

|                                   |                           |                   | Stydy visits: Child age as months/years (Date of visit) |   |            |      |   |   |      |   |   |      |   |   |          |
|-----------------------------------|---------------------------|-------------------|---|---|------------|------|---|---|------|---|---|------|---|---|----------|
| Study field                       | Indicator                 | Scale             | 13 mo   |   |            | 2 yr |   |   | 3 yr |   |   | 5 yr |   |   | 11-13 yr |
|                                   |                           |                   | M   | S | C          | M    | S | C | M    | S | C | M    | S | C | C        |
| Basic measurements                | Length/height             | cm                | x   | x | x          | x    | x |   | x    | x | x | x    | x | x | x        |
|                                   | Weight                    | kg                | x   | x | x          | x    | x | x | x    | x | x | x    | x | x | x        |
|                                   | BMI                       | kg/m <sup>2</sup> | x   | x | calculable | x    | x | x | x    | x | x | x    | x | x | x        |
|                                   | Waist circumference       | cm                | x   | x |            | x    | x | x | x    | x | x | x    | x | x | x        |
| Blood pressure                    | Systolic/diastolic        | mmHg              | x   | x |            | x    | x | x | x    | x | x | x    | x | x | x        |
| Body composition                  | Inbody J10 (bioimpedense) | done/no           |   |   |            | x    | x | x | x    | x | x | x    | x | x | x        |
|                                   | Fat mass, kg and %        |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Musscle mass, kg and %    |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
| Chronic diseases                  | Diagnosis:                | No/yes            |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Asthma                    |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Other lung disease        |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Diabetes                  |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Epilepsy                  |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Disability                |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Cerebral palsy            |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Structural abnormality    |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Rheumatic disease         |                   |   |   | x          | x    | x | x | x    | x | x | x    | x | x | x        |
|                                   | Bone/joint disease        |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
| Bowel disease                     |                           |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
| Visual defect                     |                           |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
| Hearing defect                    |                           |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
| Allergy                           |                           |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
| Other diseases                    |                           |                   |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Medication                |                   |   |   | x          |      |   | x | x    |   | x |      |   | x | x        |
|                                   | Vaccinations              |                   |   |   |            |      |   |   | x    |   |   |      |   |   |          |
| Biological samples (obtained/not) | Blood sample, serum       | yes/no            |   |   |            |      |   |   |      |   |   |      |   |   |          |
|                                   | Blood sample              | yes/no            | x   | x | x          |      |   | x |      |   | x |      |   |   |          |
|                                   | Blood sample              | yes/no            |   |   | x          |      |   | x |      |   | x |      |   |   |          |

