**Additional file 1:**

**List of items, developed for the KUNO-Kids study:**

* Wie alt sind Sie? (How old are you?)
* Sind Sie alleinerziehend? (Are you a single parent?)
  + Yes
  + No
* Wie sind Sie krankenversichert? (Which health insurance do you have?)
  + Statutory
  + Private
  + Other (statutory and additional private, no insurance)
* Welchen höchsten allgemeinbildenden Schulabschluss haben Sie? (Which is your highest level school leaving certificate?)
  + <10 years of education (Haupt-, Volksschulabschluss)
  + 10 years of education (Realschulabschluss, Polytechnische Oberschule)
  + >10years of education (Abitur Fachhochschulreife)
  + Other (other type of graduation, not graduated yet, left school without graduation)
* Waren Sie vor Eintritt in den Mutterschutz erwerbstätig, d.h. gingen Sie einer bezahlten Tätigkeit nach? (Have you had an occupation before maternity leave?)
  + Employed (fulltime employed, part time employed)
  + unemployed
* Zu welcher Berufsgruppe gehörten Sie zuletzt? (Which occupational group did you belong to last?)
  + Employee
  + Worker
  + In training
  + Self-employed
  + Civil servant
  + Graduate in liberal profession
* In welchem Land sind Sie geboren? (What is your birth country?)
* Haben sich in den letzten 4 Wochen besondere Belastungen für Sie ergeben? (Have you experienced any social or emotional strains during the last 4 weeks?)
  + Yes
  + no
* Wie groß ist Ihre Wohnung/Ihr Haus ungefähr? (How big is your apartment or house?)
* Wie viele Personen leben in Ihrem Haushalt? (How many persons, including the newborn, are currently living in your apartment/house?)
* Gab es in Ihrer Wohnung irgendwelche Feuchtigkeitsflecken oder Schimmel an Wänden oder Decken? (Have there been any humidity stains on the walls of your apartment/house?)
  + Yes
  + no
* Wird seit der Geburt Ihres Kindes in Ihrer Wohnung geraucht? (Is anybody smoking inside your apartment/house since the delivery of your child?)
  + Yes
  + No
* Haben Sie im Jahr vor dieser Schwangerschaft gelegentlich oder regelmäßig Alkohol getrunken? (Have you been drinking alcohol before the pregnancy?)
  + Yes
  + No
* Haben Sie während dieser Schwangerschaft gelegentlich oder regelmäßig Alkohol getrunken? (Have you been drinking alcohol during the pregnancy?)
  + Yes
  + No
* Haben Sie seit der Geburt gelegentlich oder regelmäßig Alkohol getrunken? (Have you been drinking alcohol since the delivery of your baby?)
  + Yes
  + No
* Haben Sie bisher in Ihrem Leben mehr als 100 Zigaretten geraucht? (Have you been smoking more than 100 cigarettes altogether in your life?)
  + Yes
  + No
* Haben Sie im Jahr vor dieser Schwangerschaft geraucht? (Have you been smoking in the year before the pregnancy?)
  + Yes
  + No
* Haben Sie während dieser Schwangerschaft geraucht? (Have you been smoking during pregnancy?)
  + Yes
  + No
* Haben Sie seit der Geburt Ihres Kindes regelmäßig Zigaretten? (Have you been smoking cigarettes regularly since the delivery of your baby?)
  + Yes
  + No
* Wie groß sind Sie? (What’s your height?)
* Wie schwer sind Sie? (What’s your weight?)
* Wie oft haben Sie während der jetzigen Schwangerschaft Sport getrieben? (How often did you exercise during pregnancy?)
  + Never
  + Less than one hour per week
  + Regularly 1-2 hours per week
  + Regularly more than 2 hours per week
* Welche der folgenden Nahrungsmittel nahmen Sie in der Schwangerschaft zu sich? (Which food products did you consume during pregnancy?)
  + Meat (once a month, several times a month, once a week, almost daily, never)
  + Sausages (once a month, several times a month, once a week, almost daily, never)
  + Poultry (once a month, several times a month, once a week, almost daily, never)
  + Fish (once a month, several times a month, once a week, almost daily, never)
  + Potatoes (once a month, several times a month, once a week, almost daily, never)
  + Pasta (once a month, several times a month, once a week, almost daily, never)
  + Rice (once a month, several times a month, once a week, almost daily, never)
  + Salad or not boiled vegetables (once a month, several times a month, once a week, almost daily, never)
  + Fruits (once a month, several times a month, once a week, almost daily, never)
  + Bread (once a month, several times a month, once a week, almost daily, never)
  + Crispbread (once a month, several times a month, once a week, almost daily, never)
  + Cereals (once a month, several times a month, once a week, almost daily, never)
  + Salty snacks (once a month, several times a month, once a week, almost daily, never)
  + Chocolate (once a month, several times a month, once a week, almost daily, never)
  + Cake (once a month, several times a month, once a week, almost daily, never)
  + other sweets (once a month, several times a month, once a week, almost daily, never)
  + Yoghurt (once a month, several times a month, once a week, almost daily, never)
  + Milk (once a month, several times a month, once a week, almost daily, never)
  + Cheese (once a month, several times a month, once a week, almost daily, never)
  + Eggs (once a month, several times a month, once a week, almost daily, never)
  + Butter (once a month, several times a month, once a week, almost daily, never)
  + Juice (once a month, several times a month, once a week, almost daily, never)
  + Soft drinks (once a month, several times a month, once a week, almost daily, never)
  + Water (once a month, several times a month, once a week, almost daily, never)
  + Lemonades (once a month, several times a month, once a week, almost daily, never)
  + Coffee (once a month, several times a month, once a week, almost daily, never)
  + Tea (once a month, several times a month, once a week, almost daily, never)
  + Nonalcoholic beer (once a month, several times a month, once a week, almost daily, never)
* Wie häufig waren Sie während dieser Schwangerschaft bei einem Arzt? (How often have you consulted a doctor during pregnancy?)
* Haben oder hatten Sie jemals eine der folgenden von einem Arzt diagnostizierten Erkrankungen? (Do you have a history of somatic or psychiatric diseases?)
  + Yes: depression, ADHD, anorexia, bulimia, panic attack; allergy, asthma, atopic dermatitis, Crohn’s disease, Colitis ulcerosa, psoriasis, psoriasis arthritis, rheumatic arthritis, other autoimmune diseases, diabetes, liver- or kidney diseases, thyroid diseases, cancer, thrombosis, arrythmia, heart attack, heart failure, hypertension, pyelonephritis, metabolic diseases, migraine, multiple sclerosis, peripheral nerve paralysis, epilepsy, meningitis, encephalitis
  + No
* Ist das Ihr erstes Kind? (Is this your first child?)
* In welcher SSW haben Sie entbunden? (Which week of gestation did you deliver your baby?)
* Stillen Sie?/Haben Sie vor, zu stillen? (Are you breastfeeding or intend to do so?)
  + Yes
  + No