>5</td><td>5 Tage pro Woche</td></tr> <tr><td>6</td><td>6 Tage pro Woche</td></tr> <tr><td>7</td><td>7 Tage pro Woche</td></tr> </table> Custom alignment: LV | 0 | Nie | 1 | 1 Tag pro Woche | 2 | 2 Tage pro Woche | 3 | 3 Tage pro Woche | 4 | 4 Tage pro Woche | 5 | 5 Tage pro Woche | 6 | 6 Tage pro Woche | 7 | 7 Tage pro Woche |
| 0 | Nie | | | | | | | | | | | | | | | | | | |
| 1 | 1 Tag pro Woche | | | | | | | | | | | | | | | | | | |
| 2 | 2 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 3 | 3 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 4 | 4 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 5 | 5 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 6 | 6 Tage pro Woche | | | | | | | | | | | | | | | | | | |
| 7 | 7 Tage pro Woche | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|-----|--|--|--|---|--------------|---------------------------------|----------------|--------------|---------------------------------|---|-----------------|---|-----------------|---|-----------------|---|-----------------|---|-----------------|
| | <i>[en-gb]</i> | In your free time, does physical activity make you sweat at least once a week? For example, running, cycling, etc. How many days a week do you do these activities? | <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>1 day per week</td></tr> <tr><td>2</td><td>2 days per week</td></tr> <tr><td>3</td><td>3 days per week</td></tr> <tr><td>4</td><td>4 days per week</td></tr> <tr><td>5</td><td>5 days per week</td></tr> <tr><td>6</td><td>6 days per week</td></tr> <tr><td>7</td><td>7 days per week</td></tr> </table> | 0 | Never | 1 | 1 day per week | 2 | 2 days per week | 3 | 3 days per week | 4 | 4 days per week | 5 | 5 days per week | 6 | 6 days per week | 7 | 7 days per week |
| 0 | Never | | | | | | | | | | | | | | | | | | |
| 1 | 1 day per week | | | | | | | | | | | | | | | | | | |
| 2 | 2 days per week | | | | | | | | | | | | | | | | | | |
| 3 | 3 days per week | | | | | | | | | | | | | | | | | | |
| 4 | 4 days per week | | | | | | | | | | | | | | | | | | |
| 5 | 5 days per week | | | | | | | | | | | | | | | | | | |
| 6 | 6 days per week | | | | | | | | | | | | | | | | | | |
| 7 | 7 days per week | | | | | | | | | | | | | | | | | | |
| 263 | <i>[schwitzdau]</i> Show the field ONLY if: [schwiz]=1 or [schwiz]=2 or [schwiz]=3 or [schwiz]=4 or [schwiz]=5 or [schwiz]=6 or [schwiz]=7 | Wie lange sind Sie durchschnittlich an jedem dieser Tage aktiv? | checkbox, Required <table border="1"> <tr> <td>1</td> <td>schwizdau__1</td> <td>Stunden pro Tag: {schwizstd}</td> </tr> <tr> <td>2</td> <td>schwizdau__2</td> <td>Minuten pro Tag: {schwizmin}</td> </tr> </table> Custom alignment: LV | 1 | schwizdau__1 | Stunden pro Tag: {schwizstd} | 2 | schwizdau__2 | Minuten pro Tag: {schwizmin} | | | | | | | | | | |
| 1 | schwizdau__1 | Stunden pro Tag: {schwizstd} | | | | | | | | | | | | | | | | | |
| 2 | schwizdau__2 | Minuten pro Tag: {schwizmin} | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | On average, how long are you active on each of these days? | <table border="1"> <tr> <td>1</td> <td>schwizdau__1</td> <td>hours per day: {schwizstd}</td> </tr> <tr> <td>2</td> <td>schwizdau__2</td> <td>minutes per day: {schwizmin}</td> </tr> </table> | 1 | schwizdau__1 | hours per day: {schwizstd} | 2 | schwizdau__2 | minutes per day: {schwizmin} | | | | | | | | | | |
| 1 | schwizdau__1 | hours per day: {schwizstd} | | | | | | | | | | | | | | | | | |
| 2 | schwizdau__2 | minutes per day: {schwizmin} | | | | | | | | | | | | | | | | | |
| 264 | <i>[schwizstd]</i> Show the field ONLY if: [schwizdau(1)]=1 | Stunden: | text (integer, Min: 0, Max: 12), Required Custom alignment: LV | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | hours | | | | | | | | | | | | | | | | | |
| 265 | <i>[schwizmin]</i> Show the field ONLY if: [schwizdau(2)]=1 | Minuten: | text (integer, Min: 0, Max: 60), Required Custom alignment: LV | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | minutes | | | | | | | | | | | | | | | | | |
| 266 | <i>[rauch2]</i> Show the field ONLY if: [fambio]=1 | Haben Sie vor der Schwangerschaft geraucht? | yesno, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> Custom alignment: LV | 1 | Ja | 0 | Nein | | | | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Did you smoke before the pregnancy? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|---|---|--|---|--|---|---|---|--|---|--|---|---|---|------|
| 267 | <p>[rauch1]</p> <p>Show the field ONLY if: [fambio]=1 AND [rauch2]=1</p> | <p>Haben Sie während der Schwangerschaft geraucht?</p> | <p>yesno, Required</p> <table border="1" data-bbox="1040 142 1154 247"> <tr><td>1</td><td>Ja</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 0 | Nein | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | |
| | [en-gb] | <p>Did you smoke during the pregnancy?</p> | <table border="1" data-bbox="1040 338 1138 443"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 268 | <p>[rauch0]</p> <p>Show the field ONLY if: [rauch2]=1 and [rauch1]=1 and [fambio]=1</p> | <p>Haben Sie in der Schwangerschaft aufgehört zu rauchen?</p> | <p>radio, Required</p> <table border="1" data-bbox="1040 499 1502 993"> <tr><td>1</td><td>Ja, bei der Feststellung der Schwangerschaft</td></tr> <tr><td>2</td><td>Ja, im ersten Schwangerschaftsdrittel</td></tr> <tr><td>3</td><td>Ja, im zweiten Schwangerschaftsdrittel</td></tr> <tr><td>4</td><td>Ja, im letzten Schwangerschaftsdrittel</td></tr> <tr><td>5</td><td>Nein, aber ich habe die Anzahl Zigaretten pro Tag reduziert</td></tr> <tr><td>6</td><td>Nein</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Ja, bei der Feststellung der Schwangerschaft | 2 | Ja, im ersten Schwangerschaftsdrittel | 3 | Ja, im zweiten Schwangerschaftsdrittel | 4 | Ja, im letzten Schwangerschaftsdrittel | 5 | Nein, aber ich habe die Anzahl Zigaretten pro Tag reduziert | 6 | Nein |
| 1 | Ja, bei der Feststellung der Schwangerschaft | | | | | | | | | | | | | | |
| 2 | Ja, im ersten Schwangerschaftsdrittel | | | | | | | | | | | | | | |
| 3 | Ja, im zweiten Schwangerschaftsdrittel | | | | | | | | | | | | | | |
| 4 | Ja, im letzten Schwangerschaftsdrittel | | | | | | | | | | | | | | |
| 5 | Nein, aber ich habe die Anzahl Zigaretten pro Tag reduziert | | | | | | | | | | | | | | |
| 6 | Nein | | | | | | | | | | | | | | |
| | [en-gb] | <p>Did you stop smoking during pregnancy?</p> | <table border="1" data-bbox="1040 1087 1502 1581"> <tr><td>1</td><td>Yes, when I found out I was pregnant</td></tr> <tr><td>2</td><td>Yes, in the first trimester of my pregnancy</td></tr> <tr><td>3</td><td>Yes, in the second trimester of my pregnancy</td></tr> <tr><td>4</td><td>Yes, in the last trimester of my pregnancy</td></tr> <tr><td>5</td><td>No, but I reduced the number of cigarettes per day</td></tr> <tr><td>6</td><td>No</td></tr> </table> | 1 | Yes, when I found out I was pregnant | 2 | Yes, in the first trimester of my pregnancy | 3 | Yes, in the second trimester of my pregnancy | 4 | Yes, in the last trimester of my pregnancy | 5 | No, but I reduced the number of cigarettes per day | 6 | No |
| 1 | Yes, when I found out I was pregnant | | | | | | | | | | | | | | |
| 2 | Yes, in the first trimester of my pregnancy | | | | | | | | | | | | | | |
| 3 | Yes, in the second trimester of my pregnancy | | | | | | | | | | | | | | |
| 4 | Yes, in the last trimester of my pregnancy | | | | | | | | | | | | | | |
| 5 | No, but I reduced the number of cigarettes per day | | | | | | | | | | | | | | |
| 6 | No | | | | | | | | | | | | | | |
| 269 | [rauch] | <p>Rauchen Sie zurzeit?</p> | <p>yesno</p> <table border="1" data-bbox="1040 1640 1154 1745"> <tr><td>1</td><td>Ja</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 0 | Nein | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | |
| | [en-gb] | <p>Do you currently smoke?</p> | <table border="1" data-bbox="1040 1837 1138 1942"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|--|---|--|---|-------|---|-----------------------------|---|-------------------------------------|---|------------|---|-------------------------------|
| 270 | [alk] | Trinken Sie Alkohol? | radio, Required <table border="1"> <tr><td>0</td><td>Nie</td></tr> <tr><td>1</td><td>Weniger als 1 Mal pro Monat</td></tr> <tr><td>2</td><td>Jeden Monat (mehrmals pro Monat)</td></tr> <tr><td>3</td><td>Jede Woche</td></tr> <tr><td>4</td><td>Jeden Tag oder fast jeden Tag</td></tr> </table> Custom alignment: LV | 0 | Nie | 1 | Weniger als 1 Mal pro Monat | 2 | Jeden Monat (mehrmals pro Monat) | 3 | Jede Woche | 4 | Jeden Tag oder fast jeden Tag |
| 0 | Nie | | | | | | | | | | | | |
| 1 | Weniger als 1 Mal pro Monat | | | | | | | | | | | | |
| 2 | Jeden Monat (mehrmals pro Monat) | | | | | | | | | | | | |
| 3 | Jede Woche | | | | | | | | | | | | |
| 4 | Jeden Tag oder fast jeden Tag | | | | | | | | | | | | |
| | [en-gb] | Do you drink alcohol? | <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than once a month</td></tr> <tr><td>2</td><td>Every month (several times a month)</td></tr> <tr><td>3</td><td>Every week</td></tr> <tr><td>4</td><td>Every day or almost every day</td></tr> </table> | 0 | Never | 1 | Less than once a month | 2 | Every month (several times a month) | 3 | Every week | 4 | Every day or almost every day |
| 0 | Never | | | | | | | | | | | | |
| 1 | Less than once a month | | | | | | | | | | | | |
| 2 | Every month (several times a month) | | | | | | | | | | | | |
| 3 | Every week | | | | | | | | | | | | |
| 4 | Every day or almost every day | | | | | | | | | | | | |
| 271 | [alk1] Show the field ONLY if: [alk]=1 or [alk]=2 or [alk]=3 or [alk]=4 and [fambio]=1 | Haben Sie in der Schwangerschaft Alkohol getrunken? | yesno, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> Custom alignment: LV | 1 | Ja | 0 | Nein | | | | | | |
| 1 | Ja | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | |
| | [en-gb] | Did you drink alcohol during your pregnancy? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 272 | [erkrkm] Show the field ONLY if: [fambio]=1 | Hatten Sie vor der Schwangerschaft jemals eine der folgenden Erkrankungen: Hoher Blutdruck Asthma, Allergien, Neurodermitis, psychische Erkrankung, Diabetes oder andere Erkrankungen? | yesno, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> Custom alignment: LV | 1 | Ja | 0 | Nein | | | | | | |
| 1 | Ja | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | |
| | [en-gb] | Have you ever had any of the following conditions before pregnancy? High blood pressure, Asthma, allergies, neurodermatitis, mental illness, diabetes or other illnesses? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 273 | [erkrkm_intro] Show the field ONLY if: [erkrkm]=1 | Welche der folgenden Erkrankungen hatten Sie jemals vor der Schwangerschaft? Wurde die Erkrankung ärztlich diagnostiziert? (Sie können mehrere Möglichkeiten ankreuzen) | descriptive | | | | | | | | | | |
| | [en-gb] | Did you ever have any of the following illnesses before your pregnancy? Was the illness diagnosed by a doctor?(You can select more than one option) | | | | | | | | | | | |

| | | | |
|-----|--|----------------------------|---|
| 274 | [bpm] Show the field ONLY if: [erkrm]=1 | Hoher Blutdruck | checkbox 1 bpm__1 Ja 2 bpm__2 Ja, ärztlich diagnostiziert |
| | [en-gb] | High blood pressure | 1 bpm__1 Yes 2 bpm__2 Yes, diagnosed by a doctor |
| 275 | [asthm] Show the field ONLY if: [erkrm]=1 | Asthma | checkbox 1 asthm__1 Ja 2 asthm__2 Ja, ärztlich diagnostiziert |
| | [en-gb] | Asthma | 1 asthm__1 Yes 2 asthm__2 Yes, diagnosed by a doctor |
| 276 | [allergm] Show the field ONLY if: [erkrm]=1 | Allergien | checkbox 1 allergm__1 Ja 2 allergm__2 Ja, ärztlich diagnostiziert |
| | [en-gb] | Allergies | 1 allergm__1 Yes 2 allergm__2 Yes, diagnosed by a doctor |
| 277 | [neurodm] Show the field ONLY if: [erkrm]=1 | Neurodermitis | checkbox 1 neurodm__1 Ja 2 neurodm__2 Ja, ärztlich diagnostiziert |
| | [en-gb] | Neurodermatitis | 1 neurodm__1 Yes 2 neurodm__2 Yes, diagnosed by a doctor |
| 278 | [psym] Show the field ONLY if: [erkrm]=1 | Eine psychische Erkrankung | checkbox 1 psym__1 Ja 2 psym__2 Ja, ärztlich diagnostiziert |
| | [en-gb] | A mental illness | 1 psym__1 Yes 2 psym__2 Yes, diagnosed by a doctor |
| 279 | [diabm] Show the field ONLY | Diabetes | checkbox 1 diabm__1 Ja |

| | | | | | |
|-----|---|--|------------------------------|-------------------------|--|
| | if: [erkrm]=1 | | 2 | diabm__2 | Ja, ärztlich diagnostiziert |
| | [en-gb] | Diabetes | 1 | diabm__1 | Yes |
| | | | 2 | diabm__2 | Yes, diagnosed by a doctor |
| 280 | [and] Show the field ONLY if: [erkrm]=1 | Andere: {erkrmandwas} | checkbox | | |
| | | | 1 | and__1 | Ja |
| | | | 2 | and__2 | Ja, ärztlich diagnostiziert |
| | [en-gb] | Other: {erkrmandwas} | 1 | and__1 | Yes |
| | | | 2 | and__2 | Yes, diagnosed by a doctor |
| 281 | [erkrmandwas] Show the field ONLY if: [and(1)] = '1' | | text Custom alignment: LV | | |
| | [en-gb] | ??? | | | |
| 282 | [gynber] Show the field ONLY if: [erkrm]=1 | Wurden Sie im Vorfeld oder zu Beginn der Schwangerschaft von Ihrem Frauenarzt/Ihrer Frauenärztin hinsichtlich Ihrer Erkrankung/en beraten? | radio | | |
| | | | 1 | Ja | |
| | | | 0 | Nein | |
| | | | 9 | Ich weiss es nicht mehr | |
| | [en-gb] | Did you receive any advice from your gynaecologist in respect of your illness(es) prior to becoming pregnant or just after? | Custom alignment: LV | | |
| | | | 1 | Yes | |
| | | | 0 | No | |
| | | | 9 | I don't know anymore | |
| 283 | [diat] | Haben Sie oder Ihr Partner/Ihre Partnerin im letzten Monat auf eine bestimmte Ernährung geachtet? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required | | |
| | | | 0 | diat__0 | Nein, auf keine bestimmte Ernährung geachtet |
| | | | 1 | diat__1 | Vegetarische Ernährung |
| | | | 2 | diat__2 | Vegetarische Ernährung mit Fisch |
| | | | 3 | diat__3 | Vegane Ernährung |
| | | | 4 | diat__4 | Biologisch hergestellte Nahrungsmittel |
| | | | 5 | diat__5 | Allergenfreie/ Glutenfreie Ernährung |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|------------|--|--|---|-----------|------------------------------|--------|---------|--|---|---------|-------------|------------|---------|-------|---|---------|---------------|---|---------|--------------------------------|---|---------|----------------|---|---------|--|
| | | | <table border="1"> <tr> <td>6</td> <td>diat__6</td> <td>Keinen/nicht zu viel Alkohol</td> </tr> <tr> <td>7</td> <td>diat__7</td> <td>Andere Ernährungsweise oder Diät: {diatandw}</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=0</p> | 6 | diat__6 | Keinen/nicht zu viel Alkohol | 7 | diat__7 | Andere Ernährungsweise oder Diät: {diatandw} | | | | | | | | | | | | | | | | | | |
| 6 | diat__6 | Keinen/nicht zu viel Alkohol | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | diat__7 | Andere Ernährungsweise oder Diät: {diatandw} | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Have you or your partner paid attention to or followed a particular diet over the last month?(You can select more than one option) | <table border="1"> <tr> <td>0</td> <td>diat__0</td> <td>No, no particular diet</td> </tr> <tr> <td>1</td> <td>diat__1</td> <td>Vegetarian</td> </tr> <tr> <td>2</td> <td>diat__2</td> <td>Pescatarian</td> </tr> <tr> <td>3</td> <td>diat__3</td> <td>Vegan</td> </tr> <tr> <td>4</td> <td>diat__4</td> <td>Organic foods</td> </tr> <tr> <td>5</td> <td>diat__5</td> <td>Allergen-free/gluten-free diet</td> </tr> <tr> <td>6</td> <td>diat__6</td> <td>No/low alcohol</td> </tr> <tr> <td>7</td> <td>diat__7</td> <td>Other diet/type of nutrition: {diatandw}</td> </tr> </table> | 0 | diat__0 | No, no particular diet | 1 | diat__1 | Vegetarian | 2 | diat__2 | Pescatarian | 3 | diat__3 | Vegan | 4 | diat__4 | Organic foods | 5 | diat__5 | Allergen-free/gluten-free diet | 6 | diat__6 | No/low alcohol | 7 | diat__7 | Other diet/type of nutrition: {diatandw} |
| 0 | diat__0 | No, no particular diet | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | diat__1 | Vegetarian | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | diat__2 | Pescatarian | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | diat__3 | Vegan | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | diat__4 | Organic foods | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | diat__5 | Allergen-free/gluten-free diet | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | diat__6 | No/low alcohol | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | diat__7 | Other diet/type of nutrition: {diatandw} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 284 | [diatandw] | Andere Ernährungsweise oder Diät: | text Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Show the field ONLY if: [diat(7)]=1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other diet/type of nutrition: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 285 | [mued] | Wie oft haben Sie in den letzten 30 Tagen unter Müdigkeit gelitten? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Nie</td> </tr> <tr> <td>2</td> <td>Selten</td> </tr> <tr> <td>3</td> <td>Manchmal</td> </tr> <tr> <td>4</td> <td>Oft</td> </tr> <tr> <td>5</td> <td>Sehr oft</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Nie | 2 | Selten | 3 | Manchmal | 4 | Oft | 5 | Sehr oft | | | | | | | | | | | | | | |
| 1 | Nie | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Selten | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Manchmal | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Oft | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Sehr oft | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Over the last 30 days, how often have you suffered from fatigue? | <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Rarely</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Oft</td> </tr> <tr> <td>5</td> <td>Very often</td> </tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Oft | 5 | Very often | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Oft | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 286 | [haush] | Section Header: <i>Im Folgenden würden wir gerne von Ihnen wissen, wie sehr Sie sich von Ihrem persönlichen Umfeld unterstützt fühlen.</i> | <p>radio (Matrix), Required</p> <table border="1"> <tr> <td>5</td> <td>Ja, immer</td> </tr> </table> | 5 | Ja, immer | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Ja, immer | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--------------------|---|---|---|-------------|---|------------------|---|------------------|---|------------------|---|--------------------|---|--------------------|
| | | Ich bin sicher, dass jemand mich im Haushalt unterstützt, wenn ich es brauche. | <table border="1"> <tr><td>4</td><td>Meistens</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>2</td><td>Nein, eher nicht</td></tr> <tr><td>1</td><td>Nein, gar nicht</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> | 4 | Meistens | 3 | Manchmal | 2 | Nein, eher nicht | 1 | Nein, gar nicht | 9 | Ich weiss es nicht | | |
| 4 | Meistens | | | | | | | | | | | | | | |
| 3 | Manchmal | | | | | | | | | | | | | | |
| 2 | Nein, eher nicht | | | | | | | | | | | | | | |
| 1 | Nein, gar nicht | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Section Header: ??? I am sure that someone will help me out in the home if I need it | <table border="1"> <tr><td>5</td><td>Yes, always</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>2</td><td>No, mostly not</td></tr> <tr><td>1</td><td>No, not at all</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 5 | Yes, always | 4 | Most of the time | 3 | Sometimes | 2 | No, mostly not | 1 | No, not at all | 9 | I don't know |
| 5 | Yes, always | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 2 | No, mostly not | | | | | | | | | | | | | | |
| 1 | No, not at all | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | |
| 287 | <i>[hilfe]</i> | Ich bin sicher, dass jemand da ist, wenn ich Hilfe brauche. | radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Ja, immer</td></tr> <tr><td>4</td><td>Meistens</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>2</td><td>Nein, eher nicht</td></tr> <tr><td>1</td><td>Nein, gar nicht</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> | 5 | Ja, immer | 4 | Meistens | 3 | Manchmal | 2 | Nein, eher nicht | 1 | Nein, gar nicht | 9 | Ich weiss es nicht |
| 5 | Ja, immer | | | | | | | | | | | | | | |
| 4 | Meistens | | | | | | | | | | | | | | |
| 3 | Manchmal | | | | | | | | | | | | | | |
| 2 | Nein, eher nicht | | | | | | | | | | | | | | |
| 1 | Nein, gar nicht | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | I am sure that someone will be there if I need help. | <table border="1"> <tr><td>5</td><td>Yes, always</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>2</td><td>No, mostly not</td></tr> <tr><td>1</td><td>No, not at all</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 5 | Yes, always | 4 | Most of the time | 3 | Sometimes | 2 | No, mostly not | 1 | No, not at all | 9 | I don't know |
| 5 | Yes, always | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 2 | No, mostly not | | | | | | | | | | | | | | |
| 1 | No, not at all | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | |
| 288 | <i>[anvert]</i> | Ich habe jemanden, dem ich mein Kind/ meine Kinder jederzeit anvertrauen kann. | radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Ja, immer</td></tr> <tr><td>4</td><td>Meistens</td></tr> <tr><td>3</td><td>Manchmal</td></tr> <tr><td>2</td><td>Nein, eher nicht</td></tr> <tr><td>1</td><td>Nein, gar nicht</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> | 5 | Ja, immer | 4 | Meistens | 3 | Manchmal | 2 | Nein, eher nicht | 1 | Nein, gar nicht | 9 | Ich weiss es nicht |
| 5 | Ja, immer | | | | | | | | | | | | | | |
| 4 | Meistens | | | | | | | | | | | | | | |
| 3 | Manchmal | | | | | | | | | | | | | | |
| 2 | Nein, eher nicht | | | | | | | | | | | | | | |
| 1 | Nein, gar nicht | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | I have someone to whom I can entrust my child/children at any time. | <table border="1"> <tr><td>5</td><td>Yes, always</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>3</td><td>Sometimes</td></tr> </table> | 5 | Yes, always | 4 | Most of the time | 3 | Sometimes | | | | | | |
| 5 | Yes, always | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |

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|-----|-----------------------|---|---|---|------------------|----------------------|------------------|------------|----------------------------------|---|------------|---|---|------------|--------------|---|------------|------------------------------|---|------------|---------|
| | | | <table border="1"> <tr> <td>2</td> <td>No, mostly not</td> </tr> <tr> <td>1</td> <td>No, not at all</td> </tr> <tr> <td>9</td> <td>I don't know</td> </tr> </table> | 2 | No, mostly not | 1 | No, not at all | 9 | I don't know | | | | | | | | | | | | |
| 2 | No, mostly not | | | | | | | | | | | | | | | | | | | | |
| 1 | No, not at all | | | | | | | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | | | | | | | |
| 289 | [suppwer] | Wer unterstützt und entlastet Sie bei der Betreuung und Erziehung ihres jüngsten Kindes? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>suppwer__1</td> <td>der Vater des Kindes</td> </tr> <tr> <td>2</td> <td>suppwer__2</td> <td>mein Partner/ meine Partnerin</td> </tr> <tr> <td>3</td> <td>suppwer__3</td> <td>Jemand aus der Familie: {suppfamand}</td> </tr> <tr> <td>4</td> <td>suppwer__4</td> <td>Freund:innen</td> </tr> <tr> <td>5</td> <td>suppwer__5</td> <td>Jemand anderes: {suppand}</td> </tr> <tr> <td>6</td> <td>suppwer__6</td> <td>Niemand</td> </tr> </table> Custom alignment: LV | 1 | suppwer__1 | der Vater des Kindes | 2 | suppwer__2 | mein Partner/ meine Partnerin | 3 | suppwer__3 | Jemand aus der Familie: {suppfamand} | 4 | suppwer__4 | Freund:innen | 5 | suppwer__5 | Jemand anderes: {suppand} | 6 | suppwer__6 | Niemand |
| 1 | suppwer__1 | der Vater des Kindes | | | | | | | | | | | | | | | | | | | |
| 2 | suppwer__2 | mein Partner/ meine Partnerin | | | | | | | | | | | | | | | | | | | |
| 3 | suppwer__3 | Jemand aus der Familie: {suppfamand} | | | | | | | | | | | | | | | | | | | |
| 4 | suppwer__4 | Freund:innen | | | | | | | | | | | | | | | | | | | |
| 5 | suppwer__5 | Jemand anderes: {suppand} | | | | | | | | | | | | | | | | | | | |
| 6 | suppwer__6 | Niemand | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Who supports and helps you with caring for and raising your youngest child?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>suppwer__1</td> <td>The child's father</td> </tr> <tr> <td>2</td> <td>suppwer__2</td> <td>Partner</td> </tr> <tr> <td>3</td> <td>suppwer__3</td> <td>A family member: {suppfamand}</td> </tr> <tr> <td>4</td> <td>suppwer__4</td> <td>Friends</td> </tr> <tr> <td>5</td> <td>suppwer__5</td> <td>Someone else: {suppand}</td> </tr> <tr> <td>6</td> <td>suppwer__6</td> <td>No one</td> </tr> </table> | 1 | suppwer__1 | The child's father | 2 | suppwer__2 | Partner | 3 | suppwer__3 | A family member: {suppfamand} | 4 | suppwer__4 | Friends | 5 | suppwer__5 | Someone else: {suppand} | 6 | suppwer__6 | No one |
| 1 | suppwer__1 | The child's father | | | | | | | | | | | | | | | | | | | |
| 2 | suppwer__2 | Partner | | | | | | | | | | | | | | | | | | | |
| 3 | suppwer__3 | A family member: {suppfamand} | | | | | | | | | | | | | | | | | | | |
| 4 | suppwer__4 | Friends | | | | | | | | | | | | | | | | | | | |
| 5 | suppwer__5 | Someone else: {suppand} | | | | | | | | | | | | | | | | | | | |
| 6 | suppwer__6 | No one | | | | | | | | | | | | | | | | | | | |
| 290 | [suppfamand] | Jemand aus der Familie: | text Custom alignment: LV | | | | | | | | | | | | | | | | | | |
| | [en-gb] | A family member: | | | | | | | | | | | | | | | | | | | |
| 291 | [suppand] | Jemand anderes: | text Custom alignment: LV | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Someone else: | | | | | | | | | | | | | | | | | | | |
| 292 | [kbetr] | Section Header: <i>Wie sehr fühlen Sie sich bei folgenden Themen von der Person in Ihrem Paarhausalt unterstützt? Sie hatten "[hhpaar]" angegeben. Ich fühle mich von der Person im Paarhaushalt ("[hhpaar]")...</i> bei der Kinderbetreuung | radio (Matrix) <table border="1"> <tr> <td>5</td> <td>Sehr unterstützt</td> </tr> <tr> <td>4</td> <td>Eher unterstützt</td> </tr> <tr> <td>3</td> <td>Manchmal unterstützt</td> </tr> </table> | 5 | Sehr unterstützt | 4 | Eher unterstützt | 3 | Manchmal unterstützt | | | | | | | | | | | | |
| 5 | Sehr unterstützt | | | | | | | | | | | | | | | | | | | | |
| 4 | Eher unterstützt | | | | | | | | | | | | | | | | | | | | |
| 3 | Manchmal unterstützt | | | | | | | | | | | | | | | | | | | | |

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|-----|---|--|---|---|--------------------------|---|-----------------------|---|----------------------|---|--------------------------|---|-----------------------|
| | | | <table border="1"> <tr> <td>2</td> <td>Eher weniger unterstützt</td> </tr> <tr> <td>1</td> <td>Gar nicht unterstützt</td> </tr> </table> | 2 | Eher weniger unterstützt | 1 | Gar nicht unterstützt | | | | | | |
| 2 | Eher weniger unterstützt | | | | | | | | | | | | |
| 1 | Gar nicht unterstützt | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Section Header: ??? when it comes to taking care of the child | <table border="1"> <tr> <td>5</td> <td>Very supported</td> </tr> <tr> <td>4</td> <td>Largely supported</td> </tr> <tr> <td>3</td> <td>Sometimes supported</td> </tr> <tr> <td>2</td> <td>Rarely supported</td> </tr> <tr> <td>1</td> <td>Not supported at all</td> </tr> </table> | 5 | Very supported | 4 | Largely supported | 3 | Sometimes supported | 2 | Rarely supported | 1 | Not supported at all |
| 5 | Very supported | | | | | | | | | | | | |
| 4 | Largely supported | | | | | | | | | | | | |
| 3 | Sometimes supported | | | | | | | | | | | | |
| 2 | Rarely supported | | | | | | | | | | | | |
| 1 | Not supported at all | | | | | | | | | | | | |
| 293 | <i>[wachph]</i> Show the field ONLY if: [hhkomp]=1 | bei nächtlichen Wachphasen des Kindes oder der Kinder ... | radio (Matrix) <table border="1"> <tr> <td>5</td> <td>Sehr unterstützt</td> </tr> <tr> <td>4</td> <td>Eher unterstützt</td> </tr> <tr> <td>3</td> <td>Manchmal unterstützt</td> </tr> <tr> <td>2</td> <td>Eher weniger unterstützt</td> </tr> <tr> <td>1</td> <td>Gar nicht unterstützt</td> </tr> </table> | 5 | Sehr unterstützt | 4 | Eher unterstützt | 3 | Manchmal unterstützt | 2 | Eher weniger unterstützt | 1 | Gar nicht unterstützt |
| 5 | Sehr unterstützt | | | | | | | | | | | | |
| 4 | Eher unterstützt | | | | | | | | | | | | |
| 3 | Manchmal unterstützt | | | | | | | | | | | | |
| 2 | Eher weniger unterstützt | | | | | | | | | | | | |
| 1 | Gar nicht unterstützt | | | | | | | | | | | | |
| | <i>[en-gb]</i> | when the child or children wake(s) up in the night | <table border="1"> <tr> <td>5</td> <td>Very supported</td> </tr> <tr> <td>4</td> <td>Largely supported</td> </tr> <tr> <td>3</td> <td>Sometimes supported</td> </tr> <tr> <td>2</td> <td>Rarely supported</td> </tr> <tr> <td>1</td> <td>Not supported at all</td> </tr> </table> | 5 | Very supported | 4 | Largely supported | 3 | Sometimes supported | 2 | Rarely supported | 1 | Not supported at all |
| 5 | Very supported | | | | | | | | | | | | |
| 4 | Largely supported | | | | | | | | | | | | |
| 3 | Sometimes supported | | | | | | | | | | | | |
| 2 | Rarely supported | | | | | | | | | | | | |
| 1 | Not supported at all | | | | | | | | | | | | |
| 294 | <i>[hharb]</i> Show the field ONLY if: [hhkomp]=1 | bei der Haushaltsarbeit ... | radio (Matrix) <table border="1"> <tr> <td>5</td> <td>Sehr unterstützt</td> </tr> <tr> <td>4</td> <td>Eher unterstützt</td> </tr> <tr> <td>3</td> <td>Manchmal unterstützt</td> </tr> <tr> <td>2</td> <td>Eher weniger unterstützt</td> </tr> <tr> <td>1</td> <td>Gar nicht unterstützt</td> </tr> </table> | 5 | Sehr unterstützt | 4 | Eher unterstützt | 3 | Manchmal unterstützt | 2 | Eher weniger unterstützt | 1 | Gar nicht unterstützt |
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| 4 | Eher unterstützt | | | | | | | | | | | | |
| 3 | Manchmal unterstützt | | | | | | | | | | | | |
| 2 | Eher weniger unterstützt | | | | | | | | | | | | |
| 1 | Gar nicht unterstützt | | | | | | | | | | | | |
| | <i>[en-gb]</i> | when it comes to housework | <table border="1"> <tr> <td>5</td> <td>Very supported</td> </tr> <tr> <td>4</td> <td>Largely supported</td> </tr> <tr> <td>3</td> <td>Sometimes supported</td> </tr> <tr> <td>2</td> <td>Rarely supported</td> </tr> <tr> <td>1</td> <td>Not supported at all</td> </tr> </table> | 5 | Very supported | 4 | Largely supported | 3 | Sometimes supported | 2 | Rarely supported | 1 | Not supported at all |
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| 4 | Largely supported | | | | | | | | | | | | |
| 3 | Sometimes supported | | | | | | | | | | | | |
| 2 | Rarely supported | | | | | | | | | | | | |
| 1 | Not supported at all | | | | | | | | | | | | |
| 295 | <i>[krankk1]</i> Show the field ONLY if: [hhkomp]=1 | im Fall von Krankheit des Kindes oder der Kinder ... | radio (Matrix) <table border="1"> <tr> <td>5</td> <td>Sehr unterstützt</td> </tr> <tr> <td>4</td> <td>Eher unterstützt</td> </tr> <tr> <td>3</td> <td>Manchmal unterstützt</td> </tr> <tr> <td>2</td> <td>Eher weniger unterstützt</td> </tr> </table> | 5 | Sehr unterstützt | 4 | Eher unterstützt | 3 | Manchmal unterstützt | 2 | Eher weniger unterstützt | | |
| 5 | Sehr unterstützt | | | | | | | | | | | | |
| 4 | Eher unterstützt | | | | | | | | | | | | |
| 3 | Manchmal unterstützt | | | | | | | | | | | | |
| 2 | Eher weniger unterstützt | | | | | | | | | | | | |

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| | | | <table border="1"> <tr> <td>1</td> <td>Gar nicht unterstützt</td> </tr> </table> | 1 | Gar nicht unterstützt | | | | | | | | |
| 1 | Gar nicht unterstützt | | | | | | | | | | | | |
| | [en-gb] | when the child or children is/are sick | <table border="1"> <tr> <td>5</td> <td>Very supported</td> </tr> <tr> <td>4</td> <td>Largely supported</td> </tr> <tr> <td>3</td> <td>Sometimes supported</td> </tr> <tr> <td>2</td> <td>Rarely supported</td> </tr> <tr> <td>1</td> <td>Not supported at all</td> </tr> </table> | 5 | Very supported | 4 | Largely supported | 3 | Sometimes supported | 2 | Rarely supported | 1 | Not supported at all |
| 5 | Very supported | | | | | | | | | | | | |
| 4 | Largely supported | | | | | | | | | | | | |
| 3 | Sometimes supported | | | | | | | | | | | | |
| 2 | Rarely supported | | | | | | | | | | | | |
| 1 | Not supported at all | | | | | | | | | | | | |
| 296 | [erwerb1] | <p>Section Header: <i>Fragen zum Stillen und Arbeiten</i></p> <p>Waren Sie vor der Geburt bzw. Adoption Ihres letzten Kindes erwerbstätig?</p> | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>erwerb1__1</td> <td>Nein</td> </tr> <tr> <td>2</td> <td>erwerb1__2</td> <td>Ja, ich war angestellt</td> </tr> <tr> <td>3</td> <td>erwerb1__3</td> <td>Ja, ich war selbstständig erwerbend</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONOFTHEABOVE=1</p> | 1 | erwerb1__1 | Nein | 2 | erwerb1__2 | Ja, ich war angestellt | 3 | erwerb1__3 | Ja, ich war selbstständig erwerbend | |
| 1 | erwerb1__1 | Nein | | | | | | | | | | | |
| 2 | erwerb1__2 | Ja, ich war angestellt | | | | | | | | | | | |
| 3 | erwerb1__3 | Ja, ich war selbstständig erwerbend | | | | | | | | | | | |
| | [en-gb] | <p>Section Header: <i>Questions about breastfeeding and working</i></p> <p>Did you work before the birth or adoption of your last child?</p> | <table border="1"> <tr> <td>1</td> <td>erwerb1__1</td> <td>No</td> </tr> <tr> <td>2</td> <td>erwerb1__2</td> <td>Yes, I was employed</td> </tr> <tr> <td>3</td> <td>erwerb1__3</td> <td>Yes, I was self-employed</td> </tr> </table> | 1 | erwerb1__1 | No | 2 | erwerb1__2 | Yes, I was employed | 3 | erwerb1__3 | Yes, I was self-employed | |
| 1 | erwerb1__1 | No | | | | | | | | | | | |
| 2 | erwerb1__2 | Yes, I was employed | | | | | | | | | | | |
| 3 | erwerb1__3 | Yes, I was self-employed | | | | | | | | | | | |
| 297 | [proz] | <p>Zu wieviel Prozent waren Sie erwerbstätig? <i>Bitte geben Sie nur die Zahl ein, z.B. 60</i></p> | <p>text (number, Min: 0, Max: 100), Required Custom alignment: LV</p> | | | | | | | | | | |
| | [en-gb] | <p>What percentage of a full working week did you work? <i>Please enter only the number, e.g. 60</i></p> | | | | | | | | | | | |
| 298 | [urlaubm] | <p>Wie lange haben Sie vom Arbeitgeber bezahlten Mutterschaftsurlaub bzw. Adoptionsurlaub bekommen?</p> | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>14 Wochen</td> </tr> <tr> <td>2</td> <td>16 Wochen</td> </tr> <tr> <td>3</td> <td>>16 Wochen</td> </tr> <tr> <td>4</td> <td>Keinen</td> </tr> <tr> <td>5</td> <td>Anderes: {urlaubmwas}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | 14 Wochen | 2 | 16 Wochen | 3 | >16 Wochen | 4 | Keinen | 5 | Anderes: {urlaubmwas} |
| 1 | 14 Wochen | | | | | | | | | | | | |
| 2 | 16 Wochen | | | | | | | | | | | | |
| 3 | >16 Wochen | | | | | | | | | | | | |
| 4 | Keinen | | | | | | | | | | | | |
| 5 | Anderes: {urlaubmwas} | | | | | | | | | | | | |
| | [en-gb] | <p>How long did you receive paid maternity or adoption leave from your employer?</p> | <table border="1"> <tr> <td>1</td> <td>14 weeks</td> </tr> <tr> <td>2</td> <td>16 weeks</td> </tr> </table> | 1 | 14 weeks | 2 | 16 weeks | | | | | | |
| 1 | 14 weeks | | | | | | | | | | | | |
| 2 | 16 weeks | | | | | | | | | | | | |

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|-----|--|--|--|---|--|---|----------|---|---------------------|---|----------|---|----------|---|----------|---|----------|---|----------|---|----------|----|-----------|----|-----------|----|-----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|
| | | | <table border="1"> <tr> <td>3</td> <td>>16 weeks</td> </tr> <tr> <td>4</td> <td>None</td> </tr> <tr> <td>5</td> <td>Other: {urlaubmwas}</td> </tr> </table> | 3 | >16 weeks | 4 | None | 5 | Other: {urlaubmwas} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | >16 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Other: {urlaubmwas} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 299 | [urlaubmwas] Show the field ONLY if: [urlaubm]=5 | Anderes: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 300 | [urlaubmx] Show the field ONLY if: [erwerb1(2)]=1 | Haben Sie zusätzlich unbezahlten Mutterschaftsurlaub genommen? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja, und zwar ____ Wochen / Monate {urlaubmxzahl}</td> </tr> <tr> <td>2</td> <td>Nein</td> </tr> </table> Custom alignment: LV | 1 | Ja, und zwar ____ Wochen / Monate {urlaubmxzahl} | 2 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Ja, und zwar ____ Wochen / Monate {urlaubmxzahl} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Did you take additional unpaid maternity leave? | <table border="1"> <tr> <td>1</td> <td>Yes, namely ____ weeks/months {urlaubmxzahl}</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> | 1 | Yes, namely ____ weeks/months {urlaubmxzahl} | 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes, namely ____ weeks/months {urlaubmxzahl} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 301 | [urlaubmxzahl] Show the field ONLY if: [urlaubmx]=1 | Ja, und zwar ____ Wochen Nein | dropdown, Required <table border="1"> <tr><td>1</td><td>1 Woche</td></tr> <tr><td>2</td><td>2 Wochen</td></tr> <tr><td>3</td><td>3 Wochen</td></tr> <tr><td>4</td><td>4 Wochen</td></tr> <tr><td>5</td><td>5 Wochen</td></tr> <tr><td>6</td><td>6 Wochen</td></tr> <tr><td>7</td><td>7 Wochen</td></tr> <tr><td>8</td><td>8 Wochen</td></tr> <tr><td>9</td><td>9 Wochen</td></tr> <tr><td>10</td><td>10 Wochen</td></tr> <tr><td>11</td><td>11 Wochen</td></tr> <tr><td>12</td><td>12 Wochen</td></tr> <tr><td>13</td><td>3 Monate</td></tr> <tr><td>14</td><td>4 Monate</td></tr> <tr><td>15</td><td>5 Monate</td></tr> <tr><td>16</td><td>6 Monate</td></tr> <tr><td>17</td><td>7 Monate</td></tr> <tr><td>18</td><td>8 Monate</td></tr> <tr><td>19</td><td>9 Monate</td></tr> </table> | 1 | 1 Woche | 2 | 2 Wochen | 3 | 3 Wochen | 4 | 4 Wochen | 5 | 5 Wochen | 6 | 6 Wochen | 7 | 7 Wochen | 8 | 8 Wochen | 9 | 9 Wochen | 10 | 10 Wochen | 11 | 11 Wochen | 12 | 12 Wochen | 13 | 3 Monate | 14 | 4 Monate | 15 | 5 Monate | 16 | 6 Monate | 17 | 7 Monate | 18 | 8 Monate | 19 | 9 Monate |
| 1 | 1 Woche | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 Wochen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 3 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 4 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 5 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 6 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 7 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 8 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 9 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|---|---|----|------------|---|-----------|------------|----------------------------------|----|---------|---|---------|---|---------|---|---------|---|---------|---|---------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|-----------|----|-----------|----|-----------|----|--------|
| | | | <table border="1"> <tr><td>20</td><td>10 Monate</td></tr> <tr><td>21</td><td>11 Monate</td></tr> <tr><td>22</td><td>12 Monate</td></tr> <tr><td>23</td><td>länger</td></tr> </table> <p>Custom alignment: LV</p> | 20 | 10 Monate | 21 | 11 Monate | 22 | 12 Monate | 23 | länger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 10 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 11 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 12 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | länger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Yes, namely ____ weeks/months No | <table border="1"> <tr><td>1</td><td>1 week</td></tr> <tr><td>2</td><td>2 weeks</td></tr> <tr><td>3</td><td>3 weeks</td></tr> <tr><td>4</td><td>4 weeks</td></tr> <tr><td>5</td><td>5 weeks</td></tr> <tr><td>6</td><td>6 weeks</td></tr> <tr><td>7</td><td>7 weeks</td></tr> <tr><td>8</td><td>8 weeks</td></tr> <tr><td>9</td><td>9 weeks</td></tr> <tr><td>10</td><td>10 weeks</td></tr> <tr><td>11</td><td>11 weeks</td></tr> <tr><td>12</td><td>12 weeks</td></tr> <tr><td>13</td><td>3 months</td></tr> <tr><td>14</td><td>4 months</td></tr> <tr><td>15</td><td>5 months</td></tr> <tr><td>16</td><td>6 months</td></tr> <tr><td>17</td><td>7 months</td></tr> <tr><td>18</td><td>8 months</td></tr> <tr><td>19</td><td>9 months</td></tr> <tr><td>20</td><td>10 months</td></tr> <tr><td>21</td><td>11 months</td></tr> <tr><td>22</td><td>12 months</td></tr> <tr><td>23</td><td>longer</td></tr> </table> | 1 | 1 week | 2 | 2 weeks | 3 | 3 weeks | 4 | 4 weeks | 5 | 5 weeks | 6 | 6 weeks | 7 | 7 weeks | 8 | 8 weeks | 9 | 9 weeks | 10 | 10 weeks | 11 | 11 weeks | 12 | 12 weeks | 13 | 3 months | 14 | 4 months | 15 | 5 months | 16 | 6 months | 17 | 7 months | 18 | 8 months | 19 | 9 months | 20 | 10 months | 21 | 11 months | 22 | 12 months | 23 | longer |
| 1 | 1 week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 3 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 4 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 5 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 7 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 8 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 9 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 10 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 11 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | longer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 302 | [rechtan] | Wie haben Sie von Ihren Rechten als stillende Arbeitnehmerin erfahren? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Show the field ONLY if: [still]=1 and [erwerb 1(2)]=1 | | <table border="1"> <tr> <td>9</td> <td>rechtan__9</td> <td>Ich weiss nicht, was meine Rechte als stillende Arbeitnehmerin sind</td> </tr> <tr> <td>2</td> <td>rechtan__2</td> <td>Ich wurde von meinem Arbeitgeber</td> </tr> </table> | 9 | rechtan__9 | Ich weiss nicht, was meine Rechte als stillende Arbeitnehmerin sind | 2 | rechtan__2 | Ich wurde von meinem Arbeitgeber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | rechtan__9 | Ich weiss nicht, was meine Rechte als stillende Arbeitnehmerin sind | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | rechtan__2 | Ich wurde von meinem Arbeitgeber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|---|--|---|------------|---|---|------------|--|---|---|-----------------------------|---|------------|--------------------|
| | | | <table border="1"> <tr> <td></td> <td></td> <td>informiert</td> </tr> <tr> <td>3</td> <td>rechtan__3</td> <td>Ich habe mich selbst informiert</td> </tr> <tr> <td>4</td> <td>rechtan__4</td> <td>Anderes {rechtanwas}</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=1</p> | | | informiert | 3 | rechtan__3 | Ich habe mich selbst informiert | 4 | rechtan__4 | Anderes {rechtanwas} | | | |
| | | informiert | | | | | | | | | | | | | |
| 3 | rechtan__3 | Ich habe mich selbst informiert | | | | | | | | | | | | | |
| 4 | rechtan__4 | Anderes {rechtanwas} | | | | | | | | | | | | | |
| | [en-gb] | How did you learn about your rights as a breastfeeding worker?(You can select more than one option) | <table border="1"> <tr> <td>9</td> <td>rechtan__9</td> <td>I don't know what my rights as a breastfeeding worker are</td> </tr> <tr> <td>2</td> <td>rechtan__2</td> <td>I was informed by my employer</td> </tr> <tr> <td>3</td> <td>rechtan__3</td> <td>I sought information myself</td> </tr> <tr> <td>4</td> <td>rechtan__4</td> <td>Other {rechtanwas}</td> </tr> </table> | 9 | rechtan__9 | I don't know what my rights as a breastfeeding worker are | 2 | rechtan__2 | I was informed by my employer | 3 | rechtan__3 | I sought information myself | 4 | rechtan__4 | Other {rechtanwas} |
| 9 | rechtan__9 | I don't know what my rights as a breastfeeding worker are | | | | | | | | | | | | | |
| 2 | rechtan__2 | I was informed by my employer | | | | | | | | | | | | | |
| 3 | rechtan__3 | I sought information myself | | | | | | | | | | | | | |
| 4 | rechtan__4 | Other {rechtanwas} | | | | | | | | | | | | | |
| 303 | [rechtanwas] | Anderes | text, Required Custom alignment: LV | | | | | | | | | | | | |
| | [en-gb] | Other | | | | | | | | | | | | | |
| 304 | [erwerb2] | Sind Sie seit der Geburt Ihres Kindes wieder erwerbstätig? | radio, Required <table border="1"> <tr> <td>1</td> <td>Nein</td> </tr> <tr> <td>2</td> <td>Nein, aber ich plane wieder zu arbeiten, wenn mein Kind {erwerbmo} Monate alt ist</td> </tr> <tr> <td>3</td> <td>Ja, seit mein Kind {erwerbmo2} Monate alt ist</td> </tr> <tr> <td>4</td> <td>Ja, ich bin selbständig erwerbend seit mein Kind {erwerbmo3} Monate alt ist</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Nein | 2 | Nein, aber ich plane wieder zu arbeiten, wenn mein Kind {erwerbmo} Monate alt ist | 3 | Ja, seit mein Kind {erwerbmo2} Monate alt ist | 4 | Ja, ich bin selbständig erwerbend seit mein Kind {erwerbmo3} Monate alt ist | | | | |
| 1 | Nein | | | | | | | | | | | | | | |
| 2 | Nein, aber ich plane wieder zu arbeiten, wenn mein Kind {erwerbmo} Monate alt ist | | | | | | | | | | | | | | |
| 3 | Ja, seit mein Kind {erwerbmo2} Monate alt ist | | | | | | | | | | | | | | |
| 4 | Ja, ich bin selbständig erwerbend seit mein Kind {erwerbmo3} Monate alt ist | | | | | | | | | | | | | | |
| | [en-gb] | Have you returned to work since the birth of your last child? | <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>No, but I plan to work again when my child is {erwerbmo} months old</td> </tr> <tr> <td>3</td> <td>Yes, I have been in employment since my child was {erwerbmo2} months old</td> </tr> </table> | 1 | No | 2 | No, but I plan to work again when my child is {erwerbmo} months old | 3 | Yes, I have been in employment since my child was {erwerbmo2} months old | | | | | | |
| 1 | No | | | | | | | | | | | | | | |
| 2 | No, but I plan to work again when my child is {erwerbmo} months old | | | | | | | | | | | | | | |
| 3 | Yes, I have been in employment since my child was {erwerbmo2} months old | | | | | | | | | | | | | | |

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|-----|--|--|--|---|--|---|----------|---|----------|---|----------|---|----------|---|----------|---|----------|---|----------|---|----------|----|-----------|----|-----------|----|-----------|----|--------|
| | | | <table border="1"> <tr> <td>4</td> <td>Yes, I have been self-employed since my child was {erwerbmo3} months old</td> </tr> </table> | 4 | Yes, I have been self-employed since my child was {erwerbmo3} months old | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Yes, I have been self-employed since my child was {erwerbmo3} months old | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 305 | <p>[erwerbmo]</p> <p>Show the field ONLY if: [erwerb2]=2</p> | <p>Nein, aber ich plane wieder zu arbeiten, wenn mein Kind ____ Monate alt ist</p> | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>1 Monat</td></tr> <tr><td>2</td><td>2 Monate</td></tr> <tr><td>3</td><td>3 Monate</td></tr> <tr><td>4</td><td>4 Monate</td></tr> <tr><td>5</td><td>5 Monate</td></tr> <tr><td>6</td><td>6 Monate</td></tr> <tr><td>7</td><td>7 Monate</td></tr> <tr><td>8</td><td>8 Monate</td></tr> <tr><td>9</td><td>9 Monate</td></tr> <tr><td>10</td><td>10 Monate</td></tr> <tr><td>11</td><td>11 Monate</td></tr> <tr><td>12</td><td>12 Monate</td></tr> <tr><td>13</td><td>später</td></tr> </table> <p>Custom alignment: LV</p> | 1 | 1 Monat | 2 | 2 Monate | 3 | 3 Monate | 4 | 4 Monate | 5 | 5 Monate | 6 | 6 Monate | 7 | 7 Monate | 8 | 8 Monate | 9 | 9 Monate | 10 | 10 Monate | 11 | 11 Monate | 12 | 12 Monate | 13 | später |
| 1 | 1 Monat | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | später | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>[en-gb] No, but I plan to work again when my child is ____ months old</p> | <table border="1"> <tr><td>1</td><td>1 month</td></tr> <tr><td>2</td><td>2 months</td></tr> <tr><td>3</td><td>3 months</td></tr> <tr><td>4</td><td>4 months</td></tr> <tr><td>5</td><td>5 months</td></tr> <tr><td>6</td><td>6 months</td></tr> <tr><td>7</td><td>7 months</td></tr> <tr><td>8</td><td>8 months</td></tr> <tr><td>9</td><td>9 months</td></tr> <tr><td>10</td><td>10 months</td></tr> <tr><td>11</td><td>11 months</td></tr> <tr><td>12</td><td>12 months</td></tr> <tr><td>13</td><td>later</td></tr> </table> | 1 | 1 month | 2 | 2 months | 3 | 3 months | 4 | 4 months | 5 | 5 months | 6 | 6 months | 7 | 7 months | 8 | 8 months | 9 | 9 months | 10 | 10 months | 11 | 11 months | 12 | 12 months | 13 | later |
| 1 | 1 month | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | later | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 306 | <p>[erwerbmo2]</p> <p>Show the field ONLY if: [erwerb2]=3</p> | <p>Ja, seit mein Kind ____ Monate alt ist</p> | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>1 Monat</td></tr> <tr><td>2</td><td>2 Monate</td></tr> <tr><td>3</td><td>3 Monate</td></tr> </table> | 1 | 1 Monat | 2 | 2 Monate | 3 | 3 Monate | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 Monat | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|--|---|---|----------|---|----------|---|----------|---|----------|---|----------|---|----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-------|
| | | | <table border="1"> <tr><td>4</td><td>4 Monate</td></tr> <tr><td>5</td><td>5 Monate</td></tr> <tr><td>6</td><td>6 Monate</td></tr> <tr><td>7</td><td>7 Monate</td></tr> <tr><td>8</td><td>8 Monate</td></tr> <tr><td>9</td><td>9 Monate</td></tr> <tr><td>10</td><td>10 Monate</td></tr> <tr><td>11</td><td>11 Monate</td></tr> <tr><td>12</td><td>12 Monate</td></tr> <tr><td>13</td><td>älter</td></tr> </table> <p>Custom alignment: LV</p> | 4 | 4 Monate | 5 | 5 Monate | 6 | 6 Monate | 7 | 7 Monate | 8 | 8 Monate | 9 | 9 Monate | 10 | 10 Monate | 11 | 11 Monate | 12 | 12 Monate | 13 | älter | | | | | | |
| 4 | 4 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | älter | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Yes, I have been in employment since my child was ____ months old | <table border="1"> <tr><td>1</td><td>1 month</td></tr> <tr><td>2</td><td>2 months</td></tr> <tr><td>3</td><td>3 months</td></tr> <tr><td>4</td><td>4 months</td></tr> <tr><td>5</td><td>5 months</td></tr> <tr><td>6</td><td>6 months</td></tr> <tr><td>7</td><td>7 months</td></tr> <tr><td>8</td><td>8 months</td></tr> <tr><td>9</td><td>9 months</td></tr> <tr><td>10</td><td>10 months</td></tr> <tr><td>11</td><td>11 months</td></tr> <tr><td>12</td><td>12 months</td></tr> <tr><td>13</td><td>older</td></tr> </table> | 1 | 1 month | 2 | 2 months | 3 | 3 months | 4 | 4 months | 5 | 5 months | 6 | 6 months | 7 | 7 months | 8 | 8 months | 9 | 9 months | 10 | 10 months | 11 | 11 months | 12 | 12 months | 13 | older |
| 1 | 1 month | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | older | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 307 | [erwerbmo3] Show the field ONLY if: [erwerb2]=4 | Ja, ich bin selbständig erwerbend seit mein Kind ____ Monate alt ist | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>1 Monat</td></tr> <tr><td>2</td><td>2 Monate</td></tr> <tr><td>3</td><td>3 Monate</td></tr> <tr><td>4</td><td>4 Monate</td></tr> <tr><td>5</td><td>5 Monate</td></tr> <tr><td>6</td><td>6 Monate</td></tr> <tr><td>7</td><td>7 Monate</td></tr> <tr><td>8</td><td>8 Monate</td></tr> <tr><td>9</td><td>9 Monate</td></tr> <tr><td>10</td><td>10 Monate</td></tr> </table> | 1 | 1 Monat | 2 | 2 Monate | 3 | 3 Monate | 4 | 4 Monate | 5 | 5 Monate | 6 | 6 Monate | 7 | 7 Monate | 8 | 8 Monate | 9 | 9 Monate | 10 | 10 Monate | | | | | | |
| 1 | 1 Monat | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|-----|-------------|--|---|----|-----------|--|-----------|----------|-------------------|---|----------|-------------|----------|---|----------|---|----------|---|----------|---|----------|----|-----------|----|-----------|----|-----------|----|-------|
| | | | <table border="1"> <tr><td>11</td><td>11 Monate</td></tr> <tr><td>12</td><td>12 Monate</td></tr> <tr><td>13</td><td>älter</td></tr> </table> <p>Custom alignment: LV</p> | 11 | 11 Monate | 12 | 12 Monate | 13 | älter | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 Monate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | älter | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Yes, I have been self-employed since my child was _____ months old | <table border="1"> <tr><td>1</td><td>1 month</td></tr> <tr><td>2</td><td>2 months</td></tr> <tr><td>3</td><td>3 months</td></tr> <tr><td>4</td><td>4 months</td></tr> <tr><td>5</td><td>5 months</td></tr> <tr><td>6</td><td>6 months</td></tr> <tr><td>7</td><td>7 months</td></tr> <tr><td>8</td><td>8 months</td></tr> <tr><td>9</td><td>9 months</td></tr> <tr><td>10</td><td>10 months</td></tr> <tr><td>11</td><td>11 months</td></tr> <tr><td>12</td><td>12 months</td></tr> <tr><td>13</td><td>older</td></tr> </table> | 1 | 1 month | 2 | 2 months | 3 | 3 months | 4 | 4 months | 5 | 5 months | 6 | 6 months | 7 | 7 months | 8 | 8 months | 9 | 9 months | 10 | 10 months | 11 | 11 months | 12 | 12 months | 13 | older |
| 1 | 1 month | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | older | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 308 | [proz2] | Zu wieviel Prozent arbeiten Sie aktuell? <i>Bitte geben Sie nur die Zahl ein, z.B. 60</i> | text (number, Min: 0, Max: 100), Required Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | What percentage of a full working week are you working currently? <i>Please enter only the number, e.g. 60</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 309 | [proz2home] | Wie viele Prozent von Ihrer Arbeitszeit arbeiten Sie im Home Office? <i>Bitte geben Sie nur die Zahl ein, z.B. 50</i> | text (integer, Min: 0, Max: 100), Required | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Of your working hours, what percentage do you work from home? <i>Please enter only the number, e.g. 60</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | [betr2] | Wer betreut während Ihrer Arbeitszeit Ihr jüngstes Kind? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr><td>1</td><td>betr2__1</td><td>ein Familienmitglied (z.B. Partner, Grosseltern)</td></tr> <tr><td>2</td><td>betr2__2</td><td>Kindertagesstätte</td></tr> <tr><td>3</td><td>betr2__3</td><td>Tagesmutter</td></tr> </table> | 1 | betr2__1 | ein Familienmitglied (z.B. Partner, Grosseltern) | 2 | betr2__2 | Kindertagesstätte | 3 | betr2__3 | Tagesmutter | | | | | | | | | | | | | | | | | |
| 1 | betr2__1 | ein Familienmitglied (z.B. Partner, Grosseltern) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | betr2__2 | Kindertagesstätte | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | betr2__3 | Tagesmutter | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|-----|--|---|---|---|----------|--|------|----------|----------------------|---|----------|-------------|---|----------|---------------|---|----------|--------------------|
| | | | <table border="1"> <tr> <td>4</td> <td>betr2__4</td> <td>Nanny / Au Pair</td> </tr> <tr> <td>5</td> <td>betr2__5</td> <td>Anderes: {betrandw2}</td> </tr> </table> <p>Custom alignment: LV</p> | 4 | betr2__4 | Nanny / Au Pair | 5 | betr2__5 | Anderes: {betrandw2} | | | | | | | | | |
| 4 | betr2__4 | Nanny / Au Pair | | | | | | | | | | | | | | | | |
| 5 | betr2__5 | Anderes: {betrandw2} | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Who cares for your youngest child when you are at work?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>betr2__1</td> <td>A family member (e.g. partner, grandparents)</td> </tr> <tr> <td>2</td> <td>betr2__2</td> <td>Daycare centre</td> </tr> <tr> <td>3</td> <td>betr2__3</td> <td>Childminder</td> </tr> <tr> <td>4</td> <td>betr2__4</td> <td>Nanny/Au pair</td> </tr> <tr> <td>5</td> <td>betr2__5</td> <td>Other: {betrandw2}</td> </tr> </table> | 1 | betr2__1 | A family member (e.g. partner, grandparents) | 2 | betr2__2 | Daycare centre | 3 | betr2__3 | Childminder | 4 | betr2__4 | Nanny/Au pair | 5 | betr2__5 | Other: {betrandw2} |
| 1 | betr2__1 | A family member (e.g. partner, grandparents) | | | | | | | | | | | | | | | | |
| 2 | betr2__2 | Daycare centre | | | | | | | | | | | | | | | | |
| 3 | betr2__3 | Childminder | | | | | | | | | | | | | | | | |
| 4 | betr2__4 | Nanny/Au pair | | | | | | | | | | | | | | | | |
| 5 | betr2__5 | Other: {betrandw2} | | | | | | | | | | | | | | | | |
| 311 | [betrandw2] Show the field ONLY if: [betr2(5)]=1 | Anderes: | text, Required Custom alignment: LV | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other: | | | | | | | | | | | | | | | | |
| 312 | [arbeitintro] Show the field ONLY if: ([erwerb2]=3 or [erwerb2]=4) and [proz2home] <> 100 | Die folgenden Fragen beziehen sich auf Ihren Arbeitsplatz bei ihrem Arbeitgeber OHNE Home Office. | descriptive | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | These questions relate to your workplace at your employer WITHOUT working from home. | | | | | | | | | | | | | | | | |
| 313 | [raum] Show the field ONLY if: ([erwerb2]=3 or [erwerb2]=4) and [proz2home] <> 100 | Gibt es an Ihrem Arbeitsplatz einen geeigneten Raum, in den Sie sich zum Stillen oder Abpumpen zurückziehen können/könnten? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>Nein</td> </tr> <tr> <td>9</td> <td>Ich weiss es nicht</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 2 | Nein | 9 | Ich weiss es nicht | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | |
| 2 | Nein | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Is there a suitable room at your workplace you can/could use for breastfeeding or expressing milk? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>9</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 2 | No | 9 | I don't know | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | | | | | | |
| 314 | [kuehl] Show the field ONLY if: ([erwerb2]=3 or [erwerb2]=4) and [proz2home] <> 100 | Gibt es an Ihrem Arbeitsplatz eine Möglichkeit, abgepumpte Milch gekühlt aufzubewahren? | radio, Required <table border="1"> <tr> <td>1</td> <td>Ja</td> </tr> <tr> <td>2</td> <td>Nein</td> </tr> <tr> <td>9</td> <td>Ich weiss es nicht</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Ja | 2 | Nein | 9 | Ich weiss es nicht | | | | | | | | | |
| 1 | Ja | | | | | | | | | | | | | | | | | |
| 2 | Nein | | | | | | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | | | | | | |

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|-----|--|--|--|---|-----------------|---|----------------|---|--------------------|---|------|---|--------------------|
| | <i>[en-gb]</i> | Is there a possibility at your workplace to keep expressed milk refrigerated? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 1 | Yes | 2 | No | 9 | I don't know | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | |
| 315 | [arbeitstill] Show the field ONLY if: [still]=1 and ([erwerb2]=3 or [erwerb2]=4) and [proz2home] <> 100 | Haben Sie am Arbeitsplatz gestillt oder stillen Sie am Arbeitsplatz? | radio, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>2</td><td>Nein</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> Custom alignment: LV | 1 | Ja | 2 | Nein | 9 | Ich weiss es nicht | | | | |
| 1 | Ja | | | | | | | | | | | | |
| 2 | Nein | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Did you breastfeed at work or are you breastfeeding at work? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 1 | Yes | 2 | No | 9 | I don't know | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | |
| 316 | [arbeitpump] Show the field ONLY if: [still]=1 and ([erwerb2]=3 or [erwerb2]=4) and [proz2home] <> 100 | Haben Sie am Arbeitsplatz Muttermilch abgepumpt oder pumpen Sie ab? | yesno, Required <table border="1"> <tr><td>1</td><td>Ja</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> Custom alignment: LV | 1 | Ja | 0 | Nein | | | | | | |
| 1 | Ja | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Did you express breast milk at work or are you expressing? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 317 | [pause] Show the field ONLY if: [arbeitpump]=1 | Werden Stillpausen/die Zeit für das Abpumpen von Ihrem Arbeitgeber als Arbeitszeit angesehen und als solche vergütet? | radio, Required <table border="1"> <tr><td>1</td><td>Ja, vollständig</td></tr> <tr><td>2</td><td>Ja, zur Hälfte</td></tr> <tr><td>3</td><td>Anderes {pausewas}</td></tr> <tr><td>4</td><td>Nein</td></tr> <tr><td>9</td><td>Ich weiss es nicht</td></tr> </table> Custom alignment: LV | 1 | Ja, vollständig | 2 | Ja, zur Hälfte | 3 | Anderes {pausewas} | 4 | Nein | 9 | Ich weiss es nicht |
| 1 | Ja, vollständig | | | | | | | | | | | | |
| 2 | Ja, zur Hälfte | | | | | | | | | | | | |
| 3 | Anderes {pausewas} | | | | | | | | | | | | |
| 4 | Nein | | | | | | | | | | | | |
| 9 | Ich weiss es nicht | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Does your employer regard breastfeeding/expressing breaks as working time, and does your employer compensate it as such? | <table border="1"> <tr><td>1</td><td>Yes, in full</td></tr> <tr><td>2</td><td>Yes, half</td></tr> <tr><td>3</td><td>Other {pausewas}</td></tr> <tr><td>4</td><td>No</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> | 1 | Yes, in full | 2 | Yes, half | 3 | Other {pausewas} | 4 | No | 9 | I don't know |
| 1 | Yes, in full | | | | | | | | | | | | |
| 2 | Yes, half | | | | | | | | | | | | |
| 3 | Other {pausewas} | | | | | | | | | | | | |
| 4 | No | | | | | | | | | | | | |
| 9 | I don't know | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|---|--|---|---|-----------|---|---|-----------|--|---|-----------|---|---|-----------|--|
| 318 | [pausewas] Show the field ONLY if: [pause]=3 | Anderes | text, Required Custom alignment: LV | | | | | | | | | | | | |
| | [en-gb] | Other | | | | | | | | | | | | | |
| 319 | [arbeit] Show the field ONLY if: [arbeitstill]=2 or [arbeitpump]=0 | Welche Einstellung haben Sie zum Stillen/ Abpumpen am Arbeitsplatz? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>1</td> <td>arbeit__1</td> <td>Ich habe kein Problem damit, wenn andere Mütter am Arbeitsplatz stillen</td> </tr> <tr> <td>2</td> <td>arbeit__2</td> <td>Ich habe kein Problem damit, wenn andere Mütter am Arbeitsplatz abpumpen</td> </tr> <tr> <td>3</td> <td>arbeit__3</td> <td>Mir selber wäre es unangenehm, am Arbeitsplatz zu stillen oder abzupumpen</td> </tr> <tr> <td>4</td> <td>arbeit__4</td> <td>Ich habe keine eindeutige Meinung dazu</td> </tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=4 | 1 | arbeit__1 | Ich habe kein Problem damit, wenn andere Mütter am Arbeitsplatz stillen | 2 | arbeit__2 | Ich habe kein Problem damit, wenn andere Mütter am Arbeitsplatz abpumpen | 3 | arbeit__3 | Mir selber wäre es unangenehm, am Arbeitsplatz zu stillen oder abzupumpen | 4 | arbeit__4 | Ich habe keine eindeutige Meinung dazu |
| 1 | arbeit__1 | Ich habe kein Problem damit, wenn andere Mütter am Arbeitsplatz stillen | | | | | | | | | | | | | |
| 2 | arbeit__2 | Ich habe kein Problem damit, wenn andere Mütter am Arbeitsplatz abpumpen | | | | | | | | | | | | | |
| 3 | arbeit__3 | Mir selber wäre es unangenehm, am Arbeitsplatz zu stillen oder abzupumpen | | | | | | | | | | | | | |
| 4 | arbeit__4 | Ich habe keine eindeutige Meinung dazu | | | | | | | | | | | | | |
| | [en-gb] | What is your attitude towards breastfeeding/ expressing at work?(You can select more than one option) | <table border="1"> <tr> <td>1</td> <td>arbeit__1</td> <td>I have no problem with other mothers breastfeeding at work</td> </tr> <tr> <td>2</td> <td>arbeit__2</td> <td>I have no problem with other mothers expressing milk at work</td> </tr> <tr> <td>3</td> <td>arbeit__3</td> <td>I myself would be uncomfortable breastfeeding or expressing milk at work</td> </tr> <tr> <td>4</td> <td>arbeit__4</td> <td>I don't have a strong opinion either way</td> </tr> </table> | 1 | arbeit__1 | I have no problem with other mothers breastfeeding at work | 2 | arbeit__2 | I have no problem with other mothers expressing milk at work | 3 | arbeit__3 | I myself would be uncomfortable breastfeeding or expressing milk at work | 4 | arbeit__4 | I don't have a strong opinion either way |
| 1 | arbeit__1 | I have no problem with other mothers breastfeeding at work | | | | | | | | | | | | | |
| 2 | arbeit__2 | I have no problem with other mothers expressing milk at work | | | | | | | | | | | | | |
| 3 | arbeit__3 | I myself would be uncomfortable breastfeeding or expressing milk at work | | | | | | | | | | | | | |
| 4 | arbeit__4 | I don't have a strong opinion either way | | | | | | | | | | | | | |
| 320 | [alter] | Wie alt sind Sie? | text (number, Min: 18, Max: 60), Required | | | | | | | | | | | | |
| | [en-gb] | How old are you? | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|------------------------|---|---|-------------|---|----------------|---|---------|---|---------|---|--------|---|---------------------|---|-----------|---|---------|---|---------|----|------------|----|---------|----|------------|----|----------|----|---------|----|---------|----|--------|----|-------|----|--------|----|---------|----|------------------------|----|----------|----|--------|----|--------|----|----------|----|--------------|----|---------|----|------------|----|----------|----|----------|
| 321 | [gebland] | Wo wurden Sie geboren? | dropdown, Required <table border="1"> <tr> <td>1</td> <td>Schweiz</td> </tr> <tr> <td>2</td> <td>Anderes Land</td> </tr> </table> | 1 | Schweiz | 2 | Anderes Land | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Schweiz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Anderes Land | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Where were you born? | <table border="1"> <tr> <td>1</td> <td>Switzerland</td> </tr> <tr> <td>2</td> <td>Other country:</td> </tr> </table> | 1 | Switzerland | 2 | Other country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Switzerland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Other country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 322 | [geblandwas] Show the field ONLY if: [gebland]=2 | Anderes Land: | dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Austria</td></tr> <tr><td>10</td><td>Azerbaijan</td></tr> <tr><td>11</td><td>Bahrain</td></tr> <tr><td>12</td><td>Bangladesh</td></tr> <tr><td>13</td><td>Barbados</td></tr> <tr><td>14</td><td>Belarus</td></tr> <tr><td>15</td><td>Belgium</td></tr> <tr><td>16</td><td>Belize</td></tr> <tr><td>17</td><td>Benin</td></tr> <tr><td>18</td><td>Bhutan</td></tr> <tr><td>19</td><td>Bolivia</td></tr> <tr><td>20</td><td>Bosnia and Herzegovina</td></tr> <tr><td>21</td><td>Botswana</td></tr> <tr><td>22</td><td>Brazil</td></tr> <tr><td>23</td><td>Brunei</td></tr> <tr><td>24</td><td>Bulgaria</td></tr> <tr><td>25</td><td>Burkina Faso</td></tr> <tr><td>26</td><td>Burundi</td></tr> <tr><td>27</td><td>Cabo Verde</td></tr> <tr><td>28</td><td>Cambodia</td></tr> <tr><td>29</td><td>Cameroon</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Austria | 10 | Azerbaijan | 11 | Bahrain | 12 | Bangladesh | 13 | Barbados | 14 | Belarus | 15 | Belgium | 16 | Belize | 17 | Benin | 18 | Bhutan | 19 | Bolivia | 20 | Bosnia and Herzegovina | 21 | Botswana | 22 | Brazil | 23 | Brunei | 24 | Bulgaria | 25 | Burkina Faso | 26 | Burundi | 27 | Cabo Verde | 28 | Cambodia | 29 | Cameroon |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Belgium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belize | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Benin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Bhutan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Bolivia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Bosnia and Herzegovina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Botswana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Brazil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Brunei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Bulgaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Burkina Faso | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Burundi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Cabo Verde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Cambodia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Cameroon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|--------------------------|
| 30 | Canada |
| 31 | Central African Republic |
| 32 | Chad |
| 33 | Channel Islands |
| 34 | Chile |
| 35 | China |
| 36 | Colombia |
| 37 | Comoros |
| 38 | Congo |
| 39 | Costa Rica |
| 40 | Côte d'Ivoire |
| 41 | Croatia |
| 42 | Cuba |
| 43 | Cyprus |
| 44 | Czech Republic |
| 45 | Denmark |
| 46 | Djibouti |
| 47 | Dominica |
| 48 | Dominican Republic |
| 49 | DR Congo |
| 50 | Ecuador |
| 51 | Egypt |
| 52 | El Salvador |
| 53 | Equatorial Guinea |
| 54 | Eritrea |
| 55 | Estonia |
| 56 | Eswatini |
| 57 | Ethiopia |
| 58 | Faeroe Islands |
| 59 | Finland |
| 60 | France |
| 61 | French Guiana |
| 62 | Gabon |
| 63 | Gambia |
| 64 | Georgia |
| 65 | Germany |

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| 66 | Ghana |
| 67 | Gibraltar |
| 68 | Greece |
| 69 | Grenada |
| 70 | Guatemala |
| 71 | Guinea |
| 72 | Guinea-Bissau |
| 73 | Guyana |
| 74 | Haiti |
| 75 | Holy See |
| 76 | Honduras |
| 77 | Hong Kong |
| 78 | Hungary |
| 79 | Iceland |
| 80 | India |
| 81 | Indonesia |
| 82 | Iran |
| 83 | Iraq |
| 84 | Ireland |
| 85 | Isle of Man |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kuwait |
| 94 | Kyrgyzstan |
| 95 | Laos |
| 96 | Latvia |
| 97 | Lebanon |
| 98 | Lesotho |
| 99 | Liberia |
| 100 | Libya |
| 101 | Liechtenstein |

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| 102 | Lithuania |
| 103 | Luxembourg |
| 104 | Macao |
| 105 | Madagascar |
| 106 | Malawi |
| 107 | Malaysia |
| 108 | Maldives |
| 109 | Mali |
| 110 | Malta |
| 111 | Mauritania |
| 112 | Mauritius |
| 113 | Mayotte |
| 114 | Mexico |
| 115 | Moldova |
| 116 | Monaco |
| 117 | Mongolia |
| 118 | Montenegro |
| 119 | Morocco |
| 120 | Mozambique |
| 121 | Myanmar |
| 122 | Namibia |
| 123 | Nepal |
| 124 | Netherlands |
| 125 | Nicaragua |
| 126 | Niger |
| 127 | Nigeria |
| 128 | North Korea |
| 129 | North Macedonia |
| 130 | Norway |
| 131 | Oman |
| 132 | Pakistan |
| 133 | Panama |
| 134 | Paraguay |
| 135 | Peru |
| 136 | Philippines |
| 137 | Poland |

| | |
|-----|-------------------------------------|
| 138 | Portugal |
| 139 | Qatar |
| 140 | Réunion |
| 141 | Romania |
| 142 | Russia |
| 143 | Rwanda |
| 144 | Saint Helena |
| 145 | Saint Kitts and Nevis |
| 146 | Saint Lucia |
| 147 | Saint Vincent and the Grenadines |
| 148 | San Marino |
| 149 | Sao Tome & Principe |
| 150 | Saudi Arabia |
| 151 | Senegal |
| 152 | Serbia |
| 153 | Seychelles |
| 154 | Sierra Leone |
| 155 | Singapore |
| 156 | Slovakia |
| 157 | Slovenia |
| 158 | Somalia |
| 159 | South Africa |
| 160 | South Korea |
| 161 | South Sudan |
| 162 | Spain |
| 163 | Sri Lanka |
| 164 | State of Palestine |
| 165 | Sudan |
| 166 | Suriname |
| 167 | Sweden |
| 168 | Switzerland |
| 169 | Syria |
| 170 | Taiwan |
| 171 | Tajikistan |
| 172 | Tanzania |

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|-----|------------------------|--|--|-----|----------|-----|-------------|-----|-------------|-----|------|-----|---------------------|-----|---------|-----|--------|-----|--------------|-----|--------|-----|---------|-----|----------------------|-----|----------------|-----|---------------|-----|---------|-----|------------|-----|-----------|-----|---------|-----|----------------|-----|-------|-----|--------|-----|----------|
| | | | <table border="1"> <tr><td>173</td><td>Thailand</td></tr> <tr><td>174</td><td>The Bahamas</td></tr> <tr><td>175</td><td>Timor-Leste</td></tr> <tr><td>176</td><td>Togo</td></tr> <tr><td>177</td><td>Trinidad and Tobago</td></tr> <tr><td>178</td><td>Tunisia</td></tr> <tr><td>179</td><td>Turkey</td></tr> <tr><td>180</td><td>Turkmenistan</td></tr> <tr><td>181</td><td>Uganda</td></tr> <tr><td>182</td><td>Ukraine</td></tr> <tr><td>183</td><td>United Arab Emirates</td></tr> <tr><td>184</td><td>United Kingdom</td></tr> <tr><td>185</td><td>United States</td></tr> <tr><td>186</td><td>Uruguay</td></tr> <tr><td>187</td><td>Uzbekistan</td></tr> <tr><td>188</td><td>Venezuela</td></tr> <tr><td>189</td><td>Vietnam</td></tr> <tr><td>190</td><td>Western Sahara</td></tr> <tr><td>191</td><td>Yemen</td></tr> <tr><td>192</td><td>Zambia</td></tr> <tr><td>193</td><td>Zimbabwe</td></tr> </table> | 173 | Thailand | 174 | The Bahamas | 175 | Timor-Leste | 176 | Togo | 177 | Trinidad and Tobago | 178 | Tunisia | 179 | Turkey | 180 | Turkmenistan | 181 | Uganda | 182 | Ukraine | 183 | United Arab Emirates | 184 | United Kingdom | 185 | United States | 186 | Uruguay | 187 | Uzbekistan | 188 | Venezuela | 189 | Vietnam | 190 | Western Sahara | 191 | Yemen | 192 | Zambia | 193 | Zimbabwe |
| 173 | Thailand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 174 | The Bahamas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 175 | Timor-Leste | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 176 | Togo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 177 | Trinidad and Tobago | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 178 | Tunisia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179 | Turkey | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | Turkmenistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 181 | Uganda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 182 | Ukraine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 183 | United Arab Emirates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 184 | United Kingdom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 185 | United States | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 186 | Uruguay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 187 | Uzbekistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 188 | Venezuela | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 189 | Vietnam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 190 | Western Sahara | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 191 | Yemen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 192 | Zambia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 193 | Zimbabwe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] Other country: | | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> <tr><td>13</td><td>???</td></tr> <tr><td>14</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | 13 | ??? | 14 | ??? | | | | | | | | | | | | | | |
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| 323 | <p>[seit]</p> <p>Show the field ONLY if: [gebland]=2</p> | <p>Seit wann leben Sie in der Schweiz? Bitte geben Sie das Jahr an (z.B. 1985)</p> | <p>text (integer, Min: 1964, Max: 2024), Required</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>[en-gb]</p> | <p>Since when have you been living in Switzerland? Please enter the year (e.g. 1985)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 324 | <p>[natm]</p> | <p>Welches ist Ihre Nationalität? (Sie können mehrere Möglichkeiten ankreuzen)</p> | <p>checkbox, Required</p> <table border="1" data-bbox="1040 411 1484 1045"> <tr><td>1</td><td>natm__1</td><td>Schweiz</td></tr> <tr><td>2</td><td>natm__2</td><td>Italien</td></tr> <tr><td>3</td><td>natm__3</td><td>Deutschland</td></tr> <tr><td>4</td><td>natm__4</td><td>Portugal</td></tr> <tr><td>5</td><td>natm__5</td><td>Frankreich</td></tr> <tr><td>6</td><td>natm__6</td><td>Kosovo</td></tr> <tr><td>7</td><td>natm__7</td><td>Spanien</td></tr> <tr><td>8</td><td>natm__8</td><td>Serbien</td></tr> <tr><td>9</td><td>natm__9</td><td>Türkei</td></tr> <tr><td>10</td><td>natm__10</td><td>Nordmazedonien</td></tr> <tr><td>11</td><td>natm__11</td><td>Anderes {natmw}</td></tr> <tr><td>12</td><td>natm__12</td><td>Anderes {natmw2}</td></tr> </table> | 1 | natm__1 | Schweiz | 2 | natm__2 | Italien | 3 | natm__3 | Deutschland | 4 | natm__4 | Portugal | 5 | natm__5 | Frankreich | 6 | natm__6 | Kosovo | 7 | natm__7 | Spanien | 8 | natm__8 | Serbien | 9 | natm__9 | Türkei | 10 | natm__10 | Nordmazedonien | 11 | natm__11 | Anderes {natmw} | 12 | natm__12 | Anderes {natmw2} |
| 1 | natm__1 | Schweiz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | natm__3 | Deutschland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | natm__4 | Portugal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | natm__5 | Frankreich | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | natm__6 | Kosovo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | natm__7 | Spanien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | natm__8 | Serbien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <p>[en-gb]</p> | <p>What is your nationality?(You can select more than one option)</p> | <table border="1" data-bbox="1040 1066 1484 1696"> <tr><td>1</td><td>natm__1</td><td>Switzerland</td></tr> <tr><td>2</td><td>natm__2</td><td>Italy</td></tr> <tr><td>3</td><td>natm__3</td><td>Germany</td></tr> <tr><td>4</td><td>natm__4</td><td>Portugal</td></tr> <tr><td>5</td><td>natm__5</td><td>France</td></tr> <tr><td>6</td><td>natm__6</td><td>Kosovo</td></tr> <tr><td>7</td><td>natm__7</td><td>Spain</td></tr> <tr><td>8</td><td>natm__8</td><td>Serbia</td></tr> <tr><td>9</td><td>natm__9</td><td>Turkey</td></tr> <tr><td>10</td><td>natm__10</td><td>North Macedonia</td></tr> <tr><td>11</td><td>natm__11</td><td>Other {natmw}</td></tr> <tr><td>12</td><td>natm__12</td><td>Other {natmw2}</td></tr> </table> | 1 | natm__1 | Switzerland | 2 | natm__2 | Italy | 3 | natm__3 | Germany | 4 | natm__4 | Portugal | 5 | natm__5 | France | 6 | natm__6 | Kosovo | 7 | natm__7 | Spain | 8 | natm__8 | Serbia | 9 | natm__9 | Turkey | 10 | natm__10 | North Macedonia | 11 | natm__11 | Other {natmw} | 12 | natm__12 | Other {natmw2} |
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| 3 | natm__3 | Germany | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | natm__4 | Portugal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | natm__5 | France | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | natm__6 | Kosovo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | natm__7 | Spain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | natm__8 | Serbia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | natm__9 | Turkey | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | natm__10 | North Macedonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 325 | <p>[natmw]</p> <p>Show the field ONLY if: [natm(11)]=1</p> | <p>Anderer Nationalität</p> | <p>dropdown (autocomplete), Required</p> <table border="1" data-bbox="1040 1755 1500 1965"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 53 | Equatorial Guinea |
| 54 | Eritrea |
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| 57 | Ethiopia |
| 58 | Faeroe Islands |
| 59 | Finland |
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| 61 | French Guiana |
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| 63 | Gambia |
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| 65 | Germany |
| 66 | Ghana |
| 67 | Gibraltar |
| 68 | Greece |
| 69 | Grenada |
| 70 | Guatemala |
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| 75 | Holy See |
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| 99 | Liberia |
| 100 | Libya |
| 101 | Liechtenstein |
| 102 | Lithuania |
| 103 | Luxembourg |
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| 129 | North Macedonia |
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| 131 | Oman |
| 132 | Pakistan |
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| 135 | Peru |
| 136 | Philippines |
| 137 | Poland |
| 138 | Portugal |
| 139 | Qatar |
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| 145 | Saint Kitts and Nevis |
| 146 | Saint Lucia |
| 147 | Saint Vincent and the Grenadines |

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| 151 | Senegal |
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| 154 | Sierra Leone |
| 155 | Singapore |
| 156 | Slovakia |
| 157 | Slovenia |
| 158 | Somalia |
| 159 | South Africa |
| 160 | South Korea |
| 161 | South Sudan |
| 162 | Spain |
| 163 | Sri Lanka |
| 164 | State of Palestine |
| 165 | Sudan |
| 166 | Suriname |
| 167 | Sweden |
| 168 | Switzerland |
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| 170 | Taiwan |
| 171 | Tajikistan |
| 172 | Tanzania |
| 173 | Thailand |
| 174 | The Bahamas |
| 175 | Timor-Leste |
| 176 | Togo |
| 177 | Trinidad and Tobago |
| 178 | Tunisia |
| 179 | Turkey |
| 180 | Turkmenistan |
| 181 | Uganda |
| 182 | Ukraine |
| 183 | United Arab Emirates |

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| | | | <table border="1"> <tr><td>170</td><td>???</td></tr> <tr><td>171</td><td>???</td></tr> <tr><td>172</td><td>???</td></tr> <tr><td>173</td><td>???</td></tr> <tr><td>174</td><td>???</td></tr> <tr><td>175</td><td>???</td></tr> <tr><td>176</td><td>???</td></tr> <tr><td>177</td><td>???</td></tr> <tr><td>178</td><td>???</td></tr> <tr><td>179</td><td>???</td></tr> <tr><td>180</td><td>???</td></tr> <tr><td>181</td><td>???</td></tr> <tr><td>182</td><td>???</td></tr> <tr><td>183</td><td>???</td></tr> <tr><td>184</td><td>???</td></tr> <tr><td>185</td><td>???</td></tr> <tr><td>186</td><td>???</td></tr> <tr><td>187</td><td>???</td></tr> <tr><td>188</td><td>???</td></tr> <tr><td>189</td><td>???</td></tr> <tr><td>190</td><td>???</td></tr> <tr><td>191</td><td>???</td></tr> <tr><td>192</td><td>???</td></tr> <tr><td>193</td><td>???</td></tr> </table> | 170 | ??? | 171 | ??? | 172 | ??? | 173 | ??? | 174 | ??? | 175 | ??? | 176 | ??? | 177 | ??? | 178 | ??? | 179 | ??? | 180 | ??? | 181 | ??? | 182 | ??? | 183 | ??? | 184 | ??? | 185 | ??? | 186 | ??? | 187 | ??? | 188 | ??? | 189 | ??? | 190 | ??? | 191 | ??? | 192 | ??? | 193 | ??? |
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| 326 | <p>[natmw2]</p> <p>Show the field ONLY if: [natm(12)]=1</p> | Andere Nationalität | <p>dropdown (autocomplete), Required</p> <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Austria</td></tr> <tr><td>10</td><td>Azerbaijan</td></tr> <tr><td>11</td><td>Bahrain</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Austria | 10 | Azerbaijan | 11 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 | Belarus |
| 15 | Belgium |
| 16 | Belize |
| 17 | Benin |
| 18 | Bhutan |
| 19 | Bolivia |
| 20 | Bosnia and Herzegovina |
| 21 | Botswana |
| 22 | Brazil |
| 23 | Brunei |
| 24 | Bulgaria |
| 25 | Burkina Faso |
| 26 | Burundi |
| 27 | Cabo Verde |
| 28 | Cambodia |
| 29 | Cameroon |
| 30 | Canada |
| 31 | Central African Republic |
| 32 | Chad |
| 33 | Channel Islands |
| 34 | Chile |
| 35 | China |
| 36 | Colombia |
| 37 | Comoros |
| 38 | Congo |
| 39 | Costa Rica |
| 40 | Côte d'Ivoire |
| 41 | Croatia |
| 42 | Cuba |
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| 44 | Czech Republic |
| 45 | Denmark |
| 46 | Djibouti |
| 47 | Dominica |

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| 49 | DR Congo |
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| 51 | Egypt |
| 52 | El Salvador |
| 53 | Equatorial Guinea |
| 54 | Eritrea |
| 55 | Estonia |
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| 57 | Ethiopia |
| 58 | Faeroe Islands |
| 59 | Finland |
| 60 | France |
| 61 | French Guiana |
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| 64 | Georgia |
| 65 | Germany |
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| 67 | Gibraltar |
| 68 | Greece |
| 69 | Grenada |
| 70 | Guatemala |
| 71 | Guinea |
| 72 | Guinea-Bissau |
| 73 | Guyana |
| 74 | Haiti |
| 75 | Holy See |
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| 79 | Iceland |
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| 82 | Iran |
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| 124 | Netherlands |
| 125 | Nicaragua |
| 126 | Niger |
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| 128 | North Korea |
| 129 | North Macedonia |
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| 131 | Oman |
| 132 | Pakistan |
| 133 | Panama |
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| 136 | Philippines |
| 137 | Poland |
| 138 | Portugal |
| 139 | Qatar |
| 140 | Réunion |
| 141 | Romania |
| 142 | Russia |
| 143 | Rwanda |
| 144 | Saint Helena |
| 145 | Saint Kitts and Nevis |
| 146 | Saint Lucia |
| 147 | Saint Vincent and the Grenadines |
| 148 | San Marino |
| 149 | Sao Tome & Principe |
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| 152 | Serbia |
| 153 | Seychelles |
| 154 | Sierra Leone |

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| 157 | Slovenia |
| 158 | Somalia |
| 159 | South Africa |
| 160 | South Korea |
| 161 | South Sudan |
| 162 | Spain |
| 163 | Sri Lanka |
| 164 | State of Palestine |
| 165 | Sudan |
| 166 | Suriname |
| 167 | Sweden |
| 168 | Switzerland |
| 169 | Syria |
| 170 | Taiwan |
| 171 | Tajikistan |
| 172 | Tanzania |
| 173 | Thailand |
| 174 | The Bahamas |
| 175 | Timor-Leste |
| 176 | Togo |
| 177 | Trinidad and Tobago |
| 178 | Tunisia |
| 179 | Turkey |
| 180 | Turkmenistan |
| 181 | Uganda |
| 182 | Ukraine |
| 183 | United Arab Emirates |
| 184 | United Kingdom |
| 185 | United States |
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| 187 | Uzbekistan |
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| 189 | Vietnam |
| 190 | Western Sahara |

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| 327 | <p>[natv]</p> <p>Show the field ONLY if: [hhkomp]='1'</p> | <p>Welches ist die Nationalität der Person in Ihrem Haushalt ("[hhpaar]") Sie können mehrere Möglichkeiten ankreuzen</p> | <p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>natv__1</td><td>Schweiz</td></tr> <tr><td>2</td><td>natv__2</td><td>Italien</td></tr> <tr><td>3</td><td>natv__3</td><td>Deutschland</td></tr> <tr><td>4</td><td>natv__4</td><td>Portugal</td></tr> <tr><td>5</td><td>natv__5</td><td>Frankreich</td></tr> <tr><td>6</td><td>natv__6</td><td>Kosovo</td></tr> <tr><td>7</td><td>natv__7</td><td>Spanien</td></tr> <tr><td>8</td><td>natv__8</td><td>Serbien</td></tr> <tr><td>9</td><td>natv__9</td><td>Türkei</td></tr> <tr><td>10</td><td>natv__10</td><td>Nordmazedonien</td></tr> <tr><td>11</td><td>natv__11</td><td>Anderes {natvw}</td></tr> <tr><td>12</td><td>natv__12</td><td>Anderes {natvw2}</td></tr> </table> | 1 | natv__1 | Schweiz | 2 | natv__2 | Italien | 3 | natv__3 | Deutschland | 4 | natv__4 | Portugal | 5 | natv__5 | Frankreich | 6 | natv__6 | Kosovo | 7 | natv__7 | Spanien | 8 | natv__8 | Serbien | 9 | natv__9 | Türkei | 10 | natv__10 | Nordmazedonien | 11 | natv__11 | Anderes {natvw} | 12 | natv__12 | Anderes {natvw2} |
| 1 | natv__1 | Schweiz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | natv__2 | Italien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | natv__3 | Deutschland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | natv__4 | Portugal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | natv__5 | Frankreich | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | natv__6 | Kosovo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | natv__7 | Spanien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | natv__8 | Serbien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | natv__9 | Türkei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | natv__10 | Nordmazedonien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | natv__11 | Anderes {natvw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | natv__12 | Anderes {natvw2} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>[en-gb]</p> | <p>What is the nationality of the person in your household ("[hhpaar]")?(You can select more than one option)</p> | <table border="1"> <tr><td>1</td><td>natv__1</td><td>Switzerland</td></tr> <tr><td>2</td><td>natv__2</td><td>Italy</td></tr> <tr><td>3</td><td>natv__3</td><td>Germany</td></tr> <tr><td>4</td><td>natv__4</td><td>Portugal</td></tr> <tr><td>5</td><td>natv__5</td><td>France</td></tr> </table> | 1 | natv__1 | Switzerland | 2 | natv__2 | Italy | 3 | natv__3 | Germany | 4 | natv__4 | Portugal | 5 | natv__5 | France | | | | | | | | | | | | | | | | | | | | | |
| 1 | natv__1 | Switzerland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | natv__2 | Italy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | natv__3 | Germany | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | natv__4 | Portugal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | natv__5 | France | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table border="1"> <tr><td>6</td><td>natv__6</td><td>Kosovo</td></tr> <tr><td>7</td><td>natv__7</td><td>Spain</td></tr> <tr><td>8</td><td>natv__8</td><td>Serbia</td></tr> <tr><td>9</td><td>natv__9</td><td>Turkey</td></tr> <tr><td>10</td><td>natv__10</td><td>North Macedonia</td></tr> <tr><td>11</td><td>natv__11</td><td>Other {natvw}</td></tr> <tr><td>12</td><td>natv__12</td><td>Other {natvw2}</td></tr> </table> | 6 | natv__6 | Kosovo | 7 | natv__7 | Spain | 8 | natv__8 | Serbia | 9 | natv__9 | Turkey | 10 | natv__10 | North Macedonia | 11 | natv__11 | Other {natvw} | 12 | natv__12 | Other {natvw2} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | natv__6 | Kosovo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | natv__7 | Spain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | natv__8 | Serbia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | natv__9 | Turkey | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | natv__10 | North Macedonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | natv__11 | Other {natvw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | natv__12 | Other {natvw2} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 328 | <p>[natvw]</p> <p>Show the field ONLY if: [natv(11)]=1</p> | Andere Nationalität | <p>dropdown (autocomplete), Required</p> <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Austria</td></tr> <tr><td>10</td><td>Azerbaijan</td></tr> <tr><td>11</td><td>Bahrain</td></tr> <tr><td>12</td><td>Bangladesh</td></tr> <tr><td>13</td><td>Barbados</td></tr> <tr><td>14</td><td>Belarus</td></tr> <tr><td>15</td><td>Belgium</td></tr> <tr><td>16</td><td>Belize</td></tr> <tr><td>17</td><td>Benin</td></tr> <tr><td>18</td><td>Bhutan</td></tr> <tr><td>19</td><td>Bolivia</td></tr> <tr><td>20</td><td>Bosnia and Herzegovina</td></tr> <tr><td>21</td><td>Botswana</td></tr> <tr><td>22</td><td>Brazil</td></tr> <tr><td>23</td><td>Brunei</td></tr> <tr><td>24</td><td>Bulgaria</td></tr> <tr><td>25</td><td>Burkina Faso</td></tr> <tr><td>26</td><td>Burundi</td></tr> <tr><td>27</td><td>Cabo Verde</td></tr> <tr><td>28</td><td>Cambodia</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Austria | 10 | Azerbaijan | 11 | Bahrain | 12 | Bangladesh | 13 | Barbados | 14 | Belarus | 15 | Belgium | 16 | Belize | 17 | Benin | 18 | Bhutan | 19 | Bolivia | 20 | Bosnia and Herzegovina | 21 | Botswana | 22 | Brazil | 23 | Brunei | 24 | Bulgaria | 25 | Burkina Faso | 26 | Burundi | 27 | Cabo Verde | 28 | Cambodia |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Belgium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belize | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Benin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Bhutan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Bolivia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Bosnia and Herzegovina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Botswana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Brazil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Brunei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Bulgaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Burkina Faso | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Burundi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Cabo Verde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Cambodia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 29 | Cameroon |
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| 37 | Comoros |
| 38 | Congo |
| 39 | Costa Rica |
| 40 | Côte d'Ivoire |
| 41 | Croatia |
| 42 | Cuba |
| 43 | Cyprus |
| 44 | Czech Republic |
| 45 | Denmark |
| 46 | Djibouti |
| 47 | Dominica |
| 48 | Dominican Republic |
| 49 | DR Congo |
| 50 | Ecuador |
| 51 | Egypt |
| 52 | El Salvador |
| 53 | Equatorial Guinea |
| 54 | Eritrea |
| 55 | Estonia |
| 56 | Eswatini |
| 57 | Ethiopia |
| 58 | Faeroe Islands |
| 59 | Finland |
| 60 | France |
| 61 | French Guiana |
| 62 | Gabon |
| 63 | Gambia |
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| 65 | Germany |
| 66 | Ghana |
| 67 | Gibraltar |
| 68 | Greece |
| 69 | Grenada |
| 70 | Guatemala |
| 71 | Guinea |
| 72 | Guinea-Bissau |
| 73 | Guyana |
| 74 | Haiti |
| 75 | Holy See |
| 76 | Honduras |
| 77 | Hong Kong |
| 78 | Hungary |
| 79 | Iceland |
| 80 | India |
| 81 | Indonesia |
| 82 | Iran |
| 83 | Iraq |
| 84 | Ireland |
| 85 | Isle of Man |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kuwait |
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| 102 | Lithuania |
| 103 | Luxembourg |
| 104 | Macao |
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| 106 | Malawi |
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| 108 | Maldives |
| 109 | Mali |
| 110 | Malta |
| 111 | Mauritania |
| 112 | Mauritius |
| 113 | Mayotte |
| 114 | Mexico |
| 115 | Moldova |
| 116 | Monaco |
| 117 | Mongolia |
| 118 | Montenegro |
| 119 | Morocco |
| 120 | Mozambique |
| 121 | Myanmar |
| 122 | Namibia |
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| 124 | Netherlands |
| 125 | Nicaragua |
| 126 | Niger |
| 127 | Nigeria |
| 128 | North Korea |
| 129 | North Macedonia |
| 130 | Norway |
| 131 | Oman |
| 132 | Pakistan |
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| 137 | Poland |
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| 143 | Rwanda |
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| 145 | Saint Kitts and Nevis |
| 146 | Saint Lucia |
| 147 | Saint Vincent and the Grenadines |
| 148 | San Marino |
| 149 | Sao Tome & Principe |
| 150 | Saudi Arabia |
| 151 | Senegal |
| 152 | Serbia |
| 153 | Seychelles |
| 154 | Sierra Leone |
| 155 | Singapore |
| 156 | Slovakia |
| 157 | Slovenia |
| 158 | Somalia |
| 159 | South Africa |
| 160 | South Korea |
| 161 | South Sudan |
| 162 | Spain |
| 163 | Sri Lanka |
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| 171 | Tajikistan |

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| 329 | [natvw2] Show the field ONLY if: [natv(12)]=1 | Andere Nationalität | dropdown (autocomplete), Required | |
| | | | 1 | Afghanistan |
| | | | 2 | Albania |
| | | | 3 | Algeria |
| | | | 4 | Andorra |
| | | | 5 | Angola |
| | | | 6 | Antigua and Barbuda |
| | | | 7 | Argentina |
| | | | 8 | Armenia |
| | | | 9 | Austria |
| | | | 10 | Azerbaijan |
| | | | 11 | Bahrain |
| | | | 12 | Bangladesh |
| | | | 13 | Barbados |
| | | | 14 | Belarus |
| | | | 15 | Belgium |
| | | | 16 | Belize |
| | | | 17 | Benin |
| | | | 18 | Bhutan |
| | | | 19 | Bolivia |
| | | | 20 | Bosnia and Herzegovina |
| | | | 21 | Botswana |
| | | | 22 | Brazil |
| | | | 23 | Brunei |
| | | | 24 | Bulgaria |
| | | | 25 | Burkina Faso |
| | | | 26 | Burundi |
| | | | 27 | Cabo Verde |
| | | | 28 | Cambodia |
| | | | 29 | Cameroon |

| | |
|----|--------------------------|
| 30 | Canada |
| 31 | Central African Republic |
| 32 | Chad |
| 33 | Channel Islands |
| 34 | Chile |
| 35 | China |
| 36 | Colombia |
| 37 | Comoros |
| 38 | Congo |
| 39 | Costa Rica |
| 40 | Côte d'Ivoire |
| 41 | Croatia |
| 42 | Cuba |
| 43 | Cyprus |
| 44 | Czech Republic |
| 45 | Denmark |
| 46 | Djibouti |
| 47 | Dominica |
| 48 | Dominican Republic |
| 49 | DR Congo |
| 50 | Ecuador |
| 51 | Egypt |
| 52 | El Salvador |
| 53 | Equatorial Guinea |
| 54 | Eritrea |
| 55 | Estonia |
| 56 | Eswatini |
| 57 | Ethiopia |
| 58 | Faeroe Islands |
| 59 | Finland |
| 60 | France |
| 61 | French Guiana |
| 62 | Gabon |
| 63 | Gambia |
| 64 | Georgia |
| 65 | Germany |

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| 66 | Ghana |
| 67 | Gibraltar |
| 68 | Greece |
| 69 | Grenada |
| 70 | Guatemala |
| 71 | Guinea |
| 72 | Guinea-Bissau |
| 73 | Guyana |
| 74 | Haiti |
| 75 | Holy See |
| 76 | Honduras |
| 77 | Hong Kong |
| 78 | Hungary |
| 79 | Iceland |
| 80 | India |
| 81 | Indonesia |
| 82 | Iran |
| 83 | Iraq |
| 84 | Ireland |
| 85 | Isle of Man |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kuwait |
| 94 | Kyrgyzstan |
| 95 | Laos |
| 96 | Latvia |
| 97 | Lebanon |
| 98 | Lesotho |
| 99 | Liberia |
| 100 | Libya |
| 101 | Liechtenstein |

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| 102 | Lithuania |
| 103 | Luxembourg |
| 104 | Macao |
| 105 | Madagascar |
| 106 | Malawi |
| 107 | Malaysia |
| 108 | Maldives |
| 109 | Mali |
| 110 | Malta |
| 111 | Mauritania |
| 112 | Mauritius |
| 113 | Mayotte |
| 114 | Mexico |
| 115 | Moldova |
| 116 | Monaco |
| 117 | Mongolia |
| 118 | Montenegro |
| 119 | Morocco |
| 120 | Mozambique |
| 121 | Myanmar |
| 122 | Namibia |
| 123 | Nepal |
| 124 | Netherlands |
| 125 | Nicaragua |
| 126 | Niger |
| 127 | Nigeria |
| 128 | North Korea |
| 129 | North Macedonia |
| 130 | Norway |
| 131 | Oman |
| 132 | Pakistan |
| 133 | Panama |
| 134 | Paraguay |
| 135 | Peru |
| 136 | Philippines |
| 137 | Poland |

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| 138 | Portugal |
| 139 | Qatar |
| 140 | Réunion |
| 141 | Romania |
| 142 | Russia |
| 143 | Rwanda |
| 144 | Saint Helena |
| 145 | Saint Kitts and Nevis |
| 146 | Saint Lucia |
| 147 | Saint Vincent and the Grenadines |
| 148 | San Marino |
| 149 | Sao Tome & Principe |
| 150 | Saudi Arabia |
| 151 | Senegal |
| 152 | Serbia |
| 153 | Seychelles |
| 154 | Sierra Leone |
| 155 | Singapore |
| 156 | Slovakia |
| 157 | Slovenia |
| 158 | Somalia |
| 159 | South Africa |
| 160 | South Korea |
| 161 | South Sudan |
| 162 | Spain |
| 163 | Sri Lanka |
| 164 | State of Palestine |
| 165 | Sudan |
| 166 | Suriname |
| 167 | Sweden |
| 168 | Switzerland |
| 169 | Syria |
| 170 | Taiwan |
| 171 | Tajikistan |
| 172 | Tanzania |

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| | | | 173 | Thailand |
| | | | 174 | The Bahamas |
| | | | 175 | Timor-Leste |
| | | | 176 | Togo |
| | | | 177 | Trinidad and Tobago |
| | | | 178 | Tunisia |
| | | | 179 | Turkey |
| | | | 180 | Turkmenistan |
| | | | 181 | Uganda |
| | | | 182 | Ukraine |
| | | | 183 | United Arab Emirates |
| | | | 184 | United Kingdom |
| | | | 185 | United States |
| | | | 186 | Uruguay |
| | | | 187 | Uzbekistan |
| | | | 188 | Venezuela |
| | | | 189 | Vietnam |
| | | | 190 | Western Sahara |
| | | | 191 | Yemen |
| | | | 192 | Zambia |
| | | | 193 | Zimbabwe |
| | | | 194 | Australia |
| | | | 195 | New Zealand |
| | | | 196 | Other country in Oceania region |
| | | [en-gb] Other nationality | 1 | ??? |
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| | | | <table border="1"> <tr><td>192</td><td>???</td></tr> <tr><td>193</td><td>???</td></tr> <tr><td>194</td><td>???</td></tr> <tr><td>195</td><td>???</td></tr> <tr><td>196</td><td>???</td></tr> </table> | 192 | ??? | 193 | ??? | 194 | ??? | 195 | ??? | 196 | ??? | | | | | | | | | | | |
| 192 | ??? | | | | | | | | | | | | | | | | | | | | | | | |
| 193 | ??? | | | | | | | | | | | | | | | | | | | | | | | |
| 194 | ??? | | | | | | | | | | | | | | | | | | | | | | | |
| 195 | ??? | | | | | | | | | | | | | | | | | | | | | | | |
| 196 | ??? | | | | | | | | | | | | | | | | | | | | | | | |
| 330 | [zivil] | Wie ist Ihr Zivilstand? | dropdown, Required <table border="1"> <tr><td>1</td><td>Verheiratet</td></tr> <tr><td>2</td><td>Geschieden</td></tr> <tr><td>3</td><td>Ledig</td></tr> <tr><td>4</td><td>Verwitwet</td></tr> <tr><td>5</td><td>Eingetragene Partnerschaft</td></tr> <tr><td>6</td><td>Aufgelöste Partnerschaft</td></tr> </table> | 1 | Verheiratet | 2 | Geschieden | 3 | Ledig | 4 | Verwitwet | 5 | Eingetragene Partnerschaft | 6 | Aufgelöste Partnerschaft | | | | | | | | | |
| 1 | Verheiratet | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Geschieden | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Ledig | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Verwitwet | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Eingetragene Partnerschaft | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Aufgelöste Partnerschaft | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | What is your marital status? | <table border="1"> <tr><td>1</td><td>Married</td></tr> <tr><td>2</td><td>Divorced</td></tr> <tr><td>3</td><td>Single</td></tr> <tr><td>4</td><td>Widowed</td></tr> <tr><td>5</td><td>Registered partnership</td></tr> <tr><td>6</td><td>Dissolved partnership</td></tr> </table> | 1 | Married | 2 | Divorced | 3 | Single | 4 | Widowed | 5 | Registered partnership | 6 | Dissolved partnership | | | | | | | | | |
| 1 | Married | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Divorced | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Single | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Widowed | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Registered partnership | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Dissolved partnership | | | | | | | | | | | | | | | | | | | | | | | |
| 331 | [kindzahl] | Wie viele leibliche Kinder haben Sie? Bitte tragen Sie Geburtsmonat und Geburtsjahr ein (ohne ihr jüngstes Kind) | checkbox, Required <table border="1"> <tr> <td>0</td> <td>kindzahl__0</td> <td>kein weiteres Kind</td> </tr> <tr> <td>1</td> <td>kindzahl__1</td> <td>Kind 1 {kind1mo} {kind1jahr}</td> </tr> <tr> <td>2</td> <td>kindzahl__2</td> <td>Kind 2 {kind2mo} {kind2jahr}</td> </tr> <tr> <td>3</td> <td>kindzahl__3</td> <td>Kind 3 {kind3mo} {kind3jahr}</td> </tr> <tr> <td>4</td> <td>kindzahl__4</td> <td>Kind 4 {kind4mo} {kind4jahr}</td> </tr> <tr> <td>5</td> <td>kindzahl__5</td> <td>Kind 5 {kind5mo} {kind5jahr}</td> </tr> <tr> <td>6</td> <td>kindzahl__6</td> <td>Kind 6 {kind6mo} {kind6jahr}</td> </tr> </table> | 0 | kindzahl__0 | kein weiteres Kind | 1 | kindzahl__1 | Kind 1 {kind1mo} {kind1jahr} | 2 | kindzahl__2 | Kind 2 {kind2mo} {kind2jahr} | 3 | kindzahl__3 | Kind 3 {kind3mo} {kind3jahr} | 4 | kindzahl__4 | Kind 4 {kind4mo} {kind4jahr} | 5 | kindzahl__5 | Kind 5 {kind5mo} {kind5jahr} | 6 | kindzahl__6 | Kind 6 {kind6mo} {kind6jahr} |
| 0 | kindzahl__0 | kein weiteres Kind | | | | | | | | | | | | | | | | | | | | | | |
| 1 | kindzahl__1 | Kind 1 {kind1mo} {kind1jahr} | | | | | | | | | | | | | | | | | | | | | | |
| 2 | kindzahl__2 | Kind 2 {kind2mo} {kind2jahr} | | | | | | | | | | | | | | | | | | | | | | |
| 3 | kindzahl__3 | Kind 3 {kind3mo} {kind3jahr} | | | | | | | | | | | | | | | | | | | | | | |
| 4 | kindzahl__4 | Kind 4 {kind4mo} {kind4jahr} | | | | | | | | | | | | | | | | | | | | | | |
| 5 | kindzahl__5 | Kind 5 {kind5mo} {kind5jahr} | | | | | | | | | | | | | | | | | | | | | | |
| 6 | kindzahl__6 | Kind 6 {kind6mo} {kind6jahr} | | | | | | | | | | | | | | | | | | | | | | |

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|--|---------|--|--|--------------|---------------------------------------|
| | | | 7 | kindzahl__7 | Kind 7 {kind7mo} {kind7jahr} |
| | | | 8 | kindzahl__8 | Kind 8 {kind8mo} {kind8jahr} |
| | | | 9 | kindzahl__9 | Kind 9 {kind9mo} {kind9jahr} |
| | | | 10 | kindzahl__10 | Kind 10 {kind10mo} {kind10jahr} |
| | | | Field Annotation: @NONEOFTHEABOVE=0 | | |
| | [en-gb] | How many biological children do you have? Please enter the month and year of birth (excluding your youngest child) | 0 | kindzahl__0 | no other child |
| | | | 1 | kindzahl__1 | 1st child {kind1mo} {kind1jahr} |
| | | | 2 | kindzahl__2 | 2nd child {kind2mo} {kind2jahr} |
| | | | 3 | kindzahl__3 | 3rd child {kind3mo} {kind3jahr} |
| | | | 4 | kindzahl__4 | 4th child {kind4mo} {kind4jahr} |
| | | | 5 | kindzahl__5 | 5th child {kind5mo} {kind5jahr} |
| | | | 6 | kindzahl__6 | 6th child {kind6mo} {kind6jahr} |
| | | | 7 | kindzahl__7 | 7th child {kind7mo} {kind7jahr} |
| | | | 8 | kindzahl__8 | 8th child {kind8mo} {kind8jahr} |
| | | | 9 | kindzahl__9 | 9th child {kind9mo} {kind9jahr} |
| | | | 10 | kindzahl__10 | 10th child {kind10mo} |

| | | | {kind10jahr} | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|----------------|--|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|-----|----|-----|----|-----|----|-----|
| 332 | <p>[kind1mo]</p> <p>Show the field ONLY if: [kindzahl(1)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>01</td></tr> <tr><td>2</td><td>02</td></tr> <tr><td>3</td><td>03</td></tr> <tr><td>4</td><td>04</td></tr> <tr><td>5</td><td>05</td></tr> <tr><td>6</td><td>06</td></tr> <tr><td>7</td><td>07</td></tr> <tr><td>8</td><td>08</td></tr> <tr><td>9</td><td>09</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> </table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | 7 | 07 | 8 | 08 | 9 | 09 | 10 | 10 | 11 | 11 | 12 | 12 |
| 1 | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Month of birth | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 333 | <p>[kind1jahr]</p> <p>Show the field ONLY if: [kindzahl(1)]=1</p> | Geburtsjahr | <p>dropdown (autocomplete), Required</p> <table border="1"> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> <tr><td>3</td><td>2022</td></tr> <tr><td>4</td><td>2021</td></tr> <tr><td>5</td><td>2020</td></tr> <tr><td>6</td><td>2019</td></tr> <tr><td>7</td><td>2018</td></tr> <tr><td>8</td><td>2017</td></tr> </table> | 1 | 2024 | 2 | 2023 | 3 | 2022 | 4 | 2021 | 5 | 2020 | 6 | 2019 | 7 | 2018 | 8 | 2017 | | | | | | | | |
| 1 | 2024 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | [en-gb] | Year of birth | 1 | 2024 |
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| 33 | 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | 1991 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 1990 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 1989 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 1988 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | 1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 1986 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 1985 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 1983 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 1982 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 1981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | 1980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | 1979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | 1978 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 334 | <p>[kind2mo]</p> <p>Show the field ONLY if: [kindzahl(2)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>01</td></tr> <tr><td>2</td><td>02</td></tr> <tr><td>3</td><td>03</td></tr> <tr><td>4</td><td>04</td></tr> <tr><td>5</td><td>05</td></tr> <tr><td>6</td><td>06</td></tr> <tr><td>7</td><td>07</td></tr> <tr><td>8</td><td>08</td></tr> <tr><td>9</td><td>09</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> </table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | 7 | 07 | 8 | 08 | 9 | 09 | 10 | 10 | 11 | 11 | 12 | 12 | | | | | | |
| 1 | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | [en-gb] | Month of birth | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | | | | | | | | | | | | | | | | |
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| | | | <table border="1"> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </table> | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 335 | <p>[kind2jahr]</p> <p>Show the field ONLY if: [kindzahl(2)]=1</p> | Geburtsjahr | <p>dropdown (autocomplete), Required</p> <table border="1"> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> <tr><td>3</td><td>2022</td></tr> <tr><td>4</td><td>2021</td></tr> <tr><td>5</td><td>2020</td></tr> <tr><td>6</td><td>2019</td></tr> <tr><td>7</td><td>2018</td></tr> <tr><td>8</td><td>2017</td></tr> <tr><td>9</td><td>2016</td></tr> <tr><td>10</td><td>2015</td></tr> <tr><td>11</td><td>2014</td></tr> <tr><td>12</td><td>2013</td></tr> <tr><td>13</td><td>2012</td></tr> <tr><td>14</td><td>2011</td></tr> <tr><td>15</td><td>2010</td></tr> <tr><td>16</td><td>2009</td></tr> <tr><td>17</td><td>2008</td></tr> <tr><td>18</td><td>2007</td></tr> <tr><td>19</td><td>2006</td></tr> <tr><td>20</td><td>2005</td></tr> <tr><td>21</td><td>2004</td></tr> <tr><td>22</td><td>2003</td></tr> <tr><td>23</td><td>2002</td></tr> <tr><td>24</td><td>2001</td></tr> <tr><td>25</td><td>2000</td></tr> <tr><td>26</td><td>1999</td></tr> <tr><td>27</td><td>1998</td></tr> <tr><td>28</td><td>1997</td></tr> <tr><td>29</td><td>1996</td></tr> <tr><td>30</td><td>1995</td></tr> </table> | 1 | 2024 | 2 | 2023 | 3 | 2022 | 4 | 2021 | 5 | 2020 | 6 | 2019 | 7 | 2018 | 8 | 2017 | 9 | 2016 | 10 | 2015 | 11 | 2014 | 12 | 2013 | 13 | 2012 | 14 | 2011 | 15 | 2010 | 16 | 2009 | 17 | 2008 | 18 | 2007 | 19 | 2006 | 20 | 2005 | 21 | 2004 | 22 | 2003 | 23 | 2002 | 24 | 2001 | 25 | 2000 | 26 | 1999 | 27 | 1998 | 28 | 1997 | 29 | 1996 | 30 | 1995 |
| 1 | 2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 2002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 1999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | 1998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 1997 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 1996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | 1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | 18 | 2007 |
| | | <i>[en-gb]</i> Year of birth | | |

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| 19 | 2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 2002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 1999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | 1998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 1997 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 1996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | 1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | 1994 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | 1993 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | 1991 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 1990 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 1989 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 1988 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | 1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 1986 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 1985 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 1983 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 1982 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 1981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | 1980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | 1979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | 1978 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 336 | <p>[kind3mo]</p> <p>Show the field ONLY if: [kindzahl(3)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>01</td></tr> <tr><td>2</td><td>02</td></tr> <tr><td>3</td><td>03</td></tr> <tr><td>4</td><td>04</td></tr> <tr><td>5</td><td>05</td></tr> <tr><td>6</td><td>06</td></tr> </table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | [en-gb] | Month of birth | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | | | | | | | | |
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| 337 | [kind3jahr] Show the field ONLY if: [kindzahl(3)]=1 | Geburtsjahr | dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> <tr><td>3</td><td>2022</td></tr> <tr><td>4</td><td>2021</td></tr> <tr><td>5</td><td>2020</td></tr> <tr><td>6</td><td>2019</td></tr> <tr><td>7</td><td>2018</td></tr> <tr><td>8</td><td>2017</td></tr> <tr><td>9</td><td>2016</td></tr> <tr><td>10</td><td>2015</td></tr> <tr><td>11</td><td>2014</td></tr> <tr><td>12</td><td>2013</td></tr> <tr><td>13</td><td>2012</td></tr> <tr><td>14</td><td>2011</td></tr> <tr><td>15</td><td>2010</td></tr> <tr><td>16</td><td>2009</td></tr> </table> | 1 | 2024 | 2 | 2023 | 3 | 2022 | 4 | 2021 | 5 | 2020 | 6 | 2019 | 7 | 2018 | 8 | 2017 | 9 | 2016 | 10 | 2015 | 11 | 2014 | 12 | 2013 | 13 | 2012 | 14 | 2011 | 15 | 2010 | 16 | 2009 |
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| 14 | 2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 41 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 1983 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 1982 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 1981 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 338 | <p>[kind4mo]</p> <p>Show the field ONLY if: [kindzahl(4)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>01</td></tr> <tr><td>2</td><td>02</td></tr> <tr><td>3</td><td>03</td></tr> <tr><td>4</td><td>04</td></tr> <tr><td>5</td><td>05</td></tr> <tr><td>6</td><td>06</td></tr> <tr><td>7</td><td>07</td></tr> <tr><td>8</td><td>08</td></tr> <tr><td>9</td><td>09</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> </table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | 7 | 07 | 8 | 08 | 9 | 09 | 10 | 10 | 11 | 11 | 12 | 12 |
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| | [en-gb] | Month of birth | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? |
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| 339 | <p>[kind4jahr]</p> <p>Show the field ONLY if: [kindzahl(4)]=1</p> | Geburtsjahr | <p>dropdown (autocomplete), Required</p> <table border="1"> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> </table> | 1 | 2024 | 2 | 2023 | | | | | | | | | | | | | | | | | | | | |
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| | | | 24 | 2001 |
| | | | 25 | 2000 |
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| 28 | 1997 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 1996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | 1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | 1994 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | 1993 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | 1991 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 1990 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 1989 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 1988 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | 1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 1986 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 1985 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 1983 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 1982 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 1981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | 1980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | 1979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | 1978 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 340 | <p>[kind5mo]</p> <p>Show the field ONLY if: [kindzahl(5)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"><tbody><tr><td>1</td><td>01</td></tr><tr><td>2</td><td>02</td></tr><tr><td>3</td><td>03</td></tr><tr><td>4</td><td>04</td></tr><tr><td>5</td><td>05</td></tr><tr><td>6</td><td>06</td></tr><tr><td>7</td><td>07</td></tr><tr><td>8</td><td>08</td></tr><tr><td>9</td><td>09</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr></tbody></table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | 7 | 07 | 8 | 08 | 9 | 09 | 10 | 10 | 11 | 11 | 12 | 12 | | | | | | | | | | | | | | | | | | |
| 1 | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <p>[en-gb]</p> | <p>Month of birth</p> | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | | | | | | | | | | | | | | | | | | | | |
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| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>341</p> | <p>[kind5jahr]</p> <p>Show the field ONLY if: [kindzahl(5)]=1</p> | <p>Geburtsjahr</p> | <p>dropdown (autocomplete), Required</p> <table border="1"> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> <tr><td>3</td><td>2022</td></tr> <tr><td>4</td><td>2021</td></tr> <tr><td>5</td><td>2020</td></tr> <tr><td>6</td><td>2019</td></tr> <tr><td>7</td><td>2018</td></tr> <tr><td>8</td><td>2017</td></tr> <tr><td>9</td><td>2016</td></tr> <tr><td>10</td><td>2015</td></tr> <tr><td>11</td><td>2014</td></tr> <tr><td>12</td><td>2013</td></tr> <tr><td>13</td><td>2012</td></tr> <tr><td>14</td><td>2011</td></tr> <tr><td>15</td><td>2010</td></tr> <tr><td>16</td><td>2009</td></tr> <tr><td>17</td><td>2008</td></tr> <tr><td>18</td><td>2007</td></tr> <tr><td>19</td><td>2006</td></tr> <tr><td>20</td><td>2005</td></tr> <tr><td>21</td><td>2004</td></tr> <tr><td>22</td><td>2003</td></tr> </table> | 1 | 2024 | 2 | 2023 | 3 | 2022 | 4 | 2021 | 5 | 2020 | 6 | 2019 | 7 | 2018 | 8 | 2017 | 9 | 2016 | 10 | 2015 | 11 | 2014 | 12 | 2013 | 13 | 2012 | 14 | 2011 | 15 | 2010 | 16 | 2009 | 17 | 2008 | 18 | 2007 | 19 | 2006 | 20 | 2005 | 21 | 2004 | 22 | 2003 |
| 1 | 2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 | 2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | 23 | 2002 |
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| | | | 41 | 1984 |
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| | | <i>[en-gb]</i> Year of birth | 1 | 2024 |
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| 2 | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8 | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | [en-gb] | Month of birth | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? |
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| 343 | [kind6jahr] Show the field ONLY if: [kindzahl(6)]=1 | Geburtsjahr | dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> <tr><td>3</td><td>2022</td></tr> <tr><td>4</td><td>2021</td></tr> <tr><td>5</td><td>2020</td></tr> <tr><td>6</td><td>2019</td></tr> <tr><td>7</td><td>2018</td></tr> <tr><td>8</td><td>2017</td></tr> </table> | 1 | 2024 | 2 | 2023 | 3 | 2022 | 4 | 2021 | 5 | 2020 | 6 | 2019 | 7 | 2018 | 8 | 2017 | | | | | | | | |
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| 4 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 15 | 2010 |
| 16 | 2009 |
| 17 | 2008 |
| 18 | 2007 |
| 19 | 2006 |
| 20 | 2005 |
| 21 | 2004 |
| 22 | 2003 |
| 23 | 2002 |
| 24 | 2001 |
| 25 | 2000 |
| 26 | 1999 |
| 27 | 1998 |
| 28 | 1997 |
| 29 | 1996 |
| 30 | 1995 |
| 31 | 1994 |
| 32 | 1993 |
| 33 | 1992 |
| 34 | 1991 |
| 35 | 1990 |
| 36 | 1989 |
| 37 | 1988 |
| 38 | 1987 |
| 39 | 1986 |
| 40 | 1985 |
| 41 | 1984 |
| 42 | 1983 |
| 43 | 1982 |
| 44 | 1981 |

| | | | | |
|--|----------------|---------------|----|------|
| | | | 45 | 1980 |
| | | | 46 | 1979 |
| | | | 47 | 1978 |
| | <i>[en-gb]</i> | Year of birth | 1 | 2024 |
| | | | 2 | 2023 |
| | | | 3 | 2022 |
| | | | 4 | 2021 |
| | | | 5 | 2020 |
| | | | 6 | 2019 |
| | | | 7 | 2018 |
| | | | 8 | 2017 |
| | | | 9 | 2016 |
| | | | 10 | 2015 |
| | | | 11 | 2014 |
| | | | 12 | 2013 |
| | | | 13 | 2012 |
| | | | 14 | 2011 |
| | | | 15 | 2010 |
| | | | 16 | 2009 |
| | | | 17 | 2008 |
| | | | 18 | 2007 |
| | | | 19 | 2006 |
| | | | 20 | 2005 |
| | | | 21 | 2004 |
| | | | 22 | 2003 |
| | | | 23 | 2002 |
| | | | 24 | 2001 |
| | | | 25 | 2000 |
| | | | 26 | 1999 |
| | | | 27 | 1998 |
| | | | 28 | 1997 |
| | | | 29 | 1996 |
| | | | 30 | 1995 |
| | | | 31 | 1994 |
| | | | 32 | 1993 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|----------------|---|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|
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| 33 | 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | 1991 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 1990 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 1989 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 1988 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | 1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 1986 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 1985 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 1983 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 1982 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 1981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | 1980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | 1979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | 1978 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 344 | <p>[kind7mo]</p> <p>Show the field ONLY if: [kindzahl(7)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>01</td></tr> <tr><td>2</td><td>02</td></tr> <tr><td>3</td><td>03</td></tr> <tr><td>4</td><td>04</td></tr> <tr><td>5</td><td>05</td></tr> <tr><td>6</td><td>06</td></tr> <tr><td>7</td><td>07</td></tr> <tr><td>8</td><td>08</td></tr> <tr><td>9</td><td>09</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> </table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | 7 | 07 | 8 | 08 | 9 | 09 | 10 | 10 | 11 | 11 | 12 | 12 | | | | | | |
| 1 | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Month of birth | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | | | | | | | | | | | | | | | | |
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| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|-------------|--|---|------|---|------|----|------|----|------|----|------|---|------|---|------|---|------|---|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|
| | | | <table border="1"> <tbody> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </tbody> </table> | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 345 | <p>[kind7jahr]</p> <p>Show the field ONLY if: [kindzahl(7)]=1</p> | Geburtsjahr | <p>dropdown (autocomplete), Required</p> <table border="1"> <tbody> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> <tr><td>3</td><td>2022</td></tr> <tr><td>4</td><td>2021</td></tr> <tr><td>5</td><td>2020</td></tr> <tr><td>6</td><td>2019</td></tr> <tr><td>7</td><td>2018</td></tr> <tr><td>8</td><td>2017</td></tr> <tr><td>9</td><td>2016</td></tr> <tr><td>10</td><td>2015</td></tr> <tr><td>11</td><td>2014</td></tr> <tr><td>12</td><td>2013</td></tr> <tr><td>13</td><td>2012</td></tr> <tr><td>14</td><td>2011</td></tr> <tr><td>15</td><td>2010</td></tr> <tr><td>16</td><td>2009</td></tr> <tr><td>17</td><td>2008</td></tr> <tr><td>18</td><td>2007</td></tr> <tr><td>19</td><td>2006</td></tr> <tr><td>20</td><td>2005</td></tr> <tr><td>21</td><td>2004</td></tr> <tr><td>22</td><td>2003</td></tr> <tr><td>23</td><td>2002</td></tr> <tr><td>24</td><td>2001</td></tr> <tr><td>25</td><td>2000</td></tr> <tr><td>26</td><td>1999</td></tr> <tr><td>27</td><td>1998</td></tr> <tr><td>28</td><td>1997</td></tr> <tr><td>29</td><td>1996</td></tr> <tr><td>30</td><td>1995</td></tr> </tbody> </table> | 1 | 2024 | 2 | 2023 | 3 | 2022 | 4 | 2021 | 5 | 2020 | 6 | 2019 | 7 | 2018 | 8 | 2017 | 9 | 2016 | 10 | 2015 | 11 | 2014 | 12 | 2013 | 13 | 2012 | 14 | 2011 | 15 | 2010 | 16 | 2009 | 17 | 2008 | 18 | 2007 | 19 | 2006 | 20 | 2005 | 21 | 2004 | 22 | 2003 | 23 | 2002 | 24 | 2001 | 25 | 2000 | 26 | 1999 | 27 | 1998 | 28 | 1997 | 29 | 1996 | 30 | 1995 |
| 1 | 2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 2002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 1999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | 1998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 1997 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 1996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | 1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--------------|---|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|
| | | | <table border="1"> <tr><td>19</td><td>2006</td></tr> <tr><td>20</td><td>2005</td></tr> <tr><td>21</td><td>2004</td></tr> <tr><td>22</td><td>2003</td></tr> <tr><td>23</td><td>2002</td></tr> <tr><td>24</td><td>2001</td></tr> <tr><td>25</td><td>2000</td></tr> <tr><td>26</td><td>1999</td></tr> <tr><td>27</td><td>1998</td></tr> <tr><td>28</td><td>1997</td></tr> <tr><td>29</td><td>1996</td></tr> <tr><td>30</td><td>1995</td></tr> <tr><td>31</td><td>1994</td></tr> <tr><td>32</td><td>1993</td></tr> <tr><td>33</td><td>1992</td></tr> <tr><td>34</td><td>1991</td></tr> <tr><td>35</td><td>1990</td></tr> <tr><td>36</td><td>1989</td></tr> <tr><td>37</td><td>1988</td></tr> <tr><td>38</td><td>1987</td></tr> <tr><td>39</td><td>1986</td></tr> <tr><td>40</td><td>1985</td></tr> <tr><td>41</td><td>1984</td></tr> <tr><td>42</td><td>1983</td></tr> <tr><td>43</td><td>1982</td></tr> <tr><td>44</td><td>1981</td></tr> <tr><td>45</td><td>1980</td></tr> <tr><td>46</td><td>1979</td></tr> <tr><td>47</td><td>1978</td></tr> </table> | 19 | 2006 | 20 | 2005 | 21 | 2004 | 22 | 2003 | 23 | 2002 | 24 | 2001 | 25 | 2000 | 26 | 1999 | 27 | 1998 | 28 | 1997 | 29 | 1996 | 30 | 1995 | 31 | 1994 | 32 | 1993 | 33 | 1992 | 34 | 1991 | 35 | 1990 | 36 | 1989 | 37 | 1988 | 38 | 1987 | 39 | 1986 | 40 | 1985 | 41 | 1984 | 42 | 1983 | 43 | 1982 | 44 | 1981 | 45 | 1980 | 46 | 1979 | 47 | 1978 |
| 19 | 2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 2002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 1999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | 1998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 1997 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 1996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | 1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | 1994 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | 1993 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | 1991 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 1990 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 1989 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 1988 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | 1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 1986 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 1985 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 1983 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 1982 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 1981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | 1980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | 1979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | 1978 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 346 | <p>[kind8mo]</p> <p>Show the field ONLY if: [kindzahl(8)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>01</td></tr> <tr><td>2</td><td>02</td></tr> <tr><td>3</td><td>03</td></tr> <tr><td>4</td><td>04</td></tr> <tr><td>5</td><td>05</td></tr> <tr><td>6</td><td>06</td></tr> </table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | <i>[en-gb]</i> | Month of birth | <table border="1"> <tbody> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </tbody> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | | | | | | | | |
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| 347 | <i>[kind8jahr]</i> Show the field ONLY if: <i>[kindzahl(8)]=1</i> | Geburtsjahr | dropdown (autocomplete), Required <table border="1"> <tbody> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> <tr><td>3</td><td>2022</td></tr> <tr><td>4</td><td>2021</td></tr> <tr><td>5</td><td>2020</td></tr> <tr><td>6</td><td>2019</td></tr> <tr><td>7</td><td>2018</td></tr> <tr><td>8</td><td>2017</td></tr> <tr><td>9</td><td>2016</td></tr> <tr><td>10</td><td>2015</td></tr> <tr><td>11</td><td>2014</td></tr> <tr><td>12</td><td>2013</td></tr> <tr><td>13</td><td>2012</td></tr> <tr><td>14</td><td>2011</td></tr> <tr><td>15</td><td>2010</td></tr> <tr><td>16</td><td>2009</td></tr> </tbody> </table> | 1 | 2024 | 2 | 2023 | 3 | 2022 | 4 | 2021 | 5 | 2020 | 6 | 2019 | 7 | 2018 | 8 | 2017 | 9 | 2016 | 10 | 2015 | 11 | 2014 | 12 | 2013 | 13 | 2012 | 14 | 2011 | 15 | 2010 | 16 | 2009 |
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| 41 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 1983 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 1982 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 348 | <p>[kind9mo]</p> <p>Show the field ONLY if: [kindzahl(9)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"> <tbody> <tr><td>1</td><td>01</td></tr> <tr><td>2</td><td>02</td></tr> <tr><td>3</td><td>03</td></tr> <tr><td>4</td><td>04</td></tr> <tr><td>5</td><td>05</td></tr> <tr><td>6</td><td>06</td></tr> <tr><td>7</td><td>07</td></tr> <tr><td>8</td><td>08</td></tr> <tr><td>9</td><td>09</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> </tbody> </table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | 7 | 07 | 8 | 08 | 9 | 09 | 10 | 10 | 11 | 11 | 12 | 12 |
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| 349 | <p>[kind9jahr]</p> <p>Show the field ONLY if: [kindzahl(9)]=1</p> | Geburtsjahr | <p>dropdown (autocomplete), Required</p> <table border="1"> <tbody> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> </tbody> </table> | 1 | 2024 | 2 | 2023 | | | | | | | | | | | | | | | | | | | | |
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| | | | <table border="1"> <tbody> <tr><td>27</td><td>1998</td></tr> <tr><td>28</td><td>1997</td></tr> <tr><td>29</td><td>1996</td></tr> <tr><td>30</td><td>1995</td></tr> <tr><td>31</td><td>1994</td></tr> <tr><td>32</td><td>1993</td></tr> <tr><td>33</td><td>1992</td></tr> <tr><td>34</td><td>1991</td></tr> <tr><td>35</td><td>1990</td></tr> <tr><td>36</td><td>1989</td></tr> <tr><td>37</td><td>1988</td></tr> <tr><td>38</td><td>1987</td></tr> <tr><td>39</td><td>1986</td></tr> <tr><td>40</td><td>1985</td></tr> <tr><td>41</td><td>1984</td></tr> <tr><td>42</td><td>1983</td></tr> <tr><td>43</td><td>1982</td></tr> <tr><td>44</td><td>1981</td></tr> <tr><td>45</td><td>1980</td></tr> <tr><td>46</td><td>1979</td></tr> <tr><td>47</td><td>1978</td></tr> </tbody> </table> | 27 | 1998 | 28 | 1997 | 29 | 1996 | 30 | 1995 | 31 | 1994 | 32 | 1993 | 33 | 1992 | 34 | 1991 | 35 | 1990 | 36 | 1989 | 37 | 1988 | 38 | 1987 | 39 | 1986 | 40 | 1985 | 41 | 1984 | 42 | 1983 | 43 | 1982 | 44 | 1981 | 45 | 1980 | 46 | 1979 | 47 | 1978 |
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| 32 | 1993 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | 1991 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 1990 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 1989 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 1988 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | 1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 1986 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 1985 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | 1983 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 1982 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | 1981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | 1980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | 1979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | 1978 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 350 | <p>[kind10mo]</p> <p>Show the field ONLY if: [kindzahl(10)]=1</p> | Geburtsmonat | <p>dropdown, Required</p> <table border="1"> <tbody> <tr><td>1</td><td>01</td></tr> <tr><td>2</td><td>02</td></tr> <tr><td>3</td><td>03</td></tr> <tr><td>4</td><td>04</td></tr> <tr><td>5</td><td>05</td></tr> <tr><td>6</td><td>06</td></tr> <tr><td>7</td><td>07</td></tr> <tr><td>8</td><td>08</td></tr> <tr><td>9</td><td>09</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> </tbody> </table> | 1 | 01 | 2 | 02 | 3 | 03 | 4 | 04 | 5 | 05 | 6 | 06 | 7 | 07 | 8 | 08 | 9 | 09 | 10 | 10 | 11 | 11 | 12 | 12 | | | | | | | | | | | | | | | | | | |
| 1 | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|----------------|---|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|
| | [en-gb] | Month of birth | <table border="1"> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> <tr><td>3</td><td>???</td></tr> <tr><td>4</td><td>???</td></tr> <tr><td>5</td><td>???</td></tr> <tr><td>6</td><td>???</td></tr> <tr><td>7</td><td>???</td></tr> <tr><td>8</td><td>???</td></tr> <tr><td>9</td><td>???</td></tr> <tr><td>10</td><td>???</td></tr> <tr><td>11</td><td>???</td></tr> <tr><td>12</td><td>???</td></tr> </table> | 1 | ??? | 2 | ??? | 3 | ??? | 4 | ??? | 5 | ??? | 6 | ??? | 7 | ??? | 8 | ??? | 9 | ??? | 10 | ??? | 11 | ??? | 12 | ??? | | | | | | | | | | | | | | | | | | | | |
| 1 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | ??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 351 | [kind10jahr] Show the field ONLY if: [kindzahl(10)]=1 | Geburtsjahr | dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>2024</td></tr> <tr><td>2</td><td>2023</td></tr> <tr><td>3</td><td>2022</td></tr> <tr><td>4</td><td>2021</td></tr> <tr><td>5</td><td>2020</td></tr> <tr><td>6</td><td>2019</td></tr> <tr><td>7</td><td>2018</td></tr> <tr><td>8</td><td>2017</td></tr> <tr><td>9</td><td>2016</td></tr> <tr><td>10</td><td>2015</td></tr> <tr><td>11</td><td>2014</td></tr> <tr><td>12</td><td>2013</td></tr> <tr><td>13</td><td>2012</td></tr> <tr><td>14</td><td>2011</td></tr> <tr><td>15</td><td>2010</td></tr> <tr><td>16</td><td>2009</td></tr> <tr><td>17</td><td>2008</td></tr> <tr><td>18</td><td>2007</td></tr> <tr><td>19</td><td>2006</td></tr> <tr><td>20</td><td>2005</td></tr> <tr><td>21</td><td>2004</td></tr> <tr><td>22</td><td>2003</td></tr> </table> | 1 | 2024 | 2 | 2023 | 3 | 2022 | 4 | 2021 | 5 | 2020 | 6 | 2019 | 7 | 2018 | 8 | 2017 | 9 | 2016 | 10 | 2015 | 11 | 2014 | 12 | 2013 | 13 | 2012 | 14 | 2011 | 15 | 2010 | 16 | 2009 | 17 | 2008 | 18 | 2007 | 19 | 2006 | 20 | 2005 | 21 | 2004 | 22 | 2003 |
| 1 | 2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|------------------------------|----|------|
| | | | 23 | 2002 |
| | | | 24 | 2001 |
| | | | 25 | 2000 |
| | | | 26 | 1999 |
| | | | 27 | 1998 |
| | | | 28 | 1997 |
| | | | 29 | 1996 |
| | | | 30 | 1995 |
| | | | 31 | 1994 |
| | | | 32 | 1993 |
| | | | 33 | 1992 |
| | | | 34 | 1991 |
| | | | 35 | 1990 |
| | | | 36 | 1989 |
| | | | 37 | 1988 |
| | | | 38 | 1987 |
| | | | 39 | 1986 |
| | | | 40 | 1985 |
| | | | 41 | 1984 |
| | | | 42 | 1983 |
| | | | 43 | 1982 |
| | | | 44 | 1981 |
| | | | 45 | 1980 |
| | | | 46 | 1979 |
| | | | 47 | 1978 |
| | | <i>[en-gb]</i> Year of birth | 1 | 2024 |
| | | | 2 | 2023 |
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| | | | 4 | 2021 |
| | | | 5 | 2020 |
| | | | 6 | 2019 |
| | | | 7 | 2018 |
| | | | 8 | 2017 |
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| 11 | 2014 |
| 12 | 2013 |
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| 16 | 2009 |
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| 27 | 1998 |
| 28 | 1997 |
| 29 | 1996 |
| 30 | 1995 |
| 31 | 1994 |
| 32 | 1993 |
| 33 | 1992 |
| 34 | 1991 |
| 35 | 1990 |
| 36 | 1989 |
| 37 | 1988 |
| 38 | 1987 |
| 39 | 1986 |
| 40 | 1985 |
| 41 | 1984 |
| 42 | 1983 |
| 43 | 1982 |
| 44 | 1981 |
| 45 | 1980 |
| 46 | 1979 |

| | | | 47 | 1978 |
|-----|---|---|--|--|
| 352 | [schulm] | Welche Schule oder Ausbildungsstätte haben Sie zuletzt besucht? | radio, Required | |
| | | | 1 | Obligatorische Schule |
| | | | 2 | Berufslehre oder Maturität |
| | | | 3 | Universität/Fachhochschule/höhere Berufsausbildung (Meisterdiplom) |
| | | | 4 | Kein Schulabschluss |
| | [en-gb] | Which school or education/training establishment did you last attend? | radio, Required | |
| | | | 1 | Compulsory schooling |
| | | | 2 | Apprenticeship or Matura |
| | | | 3 | University / university of applied sciences / higher vocational and professional education and training (Federal Master's certificate) |
| | | | 4 | No school-leaving certificate |
| 353 | [erwerbv] Show the field ONLY if: [hhkomp]=1 | War die Person in Ihrem Paarhaushalt ("[hhpaar]") vor der Geburt Ihres jüngsten Kindes erwerbstätig? | radio, Required | |
| | | | 1 | Ja |
| | | | 0 | Nein |
| | | | 9 | Ich weiss nicht |
| | [en-gb] | Did the person in your couple household ("[hhpaar]") work before the birth of your youngest child? | radio, Required | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 9 | I don't know |
| 354 | [prozv] Show the field ONLY if: [erwerbv]=1 | Wie viel Prozent beträgt die Erwerbstätigkeit der Person in Ihrem Haushalt ("[hhpaar]")? Bitte geben Sie die Anzahl Prozent ein | text (integer, Min: 0, Max: 100), Required | |
| | [en-gb] | What percentage of the person in your household ("[hhpaar]") is gainfully employed? Please enter the number of per cent | | |
| 355 | [urlaubv] Show the field ONLY if: [erwerbv]=1 | Hat der andere Elternteil (Vaterschafts-)urlaub genommen? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required | |
| | | | 0 | urlaubv__0 Nein |
| | | | 1 | urlaubv__1 Ja, die gesetzlich vorgesehenen 2 Wochen (bezahlt) |
| | | | 2 | urlaubv__2 Ja, länger als 2 Wochen (bezahlt) |
| | | | 3 | urlaubv__3 Ja, unbezahlt |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|---|---|------------------------------------|--|----------------------------|------------|--|---|-------------------------------|-----------------------------------|---|------------|---------------------------|---|------------|-------------------------------------|---|------------|------------------------------|---|------------|--------------|
| | | | <table border="1"> <tr> <td>4</td> <td>urlaubv__4</td> <td>Der andere Elternteil hat Ferien bezogen</td> </tr> <tr> <td>5</td> <td>urlaubv__5</td> <td>Kein gesetzlicher Urlaub möglich</td> </tr> <tr> <td>9</td> <td>urlaubv__9</td> <td>Ich weiss es nicht</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=4 @NONEOFTHEABOVE=0</p> | 4 | urlaubv__4 | Der andere Elternteil hat Ferien bezogen | 5 | urlaubv__5 | Kein gesetzlicher Urlaub möglich | 9 | urlaubv__9 | Ich weiss es nicht | | | | | | | | | | | | |
| 4 | urlaubv__4 | Der andere Elternteil hat Ferien bezogen | | | | | | | | | | | | | | | | | | | | | | |
| 5 | urlaubv__5 | Kein gesetzlicher Urlaub möglich | | | | | | | | | | | | | | | | | | | | | | |
| 9 | urlaubv__9 | Ich weiss es nicht | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Did the other parent take (paternity) leave? (You can select more than one option) | <table border="1"> <tr> <td>0</td> <td>urlaubv__0</td> <td>No</td> </tr> <tr> <td>1</td> <td>urlaubv__1</td> <td>Yes, the 2 weeks provided for by law (paid)</td> </tr> <tr> <td>2</td> <td>urlaubv__2</td> <td>Yes, for more than 2 weeks (paid)</td> </tr> <tr> <td>3</td> <td>urlaubv__3</td> <td>He/She took holiday leave</td> </tr> <tr> <td>4</td> <td>urlaubv__4</td> <td>The other parent has taken holidays</td> </tr> <tr> <td>5</td> <td>urlaubv__5</td> <td>Statutory leave not possible</td> </tr> <tr> <td>9</td> <td>urlaubv__9</td> <td>I don't know</td> </tr> </table> | 0 | urlaubv__0 | No | 1 | urlaubv__1 | Yes, the 2 weeks provided for by law (paid) | 2 | urlaubv__2 | Yes, for more than 2 weeks (paid) | 3 | urlaubv__3 | He/She took holiday leave | 4 | urlaubv__4 | The other parent has taken holidays | 5 | urlaubv__5 | Statutory leave not possible | 9 | urlaubv__9 | I don't know |
| 0 | urlaubv__0 | No | | | | | | | | | | | | | | | | | | | | | | |
| 1 | urlaubv__1 | Yes, the 2 weeks provided for by law (paid) | | | | | | | | | | | | | | | | | | | | | | |
| 2 | urlaubv__2 | Yes, for more than 2 weeks (paid) | | | | | | | | | | | | | | | | | | | | | | |
| 3 | urlaubv__3 | He/She took holiday leave | | | | | | | | | | | | | | | | | | | | | | |
| 4 | urlaubv__4 | The other parent has taken holidays | | | | | | | | | | | | | | | | | | | | | | |
| 5 | urlaubv__5 | Statutory leave not possible | | | | | | | | | | | | | | | | | | | | | | |
| 9 | urlaubv__9 | I don't know | | | | | | | | | | | | | | | | | | | | | | |
| 356 | [schulv] Show the field ONLY if: [hhkomp]='1' | Welche Schule oder Ausbildungsstätte hat die Person in Ihrem Paarhaushalt ("[hhpaar]") zuletzt besucht? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Obligatorische Schule</td> </tr> <tr> <td>2</td> <td>Berufslehre oder Maturität</td> </tr> <tr> <td>3</td> <td>Universität/Fachhochschule/ höhere Berufsausbildung (Meisterdiplom)</td> </tr> <tr> <td>4</td> <td>Kein Schulabschluss</td> </tr> </table> | 1 | Obligatorische Schule | 2 | Berufslehre oder Maturität | 3 | Universität/Fachhochschule/ höhere Berufsausbildung (Meisterdiplom) | 4 | Kein Schulabschluss | | | | | | | | | | | | | |
| 1 | Obligatorische Schule | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Berufslehre oder Maturität | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Universität/Fachhochschule/ höhere Berufsausbildung (Meisterdiplom) | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Kein Schulabschluss | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Which school or training establishment did the person in your couple household ("[hhpaar]") last attend? | <table border="1"> <tr> <td>1</td> <td>Compulsory schooling</td> </tr> <tr> <td>2</td> <td>Apprenticeship or Matura</td> </tr> <tr> <td>3</td> <td>University / university of applied sciences / higher vocational and professional education and training (Federal Master's certificate)</td> </tr> <tr> <td>4</td> <td>No school-leaving certificate</td> </tr> </table> | 1 | Compulsory schooling | 2 | Apprenticeship or Matura | 3 | University / university of applied sciences / higher vocational and professional education and training (Federal Master's certificate) | 4 | No school-leaving certificate | | | | | | | | | | | | | |
| 1 | Compulsory schooling | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Apprenticeship or Matura | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | University / university of applied sciences / higher vocational and professional education and training (Federal Master's certificate) | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | No school-leaving certificate | | | | | | | | | | | | | | | | | | | | | | | |
| 357 | [geld] | Wie hoch ungefähr ist das gesamte monatliche Nettoeinkommen von Ihrem Haushalt? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>weniger als 4500 Franken pro Monat</td> </tr> </table> | 1 | weniger als 4500 Franken pro Monat | | | | | | | | | | | | | | | | | | | |
| 1 | weniger als 4500 Franken pro Monat | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|--|---|--|------|--|----------|--|---|--|------------------|---|----------|------------------------------|---|----------|-----------------|---|----------|-------------------------------|---|----------|--------|---|----------|-------------------|---|----------|---------|---|----------|------------------------------------|----|-----------|--------------------|
| | | Netto bedeutet NACH Abzügen, also das was aufs Konto ausgezahlt wird | <table border="1"> <tr> <td>2</td> <td>zwischen 4500 und 6000 Franken pro Monat</td> </tr> <tr> <td>3</td> <td>zwischen 6000 und 9000 Franken pro Monat</td> </tr> <tr> <td>4</td> <td>über 9000 Franken pro Monat</td> </tr> </table> | 2 | zwischen 4500 und 6000 Franken pro Monat | 3 | zwischen 6000 und 9000 Franken pro Monat | 4 | über 9000 Franken pro Monat | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | zwischen 4500 und 6000 Franken pro Monat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | zwischen 6000 und 9000 Franken pro Monat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | über 9000 Franken pro Monat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Approximately what is the total monthly net income of your household? Netto means AFTER deductions, i.e. what is paid into the account | <table border="1"> <tr> <td>1</td> <td>less than 4,500 Swiss francs per month</td> </tr> <tr> <td>2</td> <td>between 4,500 and 6,000 Swiss francs per month</td> </tr> <tr> <td>3</td> <td>between 6,000 and 9,000 Swiss francs per month</td> </tr> <tr> <td>4</td> <td>more than 9,000 Swiss francs per month</td> </tr> </table> | 1 | less than 4,500 Swiss francs per month | 2 | between 4,500 and 6,000 Swiss francs per month | 3 | between 6,000 and 9,000 Swiss francs per month | 4 | more than 9,000 Swiss francs per month | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | less than 4,500 Swiss francs per month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | between 4,500 and 6,000 Swiss francs per month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | between 6,000 and 9,000 Swiss francs per month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | more than 9,000 Swiss francs per month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 358 | [multinr] | Mehrlinge: Zweit- und drittgeborenes Kind Wie viele Mehrlinge haben Sie geboren? | radio, Required <table border="1"> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>2</td> <td>3</td> </tr> <tr> <td>3</td> <td>>3</td> </tr> </table> Custom alignment: LH | 1 | 2 | 2 | 3 | 3 | >3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | >3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [en-gb] | Multiples: second and third-born child How many multiple-birth babies did you give birth to? | <table border="1"> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>2</td> <td>3</td> </tr> <tr> <td>3</td> <td>>3</td> </tr> </table> | 1 | 2 | 2 | 3 | 3 | >3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | >3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 359 | [erkr2] | Hatte Ihr zweitgeborenes Kind schon einmal eine der folgenden Erkrankungen? (Sie können mehrere Möglichkeiten ankreuzen) | checkbox, Required <table border="1"> <tr> <td>0</td> <td>erkr2__0</td> <td>Nein</td> </tr> <tr> <td>1</td> <td>erkr2__1</td> <td>Fieber</td> </tr> <tr> <td>2</td> <td>erkr2__2</td> <td>Lungenentzündung</td> </tr> <tr> <td>3</td> <td>erkr2__3</td> <td>Erkältung (Schnupfen/Husten)</td> </tr> <tr> <td>4</td> <td>erkr2__4</td> <td>Ohrenentzündung</td> </tr> <tr> <td>5</td> <td>erkr2__5</td> <td>Atemwegserkrankung/Bronchitis</td> </tr> <tr> <td>6</td> <td>erkr2__6</td> <td>Unfall</td> </tr> <tr> <td>7</td> <td>erkr2__7</td> <td>Magen-Darm Infekt</td> </tr> <tr> <td>8</td> <td>erkr2__8</td> <td>Koliken</td> </tr> <tr> <td>9</td> <td>erkr2__9</td> <td>unklare Schmerzen oder Beschwerden</td> </tr> <tr> <td>10</td> <td>erkr2__10</td> <td>Anderes: {erkr2rw}</td> </tr> </table> Custom alignment: LV | 0 | erkr2__0 | Nein | 1 | erkr2__1 | Fieber | 2 | erkr2__2 | Lungenentzündung | 3 | erkr2__3 | Erkältung (Schnupfen/Husten) | 4 | erkr2__4 | Ohrenentzündung | 5 | erkr2__5 | Atemwegserkrankung/Bronchitis | 6 | erkr2__6 | Unfall | 7 | erkr2__7 | Magen-Darm Infekt | 8 | erkr2__8 | Koliken | 9 | erkr2__9 | unklare Schmerzen oder Beschwerden | 10 | erkr2__10 | Anderes: {erkr2rw} |
| 0 | erkr2__0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | erkr2__1 | Fieber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | erkr2__2 | Lungenentzündung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | erkr2__3 | Erkältung (Schnupfen/Husten) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | erkr2__4 | Ohrenentzündung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | erkr2__5 | Atemwegserkrankung/Bronchitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | erkr2__6 | Unfall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | erkr2__7 | Magen-Darm Infekt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | erkr2__8 | Koliken | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | erkr2__9 | unklare Schmerzen oder Beschwerden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | erkr2__10 | Anderes: {erkr2rw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | Field Annotation: @NONEOFTHEABOVE=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|--|---|--------------------------|----|------|----------|-------|---|----------|-----------|---|----------|--------------------------|---|----------|---------------|---|----------|--------------------------------|---|----------|----------|---|----------|----------------------------|---|----------|-------|---|----------|----------------------------|----|-----------|-----------------|
| | <i>[en-gb]</i> | Has your second-born child ever had any of the following conditions?(You can select more than one option) | <table border="1"> <tr><td>0</td><td>erkr2__0</td><td>No</td></tr> <tr><td>1</td><td>erkr2__1</td><td>Fever</td></tr> <tr><td>2</td><td>erkr2__2</td><td>Pneumonia</td></tr> <tr><td>3</td><td>erkr2__3</td><td>Cold (runny nose/ cough)</td></tr> <tr><td>4</td><td>erkr2__4</td><td>Ear infection</td></tr> <tr><td>5</td><td>erkr2__5</td><td>Respiratory disease/bronchitis</td></tr> <tr><td>6</td><td>erkr2__6</td><td>Accident</td></tr> <tr><td>7</td><td>erkr2__7</td><td>Gastrointestinal infection</td></tr> <tr><td>8</td><td>erkr2__8</td><td>Colic</td></tr> <tr><td>9</td><td>erkr2__9</td><td>Unclear pain or discomfort</td></tr> <tr><td>10</td><td>erkr2__10</td><td>Other: {erk2rw}</td></tr> </table> | 0 | erkr2__0 | No | 1 | erkr2__1 | Fever | 2 | erkr2__2 | Pneumonia | 3 | erkr2__3 | Cold (runny nose/ cough) | 4 | erkr2__4 | Ear infection | 5 | erkr2__5 | Respiratory disease/bronchitis | 6 | erkr2__6 | Accident | 7 | erkr2__7 | Gastrointestinal infection | 8 | erkr2__8 | Colic | 9 | erkr2__9 | Unclear pain or discomfort | 10 | erkr2__10 | Other: {erk2rw} |
| 0 | erkr2__0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | erkr2__1 | Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | erkr2__2 | Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | erkr2__3 | Cold (runny nose/ cough) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | erkr2__4 | Ear infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | erkr2__5 | Respiratory disease/bronchitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | erkr2__6 | Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | erkr2__7 | Gastrointestinal infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | erkr2__8 | Colic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | erkr2__9 | Unclear pain or discomfort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | erkr2__10 | Other: {erk2rw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 360 | [erk2rw] Show the field ONLY if: [erkr2(10)]=1 | Anderes: | text Custom alignment: LV Question number: 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 361 | [ther2] Show the field ONLY if: [multi]=1 and [erkr2(2)]=1 or [erkr2(3)]=1 or [erkr2(4)]=1 or [erkr2(5)]=1 or [erkr2(6)]=1 or [erkr2(7)]=1 or [erkr2(8)]=1 or [erkr2(9)]=1 or [erkr2(10)]=1 | War/ist Ihr zweitgeborenes Kind deswegen in ärztlicher Behandlung? | radio <table border="1"> <tr><td>1</td><td>Ja, wegen: {ther2text}</td></tr> <tr><td>0</td><td>Nein</td></tr> </table> Custom alignment: LV | 1 | Ja, wegen: {ther2text} | 0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Ja, wegen: {ther2text} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Did your second-born child receive medical treatment for this, or is such treatment currently ongoing? | <table border="1"> <tr><td>1</td><td>Yes, due to: {ther2text}</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes, due to: {ther2text} | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes, due to: {ther2text} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 362 | [ther2text] Show the field ONLY if: [ther2]=1 | Ja, wegen: | text Custom alignment: LV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>[en-gb]</i> | Yes, due to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|-----|---|---|--|---|--------------------------|---|--|---|---------------------|
| 363 | [hosp2] Show the field ONLY if: [multi]=1 | War Ihr zweitgeborenes Kind nach dem Wochenbett/ausserhalb der Geburtsphase einmal im Spital? | radio <table border="1"> <tr> <td>1</td> <td>Ja, wegen: {hosp2text}</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> </table> Custom alignment: LV | 1 | Ja, wegen: {hosp2text} | 0 | Nein | | |
| 1 | Ja, wegen: {hosp2text} | | | | | | | | |
| 0 | Nein | | | | | | | | |
| | [en-gb] | Has your second-born child ever been hospitalised outside of the phase immediately following the birth or the postpartum period? | <table border="1"> <tr> <td>1</td> <td>Yes, due to: {hosp2text}</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes, due to: {hosp2text} | 0 | No | | |
| 1 | Yes, due to: {hosp2text} | | | | | | | | |
| 0 | No | | | | | | | | |
| 364 | [hosp2text] Show the field ONLY if: [hosp2]=1 | Ja, wegen: | text Custom alignment: LV | | | | | | |
| | [en-gb] | Yes, due to: | | | | | | | |
| 365 | [hosp2d] Show the field ONLY if: [hosp2]=1 | Wie lange war Ihr zweitgeborenes Kind im Spital? | radio, Required <table border="1"> <tr> <td>1</td> <td>Weniger als 1 Woche</td> </tr> <tr> <td>2</td> <td>1-3 Wochen</td> </tr> <tr> <td>3</td> <td>Länger als 3 Wochen</td> </tr> </table> Custom alignment: LV | 1 | Weniger als 1 Woche | 2 | 1-3 Wochen | 3 | Länger als 3 Wochen |
| 1 | Weniger als 1 Woche | | | | | | | | |
| 2 | 1-3 Wochen | | | | | | | | |
| 3 | Länger als 3 Wochen | | | | | | | | |
| | [en-gb] | How long was your second-born child hospitalised for? | <table border="1"> <tr> <td>1</td> <td>Less than 1 week</td> </tr> <tr> <td>2</td> <td>1-3 weeks</td> </tr> <tr> <td>3</td> <td>Longer than 3 weeks</td> </tr> </table> | 1 | Less than 1 week | 2 | 1-3 weeks | 3 | Longer than 3 weeks |
| 1 | Less than 1 week | | | | | | | | |
| 2 | 1-3 weeks | | | | | | | | |
| 3 | Longer than 3 weeks | | | | | | | | |
| 366 | [food2] Show the field ONLY if: [multi]=1 | Ist die Ernährung Ihres zweitgeborenen Kindes gleich oder anders als beim erstgeborenen Kind (zum Beispiel Stillen und Einführung von Beikost)? | radio <table border="1"> <tr> <td>1</td> <td>Gleiche Ernährung</td> </tr> <tr> <td>2</td> <td>Andere Ernährung und zwar: {food2text}</td> </tr> </table> Custom alignment: LV | 1 | Gleiche Ernährung | 2 | Andere Ernährung und zwar: {food2text} | | |
| 1 | Gleiche Ernährung | | | | | | | | |
| 2 | Andere Ernährung und zwar: {food2text} | | | | | | | | |
| | [en-gb] | Is your second-born child's diet the same as or different from that of the first-born child (for example, in terms of breastfeeding and the introduction of complementary foods)? | <table border="1"> <tr> <td>1</td> <td>Same diet</td> </tr> <tr> <td>2</td> <td>Different diet, namely: {food2text}</td> </tr> </table> | 1 | Same diet | 2 | Different diet, namely: {food2text} | | |
| 1 | Same diet | | | | | | | | |
| 2 | Different diet, namely: {food2text} | | | | | | | | |
| 367 | [food2text] Show the field ONLY if: [food2]=2 | Andere Ernährung und zwar: | text Custom alignment: LH | | | | | | |
| | [en-gb] | Different diet, namely: | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|--|---|----------|------|---|----------|--------|---|----------|------------------|---|----------|------------------------------|---|----------|-----------------|---|----------|--------------------------------|---|----------|----------|---|----------|----------------------------|---|----------|---------|---|----------|------------------------------------|----|-----------|-------------------|
| 368 | <p>[erkr3]</p> <p>Show the field ONLY if: [multi] = '1' and [multinr]=3</p> | <p>Hatte Ihr drittgeborenes Kind schon einmal eine der folgenden Erkrankungen? (Sie können mehrere Möglichkeiten ankreuzen)</p> | <p>checkbox, Required</p> <table border="1"> <tr><td>0</td><td>erkr3__0</td><td>Nein</td></tr> <tr><td>1</td><td>erkr3__1</td><td>Fieber</td></tr> <tr><td>2</td><td>erkr3__2</td><td>Lungenentzündung</td></tr> <tr><td>3</td><td>erkr3__3</td><td>Erkältung (Schnupfen/Husten)</td></tr> <tr><td>4</td><td>erkr3__4</td><td>Ohrenentzündung</td></tr> <tr><td>5</td><td>erkr3__5</td><td>Atemwegserkrankung/Bronchitis</td></tr> <tr><td>6</td><td>erkr3__6</td><td>Unfall</td></tr> <tr><td>7</td><td>erkr3__7</td><td>Magen-Darm Infekt</td></tr> <tr><td>8</td><td>erkr3__8</td><td>Koliken</td></tr> <tr><td>9</td><td>erkr3__9</td><td>unklare Schmerzen oder Beschwerden</td></tr> <tr><td>10</td><td>erkr3__10</td><td>Anderes: {erk3rw}</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=0</p> | 0 | erkr3__0 | Nein | 1 | erkr3__1 | Fieber | 2 | erkr3__2 | Lungenentzündung | 3 | erkr3__3 | Erkältung (Schnupfen/Husten) | 4 | erkr3__4 | Ohrenentzündung | 5 | erkr3__5 | Atemwegserkrankung/Bronchitis | 6 | erkr3__6 | Unfall | 7 | erkr3__7 | Magen-Darm Infekt | 8 | erkr3__8 | Koliken | 9 | erkr3__9 | unklare Schmerzen oder Beschwerden | 10 | erkr3__10 | Anderes: {erk3rw} |
| 0 | erkr3__0 | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | erkr3__1 | Fieber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | erkr3__2 | Lungenentzündung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | erkr3__3 | Erkältung (Schnupfen/Husten) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | erkr3__4 | Ohrenentzündung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | erkr3__5 | Atemwegserkrankung/Bronchitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | erkr3__6 | Unfall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | erkr3__7 | Magen-Darm Infekt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | erkr3__8 | Koliken | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | erkr3__9 | unklare Schmerzen oder Beschwerden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | erkr3__10 | Anderes: {erk3rw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>[en-gb]</p> | <p>Has your third-born child ever had any of the following conditions?(You can select more than one option)</p> | <table border="1"> <tr><td>0</td><td>erkr3__0</td><td>No</td></tr> <tr><td>1</td><td>erkr3__1</td><td>Fever</td></tr> <tr><td>2</td><td>erkr3__2</td><td>Pneumonia</td></tr> <tr><td>3</td><td>erkr3__3</td><td>Cold (runny nose/cough)</td></tr> <tr><td>4</td><td>erkr3__4</td><td>Ear infection</td></tr> <tr><td>5</td><td>erkr3__5</td><td>Respiratory disease/bronchitis</td></tr> <tr><td>6</td><td>erkr3__6</td><td>Accident</td></tr> <tr><td>7</td><td>erkr3__7</td><td>Gastrointestinal infection</td></tr> <tr><td>8</td><td>erkr3__8</td><td>Colic</td></tr> <tr><td>9</td><td>erkr3__9</td><td>Unclear pain or discomfort</td></tr> <tr><td>10</td><td>erkr3__10</td><td>Other: {erk3rw}</td></tr> </table> | 0 | erkr3__0 | No | 1 | erkr3__1 | Fever | 2 | erkr3__2 | Pneumonia | 3 | erkr3__3 | Cold (runny nose/cough) | 4 | erkr3__4 | Ear infection | 5 | erkr3__5 | Respiratory disease/bronchitis | 6 | erkr3__6 | Accident | 7 | erkr3__7 | Gastrointestinal infection | 8 | erkr3__8 | Colic | 9 | erkr3__9 | Unclear pain or discomfort | 10 | erkr3__10 | Other: {erk3rw} |
| 0 | erkr3__0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | erkr3__1 | Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | erkr3__2 | Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | erkr3__3 | Cold (runny nose/cough) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | erkr3__4 | Ear infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | erkr3__5 | Respiratory disease/bronchitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | erkr3__6 | Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | erkr3__7 | Gastrointestinal infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | erkr3__8 | Colic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | erkr3__9 | Unclear pain or discomfort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | erkr3__10 | Other: {erk3rw} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 369 | <p>[erk3rw]</p> <p>Show the field ONLY if: [erkr3(10)]=1</p> | <p>Anderes:</p> | <p>text Custom alignment: LV</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>[en-gb]</p> | <p>Other:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|-----|---|---|--|---|--------------------------|---|------------|---|---------------------|
| 370 | [ther3] Show the field ONLY if: [erkr3(2)]=1 or [erkr3(3)]=1 or [erkr3(4)]=1 or [erkr3(5)]=1 or [erkr3(6)]=1 or [erkr3(7)]=1 or [erkr3(8)]=1 or [erkr3(9)]=1 or [erkr3(10)]=1 | War/ist Ihr drittgeborenes Kind deswegen in ärztlicher Behandlung? | radio <table border="1"> <tr> <td>1</td> <td>Ja, wegen: {ther3text}</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> </table> Custom alignment: LV | 1 | Ja, wegen: {ther3text} | 0 | Nein | | |
| 1 | Ja, wegen: {ther3text} | | | | | | | | |
| 0 | Nein | | | | | | | | |
| | [en-gb] | Did your third-born child receive medical treatment for this, or is such treatment currently ongoing? | <table border="1"> <tr> <td>1</td> <td>Yes, due to: {ther3text}</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes, due to: {ther3text} | 0 | No | | |
| 1 | Yes, due to: {ther3text} | | | | | | | | |
| 0 | No | | | | | | | | |
| 371 | [ther3text] Show the field ONLY if: [ther3]=1 | Ja, wegen: | text Custom alignment: LV | | | | | | |
| | [en-gb] | Yes, due to: | | | | | | | |
| 372 | [hosp3] Show the field ONLY if: [multinr]=2 or [multinr]=3 | War Ihr drittgeborenes Kind nach dem Wochenbett/ausserhalb der Geburtsphase einmal im Spital? | radio <table border="1"> <tr> <td>1</td> <td>Ja, wegen: {hosp3text}</td> </tr> <tr> <td>0</td> <td>Nein</td> </tr> </table> Custom alignment: LV | 1 | Ja, wegen: {hosp3text} | 0 | Nein | | |
| 1 | Ja, wegen: {hosp3text} | | | | | | | | |
| 0 | Nein | | | | | | | | |
| | [en-gb] | Did your third-born child receive medical treatment for this, or is such treatment currently ongoing? | <table border="1"> <tr> <td>1</td> <td>Yes, due to: {hosp3text}</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes, due to: {hosp3text} | 0 | No | | |
| 1 | Yes, due to: {hosp3text} | | | | | | | | |
| 0 | No | | | | | | | | |
| 373 | [hosp3text] Show the field ONLY if: [hosp3]=1 | Ja, wegen: | text Custom alignment: LV | | | | | | |
| | [en-gb] | Yes, due to: | | | | | | | |
| 374 | [hosp3d] Show the field ONLY if: [hosp3]=1 | Wie lange war Ihr drittgeborenes Kind im Spital? | radio, Required <table border="1"> <tr> <td>1</td> <td>Weniger als 1 Woche</td> </tr> <tr> <td>2</td> <td>1-3 Wochen</td> </tr> <tr> <td>3</td> <td>Länger als 3 Wochen</td> </tr> </table> Custom alignment: LH | 1 | Weniger als 1 Woche | 2 | 1-3 Wochen | 3 | Länger als 3 Wochen |
| 1 | Weniger als 1 Woche | | | | | | | | |
| 2 | 1-3 Wochen | | | | | | | | |
| 3 | Länger als 3 Wochen | | | | | | | | |
| | [en-gb] | Has your third-born child ever been hospitalised outside of the phase immediately following the birth or the postpartum period? | <table border="1"> <tr> <td>1</td> <td>Less than 1 week</td> </tr> <tr> <td>2</td> <td>1-3 weeks</td> </tr> <tr> <td>3</td> <td>Longer than 3 weeks</td> </tr> </table> | 1 | Less than 1 week | 2 | 1-3 weeks | 3 | Longer than 3 weeks |
| 1 | Less than 1 week | | | | | | | | |
| 2 | 1-3 weeks | | | | | | | | |
| 3 | Longer than 3 weeks | | | | | | | | |

| | | | | | | | | | | | | |
|-----|---|--|---|---|--------------------|---|--|--------------------|---|---|--------------------|--|
| 375 | <p>[food3]</p> <p>Show the field ONLY if: [multinr]=2 or [multinr]=3</p> | <p>Ist die Ernährung Ihres drittgeborenen Kindes gleich oder anders als beim erstgeborenen Kind (zum Beispiel Stillen und Einführung von Beikost)?</p> | <p>radio</p> <table border="1" data-bbox="1040 138 1500 281"> <tr> <td data-bbox="1040 138 1073 191">1</td> <td data-bbox="1073 138 1500 191">Gleiche Ernährung</td> </tr> <tr> <td data-bbox="1040 191 1073 281">2</td> <td data-bbox="1073 191 1500 281">Andere Ernährung und zwar: {food3text}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Gleiche Ernährung | 2 | Andere Ernährung und zwar: {food3text} | | | | | |
| 1 | Gleiche Ernährung | | | | | | | | | | | |
| 2 | Andere Ernährung und zwar: {food3text} | | | | | | | | | | | |
| | [en-gb] | <p>Is your third-born child's diet the same as or different from that of the first-born child (for example, in terms of breastfeeding and the introduction of complementary foods)?</p> | <table border="1" data-bbox="1040 369 1500 512"> <tr> <td data-bbox="1040 369 1073 422">1</td> <td data-bbox="1073 369 1500 422">Same diet</td> </tr> <tr> <td data-bbox="1040 422 1073 512">2</td> <td data-bbox="1073 422 1500 512">Different diet, namely: {food3text}</td> </tr> </table> | 1 | Same diet | 2 | Different diet, namely: {food3text} | | | | | |
| 1 | Same diet | | | | | | | | | | | |
| 2 | Different diet, namely: {food3text} | | | | | | | | | | | |
| 376 | <p>[food3text]</p> <p>Show the field ONLY if: [food3]=2</p> | <p>Andere Ernährung und zwar:</p> | <p>text</p> <p>Custom alignment: LH</p> | | | | | | | | | |
| | [en-gb] | <p>Different diet, namely:</p> | | | | | | | | | | |
| 377 | [komm] | <p>Haben Sie Ergänzungen, Fragen oder Anmerkungen? Tragen Sie diese gerne in das untenstehende Feld ein</p> | <p>notes</p> | | | | | | | | | |
| | [en-gb] | <p>Do you have any additions, questions or comments? Please enter them in the field below</p> | | | | | | | | | | |
| 378 | [contact_options] | <p>Gerne möchten wir Sie zu einem späteren Zeitpunkt für eine Nacherhebung zur Säuglingsernährung kontaktieren. Falls Sie damit einverstanden sind, können Sie uns hier das Einverständnis geben, Ihre E-Mail Adresse zu speichern. Zudem können Sie angeben, ob Sie per E-Mail über die Studienergebnisse informiert werden wollen.</p> | <p>checkbox</p> <table border="1" data-bbox="1040 1052 1511 1604"> <tr> <td data-bbox="1040 1052 1073 1283">1</td> <td data-bbox="1073 1052 1338 1283">contact_options__1</td> <td data-bbox="1338 1052 1511 1283">Meine E-Mail Adresse darf für eine weitere Kontaktaufnahme gespeichert werden</td> </tr> <tr> <td data-bbox="1040 1283 1073 1478">2</td> <td data-bbox="1073 1283 1338 1478">contact_options__2</td> <td data-bbox="1338 1283 1511 1478">Ich möchte über die Ergebnisse der Studie informiert werden</td> </tr> <tr> <td data-bbox="1040 1478 1073 1604">3</td> <td data-bbox="1073 1478 1338 1604">contact_options__3</td> <td data-bbox="1338 1478 1511 1604">Ich möchte nicht weiter kontaktiert werden</td> </tr> </table> | 1 | contact_options__1 | Meine E-Mail Adresse darf für eine weitere Kontaktaufnahme gespeichert werden | 2 | contact_options__2 | Ich möchte über die Ergebnisse der Studie informiert werden | 3 | contact_options__3 | Ich möchte nicht weiter kontaktiert werden |
| 1 | contact_options__1 | Meine E-Mail Adresse darf für eine weitere Kontaktaufnahme gespeichert werden | | | | | | | | | | |
| 2 | contact_options__2 | Ich möchte über die Ergebnisse der Studie informiert werden | | | | | | | | | | |
| 3 | contact_options__3 | Ich möchte nicht weiter kontaktiert werden | | | | | | | | | | |
| | [en-gb] | <p>We would like to contact you at a later date for a follow-up survey on infant feeding. If you agree to this, you can give us your consent to save your e-mail address here. You can also indicate whether you would like to be informed about the study results per e-mail.</p> | <table border="1" data-bbox="1040 1619 1500 1992"> <tr> <td data-bbox="1040 1619 1073 1856">1</td> <td data-bbox="1073 1619 1338 1856">contact_options__1</td> <td data-bbox="1338 1619 1500 1856">My e-mail address may be saved for further contact</td> </tr> <tr> <td data-bbox="1040 1856 1073 1992">2</td> <td data-bbox="1073 1856 1338 1992">contact_options__2</td> <td data-bbox="1338 1856 1500 1992">I would like to be informed</td> </tr> </table> | 1 | contact_options__1 | My e-mail address may be saved for further contact | 2 | contact_options__2 | I would like to be informed | | | |
| 1 | contact_options__1 | My e-mail address may be saved for further contact | | | | | | | | | | |
| 2 | contact_options__2 | I would like to be informed | | | | | | | | | | |

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|-----|---|---|---|---|------------|--------------------------------|------------|--------------------|---|
| | | | <table border="1"> <tr> <td></td> <td></td> <td>about the results of the study</td> </tr> <tr> <td>3</td> <td>contact_options__3</td> <td>I do not wish to be contacted any further</td> </tr> </table> | | | about the results of the study | 3 | contact_options__3 | I do not wish to be contacted any further |
| | | about the results of the study | | | | | | | |
| 3 | contact_options__3 | I do not wish to be contacted any further | | | | | | | |
| 379 | [contact_email] Show the field ONLY if: [contact_options(1)] = 1 or [contact_options(2)] = 1 | Bitte geben Sie Ihre E-Mail Adresse an | text, Identifier | | | | | | |
| | [en-gb] | Please enter your e-mail address | | | | | | | |
| 380 | [swifs_survey_complete] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | |
| 1 | Unverified | | | | | | | | |
| 2 | Complete | | | | | | | | |
| | [en-gb] | Section Header: ??? ??? | <table border="1"> <tr> <td>0</td> <td>???</td> </tr> <tr> <td>1</td> <td>???</td> </tr> <tr> <td>2</td> <td>???</td> </tr> </table> | 0 | ??? | 1 | ??? | 2 | ??? |
| 0 | ??? | | | | | | | | |
| 1 | ??? | | | | | | | | |
| 2 | ??? | | | | | | | | |