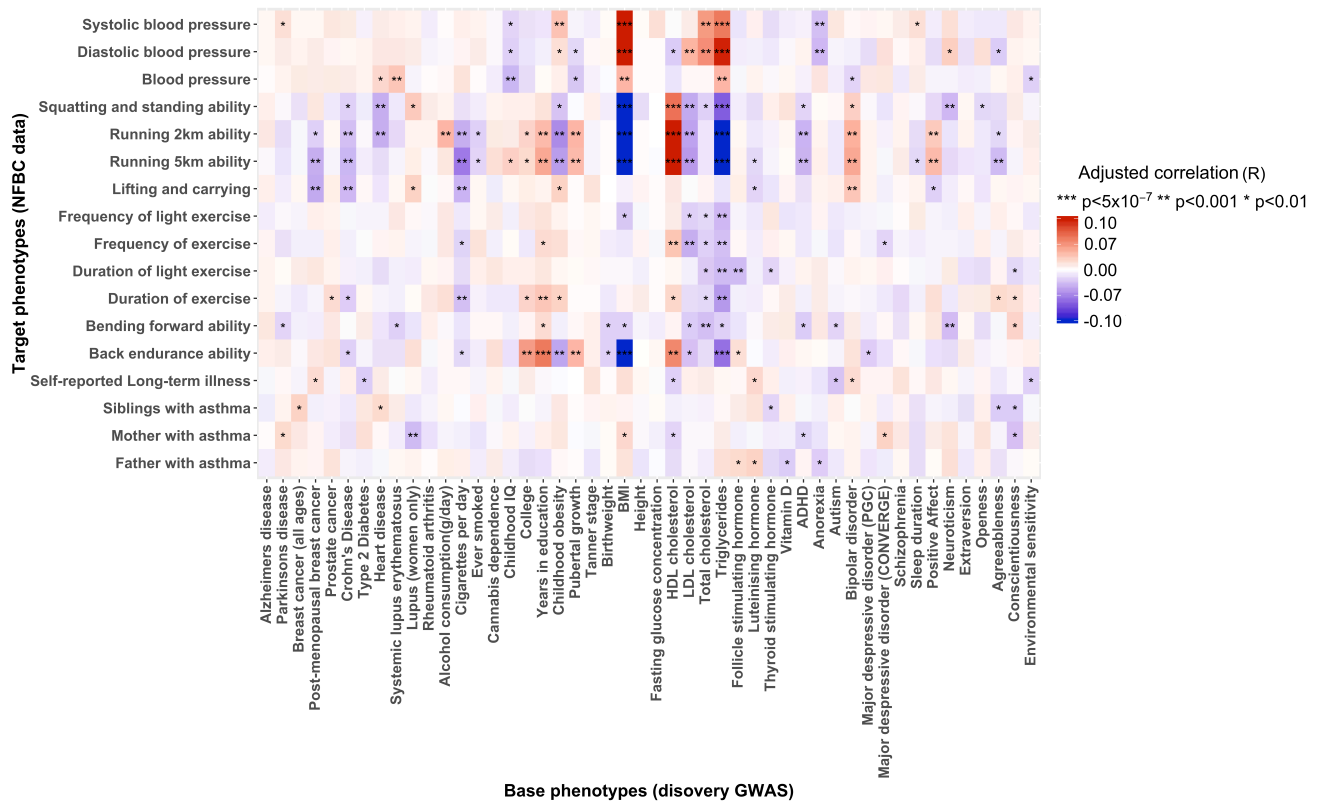
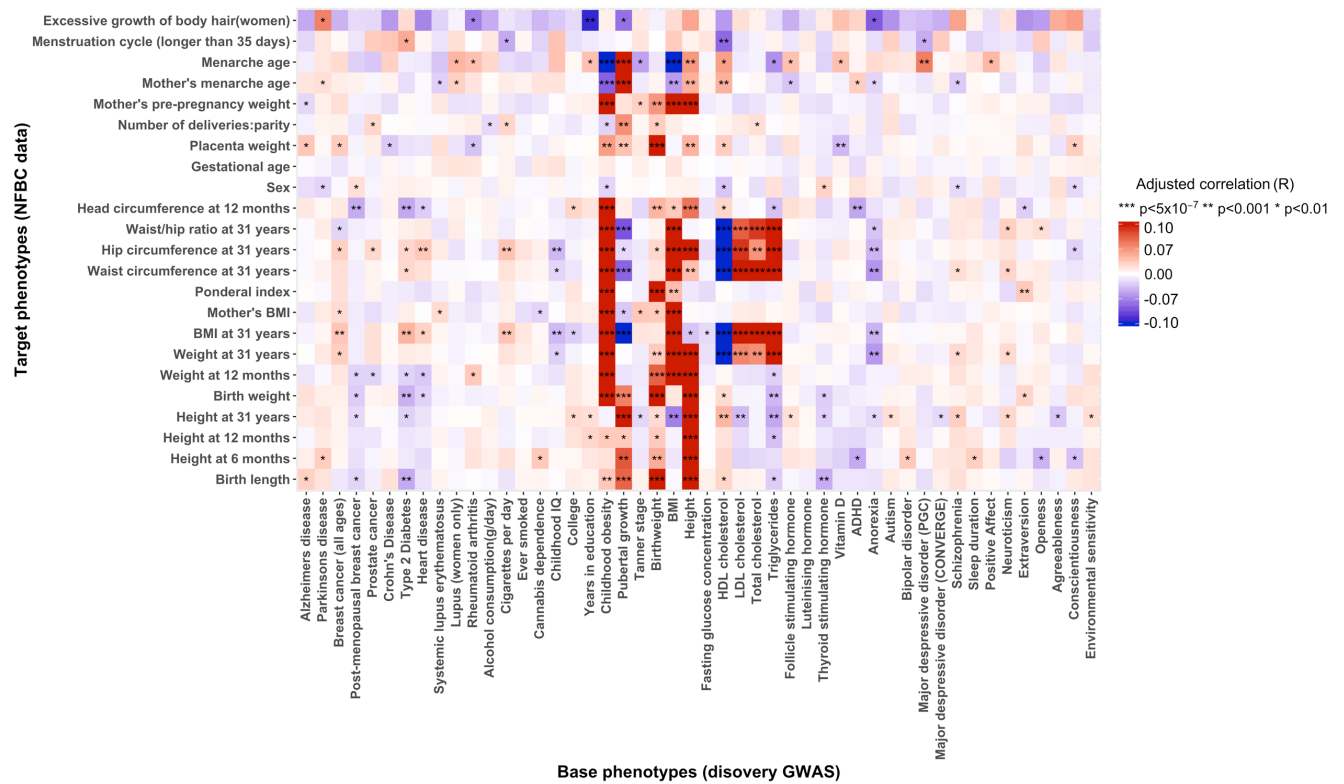


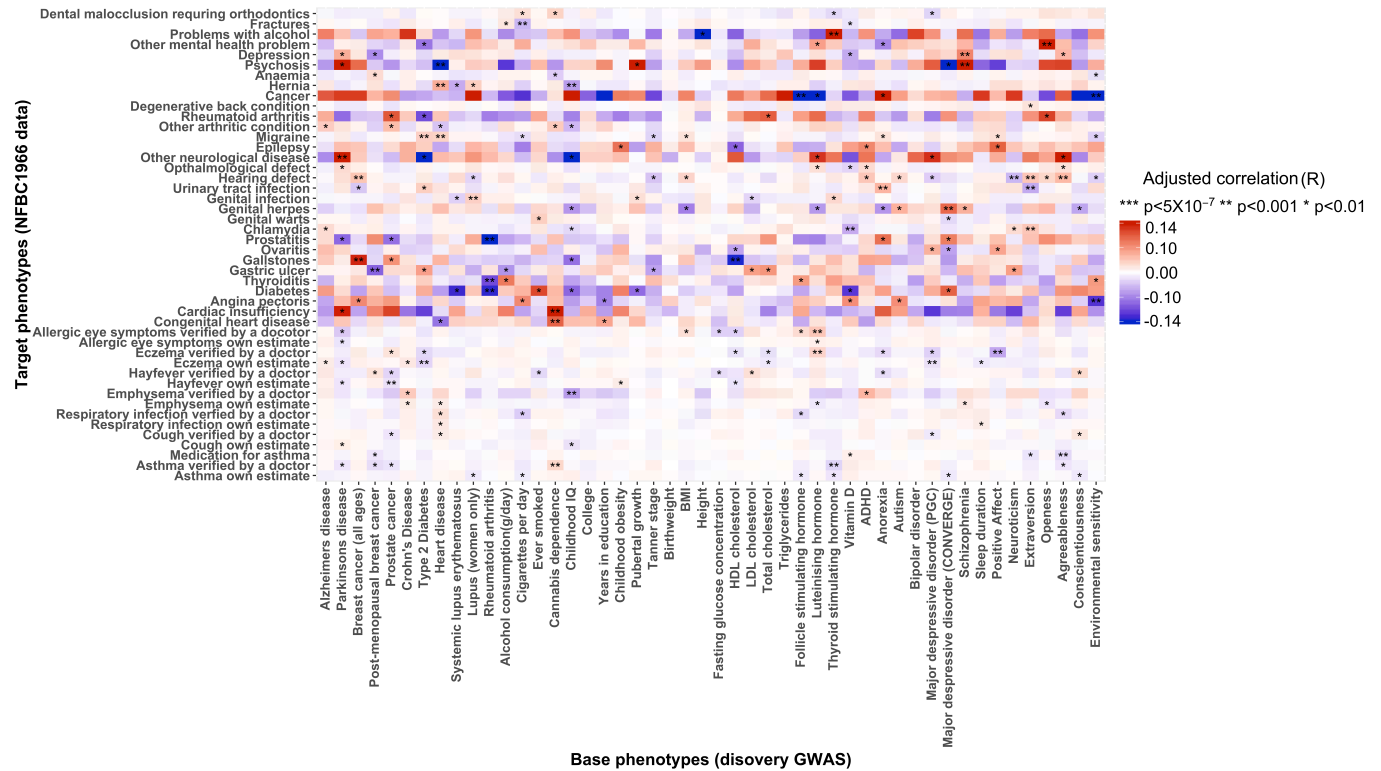
Supporting information



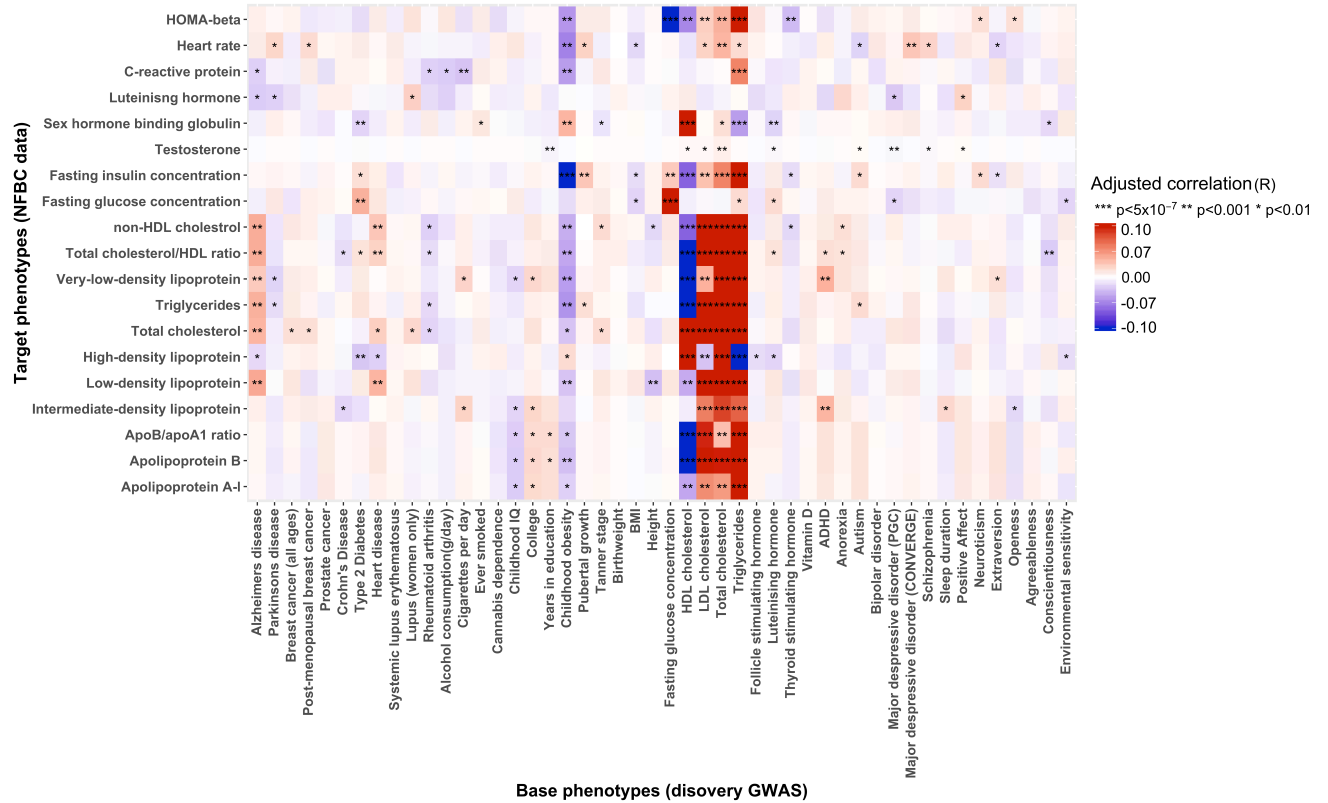
S1 Fig. Heat map showing genetic associations between polygenic risk scores of GWAS traits (X-axis) and NFBC1966 traits (Y-axis) on self-reports on exercise measures and self and clinical reports on health-related measures. Asterisks denote different levels of evidence according to P -value: * = $P < 5 \times 10^{-7}$, ** = $P < 0.001$, * = $P < 0.01$. Red r values indicate positive correlations, while blue r values indicate negative correlations.**



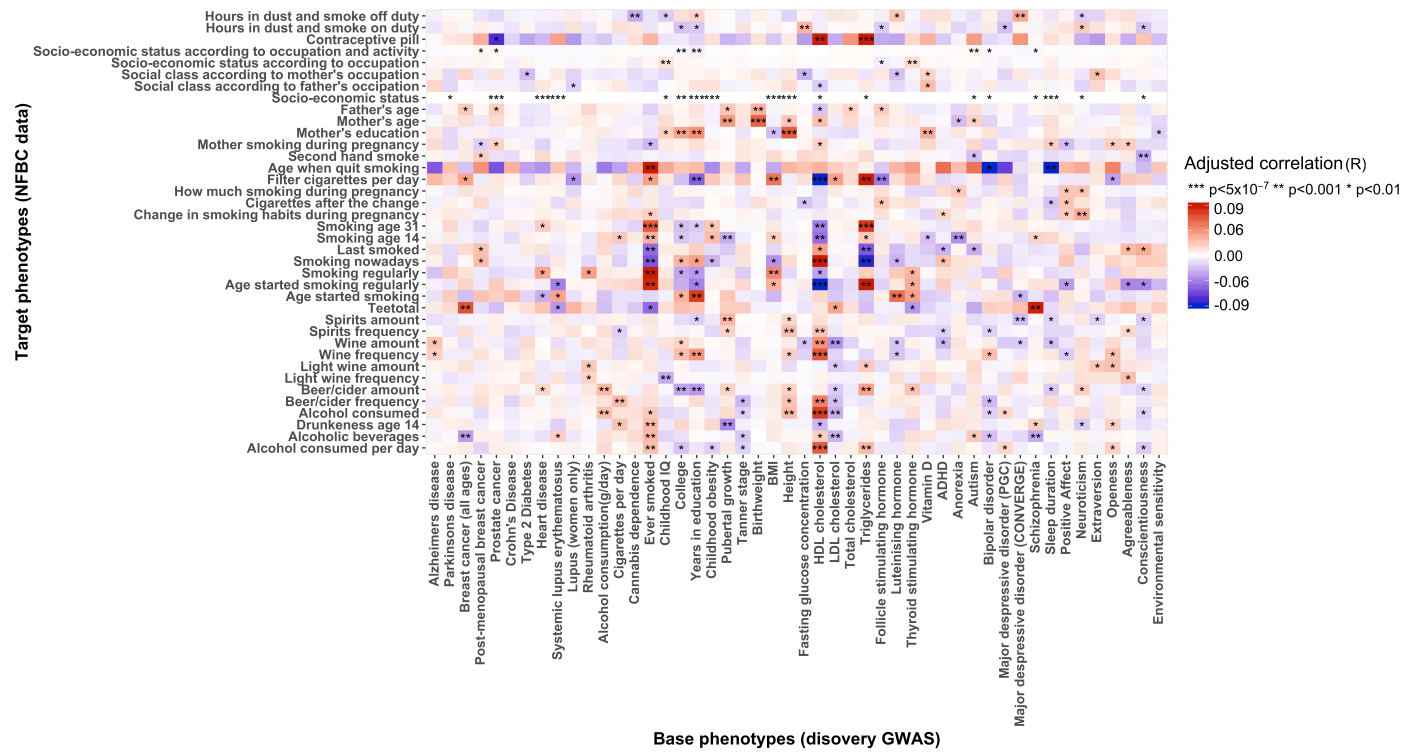
S2 Fig. Heat map showing genetic associations between polygenic risk scores of GWAS traits (X-axis) and NFB166 traits (Y-axis) on clinically measured anthropometric and physiological traits. Asterisks denote different levels of evidence according to P -value: *** = $P < 5 \times 10^{-7}$, ** = $P < 0.001$, * = $P < 0.01$. Red r values indicate positive correlations, while blue r values indicate negative correlations.



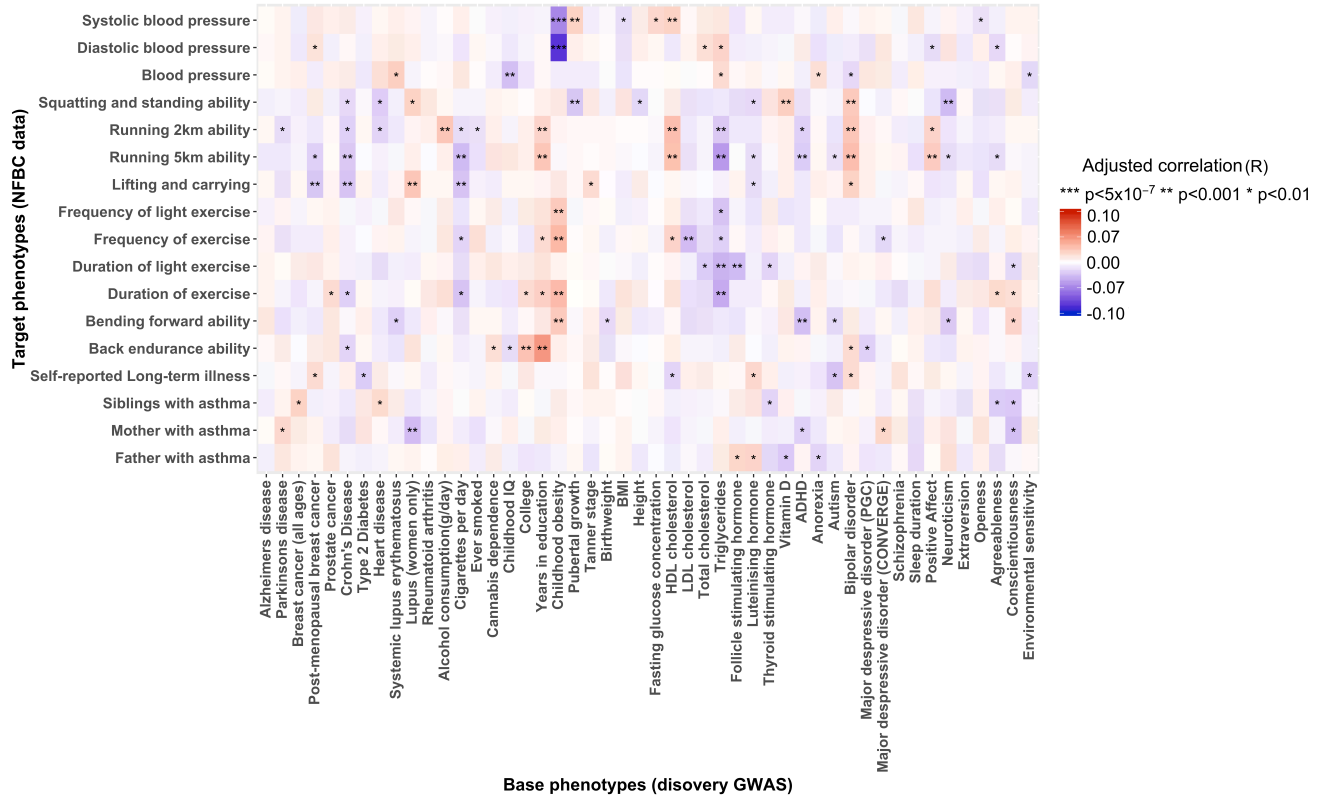
S3 Fig. Heat map showing genetic associations between polygenic risk scores from GWAS traits (X-axis) and NFB1966 traits (Y-axis) for self-reported disorders, medical and psychiatric conditions verified or treated by a doctor, controlled for sex, BMI and SES. Asterisks denote different levels of evidence according to P -value: * = $P < 5 \times 10^{-7}$, ** = $P < 0.001$, * = $P < 0.01$. Red r values indicate positive correlations, while blue r values indicate negative correlations.**



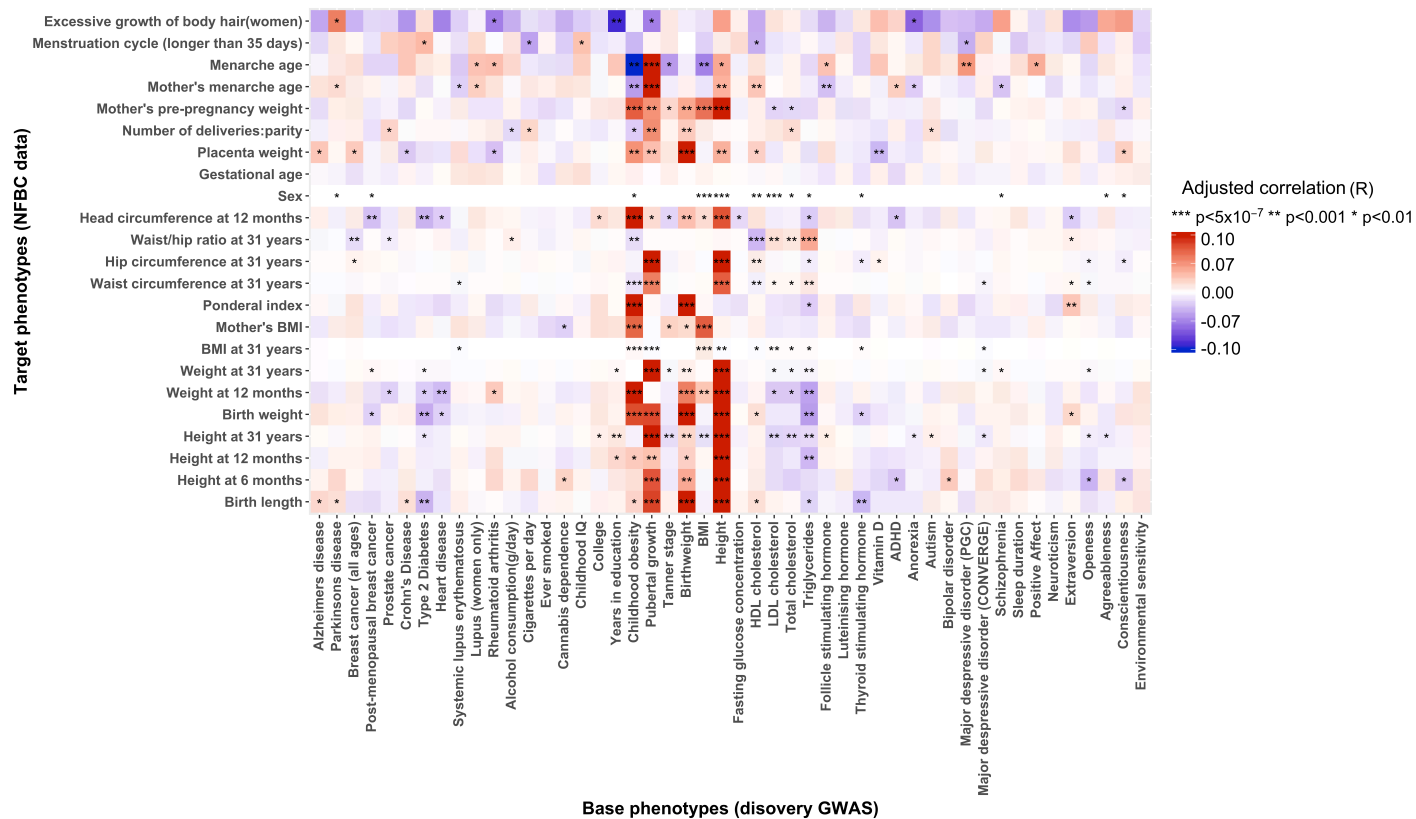
S4 Fig. Heat map showing genetic associations between polygenic risk scores of GWAS traits (X-axis) and NFB1966 traits (Y-axis) for cardiometabolic measurements from blood samples, controlled for sex, BMI and SES. Asterisks denote different levels of evidence according to P -value: * = $P < 5 \times 10^{-7}$, ** = $P < 0.001$, * = $P < 0.01$. Red r values indicate positive correlations, while blue r values indicate negative correlations.**



S5 Fig. Heat map showing genetic associations between polygenic risk scores of GWAS traits (X-axis) and NFB166 traits (Y-axis) from questionnaires on lifestyle and social factors, controlled for sex, BMI and SES. Asterisks denote different levels of evidence according to P -value: * = $P < 5 \times 10^{-7}$, ** = $P < 0.001$, * = $P < 0.01$. Red r values indicate positive correlations, while blue r values indicate negative correlations.**



S6 Fig. Heat map showing genetic associations between polygenic risk scores of GWAS traits (X-axis) and NFB1966 traits (Y-axis) on self-reports on exercise measures and self and clinical reports on health-related measures, controlled for sex, BMI and SES. Asterisks denote different levels of evidence according to P -value: * = $P < 5 \times 10^{-7}$, ** = $P < 0.001$, * = $P < 0.01$. Red r values indicate positive correlations, while blue r values indicate negative correlations.**



S7 Fig. Heat map showing genetic associations between polygenic risk scores of GWAS traits (X-axis) and NFBC1966 traits (Y-axis) on clinically measured anthropometric and physiological traits, controlled for sex, BMI and SES. Asterisks denote different levels of evidence according to P -value: * = $P < 5 \times 10^{-7}$, ** = $P < 0.001$, * = $P < 0.01$. Red r values indicate positive correlations, while blue r values indicate negative correlations.**

S1 Table. GWAS used to generate PRS, including source, sample size and overlap information. * indicates summary statistics meta-analysis conducted without NFBC1966 by authors of study. † indicates summary statistics corrected with mathematical correction.

Trait	Sample	Study	Sample size	Overlap with NFBC1966
Alzheimer's disease	IGAP	Lambert et al, 2013 [54]	17,008 Alzheimer's disease cases and 37,154 controls	No
Parkinson's disease	IPDGC	Plagnol et al, 2011 [55]	11,402	No
Breast Cancer	NHLBI's Framingham Heart Study	Murabito et al, 2007 [56]	1335	No
Post-menopause breast cancer	Nurses' Health Study (NHS)	Hunter et al, 2007 [57]	1,145 breast cancer patients and 1,142 controls	No
Prostate Cancer	NHLBI's Framingham Heart Study	Murabito et al, 2007 [56]	1335	No
Crohn's disease	IBD	Jostins et al, 2012 [58]	75,000	No
Diabetes	DIAGRAM	Morris et al, 2012 [59]	12,171 Type II diabetes cases and 56,862 controls	No
Heart disease	CARDIoGRAM	Schunkert et al, 2011 [60]	22,233 cases and 64,762 controls	No

Lupus	Autoimmune Biomarkers Collaborative Network	Hom et al, 2008 [61]	1311 case and 3340 controls	No
Lupus (women only)	SLEGEN	Ramos et al, 2011 [62]	706 female cases and 353 controls	No
Rheumatoid arthritis	RA	Chen et al, 2011 [63]	5500 cases and 20,000 controls	No
Alcohol	AlcGen, CHARGE+	Schumann et al, 2016 [64]	105,000	No
Cigarettes per day	TAG	Tobacco and genetics consortium, 2010 [65]	74,053	No
Ever smoked	TAG	Tobacco and genetics consortium, 2010 [65]	74,053	No
Cannabis	TwinsUK	Verweij et al, 2013 [66]	10,091	No
Childhood IQ	SSGAC	Rietveld et al, 2014 [67]	24,189	No
College (yes or no)	SSGAC	Rietveld et al, 2013 [68]	126,559	Yes*
Years in education	SSGAC	Rietveld et al, 2013 [68]	126,559	Yes*
Childhood obesity	EGG	Bradfield et al, 2012 [69]	5,530 cases and 8,318 controls	Yes*

Birth weight	EGG	Horikoshi et al, 2013 [70]	26,836	Yes†
Tanner stage	EGG	Cousminer et al, 2014 [71]	9,916	No
Pubertal growth	EGG	Cousminer et al, 2013 [72]	10,799	No
Body mass index (BMI)	GIANT	Locke et al, 2015 [73]	339,224	Yes*
Height	GIANT	Lango Allen et al, 2010 [74]	183,727	Yes†
Fasting Glucose	MAGIC	Manning et al, 2012 [75]	58,074	No
HDL cholesterol	Global lipids consortium	Willer et al, 2013 [76]	188,577	Yes*
LDL cholesterol	Global lipids consortium	Willer et al, 2013 [76]	188,577	Yes*
Total cholesterol	Global lipids consortium	Willer et al, 2013 [76]	188,577	Yes*
Triglycerides	Global lipids consortium	Willer et al, 2013 [76]	188,577	Yes*
Follicle stimulating hormone	Framingham cohort	Hwang et al, 2007 [77]	537	No
Luteinising hormone	Framingham cohort	Hwang et al, 2007 [77]	537	No

Thyroid stimulating hormone	Framingham cohort	Hwang et al, 2007 [77]	833	No
Vitamin D	15 cohorts	Wang et al, 2010 [78]	33,996	No
ADHD	CHOP, IMAGE, IMAGE II, PUWMA	Neale et al, 2010 [79]	2,064 trios, 896 cases, and 2,455 controls	No
Anorexia nervosa	GCAN	Boraska et al, 2014 [80]	5,551 cases and 21,080 controls	No
Autism spectrum disorder	PGC	Smoller et al, 2013 [81]	4,788 trio cases, 4,788 trio pseudo-controls, 161 cases, 526 controls	No
Bipolar disorder	PGC	Sklar et al, 2011 [82]	7,481 cases and 9,250 controls	No
Major depressive disorder (PGC)	PGC	Ripke et al, 2013 [83]	9,240 cases and 9,519 controls	No
Major depressive disorder (CONVERGE)	CONVERGE	Cai et al, 2015 [84]	5,303 cases and 5,337 controls	No
Schizophrenia	PGC	Ripke et al, 2013 [85]	36,989 cases and 113,075 controls	No
Positive affect	Study specific	Hart et al, 2012 [86]	381	No
Sleep duration	Framingham cohort	Gottlieb et al, 2007 [87]	774	No

Neuroticism	GPC	De Moor et al, 2012 [88]	20,669	No
Extraversion	GPC	De Moor et al, 2012 [88]	20,669	No
Openness	GPC	De Moor et al, 2012 [88]	20,669	No
Agreeableness	GPC	De Moor et al, 2012 [88]	20,669	No
Conscientiousness	GPC	De Moor et al, 2012 [88]	20,669	No
Environmental sensitivity	TEDS	Keers et al, 2016 [89]	1026	No

S2 Table. Summary of sex stratified results for significant ($P<0.05$) interactions between most predictive PRS and sex on NFBC1966 phenotypes. M = male; F = female

Sex stratified PRS analysis					Interaction term		
	M PRS (β)	F PRS (β)	M SE	F SE	Effect (β)	SE	P-value
HDL predicting SHBG	0.11	0.25	0.017	0.028	0.13	0.030	8.13e-06
HDL predicting BMI	-0.15	-0.24	0.021	0.02	-0.09	0.03	0.0036
BMI predicting CRP	0.17	0.25	0.02	0.03	0.09	0.04	0.0147
Breast cancer predicting SHBG	-0.0085	-0.081	0.016	0.030	-0.074	0.031	0.0171
Cigarettes predicting running	0.021	0.086	0.019	0.021	0.065	0.029	0.0258
BMI predicting HDL	-0.13	-0.21	0.022	0.028	-0.077	0.035	0.027

S3 Table. Target NFBC1966 phenotypes tested for associations with GWAS base traits. Data collected at age 31 unless stated otherwise.

	Trait	Form Question	Form answer
Medical conditions	Asthma own estimate	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Your own estimate: Never=1; Yes, during the last 12 months=2; Yes, but more than a year ago=3
	Asthma verified by a doctor	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Verified or treated by a doctor: No=1; Yes=2
	Cough own estimate	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Your own estimate: Never=1; Yes, during the last 12 months=2; Yes, but more than a year ago=3
	Cough verified by a doctor	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Verified or treated by a doctor: No=1; Yes=2
	Respiratory infection own estimate	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Your own estimate: Never=1; Yes, during the last 12 months=2; Yes, but more than a year ago=3
	Respiratory infection verified by a doctor	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Verified or treated by a doctor: No=1; Yes=2
	Emphysema own estimate	Have you ever had the following symptoms or conditions associated with the	Your own estimate: Never=1; Yes, during the last 12 months=2; Yes, but

		airways and/or allergy?	more than a year ago=3
	Emphysema verified by a doctor	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Verified or treated by a doctor: No=1; Yes=2
	Hayfever own estimate	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Your own estimate: Never=1; Yes, during the last 12 months=2; Yes, but more than a year ago=3
	Hayfever verified by a doctor	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Verified or treated by a doctor: No=1; Yes=2
	Eczema own estimate	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Your own estimate: Never=1; Yes, during the last 12 months=2; Yes, but more than a year ago=3
	Eczema verified by a doctor	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Verified or treated by a doctor: No=1; Yes=2
	Allergic eye symptoms own estimate	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Your own estimate: Never=1; Yes, during the last 12 months=2; Yes, but more than a year ago=3
	Allergic eye symptoms verified by a doctor	Have you ever had the following symptoms or conditions associated with the airways and/or allergy?	Verified or treated by a doctor: No=1; Yes=2

	Congenital heart disease	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Cardiac insufficiency	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Angina pectoris	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Diabetes	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Thyroiditis	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Gastric ulcer	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Gallstones	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Urinary tract infection	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2

	Ovaritis	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Prostatitis	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Chlamydia	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Genital warts	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Genital herpes	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Genital infection	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Hearing defect	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Ophthalmological defect	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2

	Epilepsy	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Migraine	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Other neurological disease	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Rheumatoid arthritis	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Other arthritic condition	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Degenerative back condition	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Cancer	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Hernia	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2

	Anaemia	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Psychosis	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Depression	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Other mental health problem	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Problems with alcohol	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Other intoxicant problem	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Fractures	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Dental malocclusion requiring orthodontics	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2

	Other sickness or injury	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
	Medication for asthma	Have you ever had any of the following symptoms, sicknesses or injuries verified or treated by a doctor?	No=1; Yes=2
Metabolic	Apolipoprotein A-I	N/A - measures from blood samples	N/A
	Apolipoprotein B	N/A - measures from blood samples	N/A
	ApoB/apoA1 ratio	N/A - measures from blood samples	N/A
	Intermediate-density lipoprotein	N/A - measures from blood samples	N/A
	Low-density lipoprotein	N/A - measures from blood samples	N/A
	High-density lipoprotein	N/A - measures from blood samples	N/A
	Total cholesterol	N/A - measures from blood samples	N/A
	Triglycerides	N/A - measures from blood samples	N/A
	Very-low-density lipoprotein	N/A - measures from blood samples	N/A
	Total cholesterol/HDL ratio	N/A - measures from blood samples	N/A
	non-HDL cholesterol	N/A - measures from blood samples	N/A
	Fasting glucose concentration	N/A - measures from blood samples	N/A
	Fasting insulin concentration	N/A - measures from blood samples	N/A
	Testosterone	N/A - measures from blood samples	N/A
	Sex hormone binding globulin	N/A - measures from blood samples	N/A
	Luteinising hormone	N/A - measures from blood samples	N/A
	C-reactive protein	N/A - measures from blood samples	N/A
	Heart rate	N/A - clinical measure	N/A

	HOMA-beta	N/A - measures from blood samples	N/A
Lifestyle traits	Alcohol consumed per day	Alcohol consumed per day	... g/day
	Alcoholic beverages	Do you drink even occasionally alcoholic beverages?	1 I have never used alcohol, move to question 79 2 no, because I gave up alcohol completely _ years ago, move to question 79 3 yes, less often than once a month 4 yes, at least once a month
	Drunkenness age 14	Have you been drunk?	1 never 2 once slightly 3 twice or more times slightly once very much 4 2-4 times very much 5 several times very much
	Alcohol consumed	N/A	N/A
	Beer/cider frequency	How often do you usually drink beer, cider or long drinks?	1 never 2 once a year or less often 3 a couple of times a year 4 3-4 times a year 5 once in a couple of months 6 once a month 7 a couple of times a month 8 once a week 9 a few times a week 10 daily
	Beer/cider amount	How much do you usually drink beer, cider or long drinks at a time?	1 less than one bottle 2 1 bottle 3 2 bottles 4 3 bottles 5 4-5 bottles 6 6-9 bottles 7 10-14 bottles 8 15 bottles or more

			9 I don't drink these drinks
	Light wine frequency	How often do you usually drink light wine?	1 never 2 once a year or less often 3 a couple of times a year 4 3-4 times a year 5 once in a couple of months 6 once a month 7 a couple of times a month 8 once a week 9 a few times a week 10 daily
	Light wine amount	How much do you usually drink light wine (alcohol content 5%) at a time?	1 half a glass 2 a glass (= 16 cl) 3 a couple of glasses 4 about half a big bottle (big bottle = 3/4 l) 5 slightly less than a big bottle 6 about a big bottle 7 one to two big bottles 8 more than two big bottles 9 I don't drink light wine
	Wine frequency	How often do you usually drink wine?	1 never 2 once a year or less often 3 a couple of times a year 4 3-4 times a year 5 once in a couple of months 6 once a month 7 a couple of times a month 8 once a week 9 a few times a week 10 daily

	Wine amount	How much do you usually drink wine at a time?	1 half a glass 2 a glass (= 16 cl) 3 a couple of glasses 4 about half a big bottle (big bottle = 3/4 l) 5 slightly less than a big bottle 6 about a big bottle 7 one to two big bottles 8 more than two big bottles 9 I don't drink wine
	Spirits frequency	How often do you usually drink spirits?	1 never 2 once a year or less often 3 a couple of times a year 4 3-4 times a year 5 once in a couple of months 6 once a month 7 a couple of times a month 8 once a week 9 a few times a week 10 daily
	Spirits amount	How much do you usually drink spirits at a time?	1 less than one drink as served in a restaurant (less than 4 cl) 2 one drink as served in a restaurant (appr. 4 cl) 3 a couple of restaurant drinks 4 3-4 restaurant drinks 5 5-6 restaurant drinks 6 7-10 restaurant drinks 7 a bottle of about half a litre 8 more than a half-litre bottle 9 I don't drink spirits

	Teetotal	Do you drink even occasionally alcoholic beverages?	1 I have never used alcohol, move to question 79 2 no, because I gave up alcohol completely I I I years ago, move to question 79 3 yes, less often than once a month 4 yes, at least once a month
	Age started smoking	Have you ever smoked in your life: yes, I started when I was X years old	X
	Age started smoking regularly	Have you ever been smoking regularly?: yes, I have smoked regularly for altogether X years	X
	Smoking regularly	Have you ever been smoking regularly?	1 no 2 yes, I have smoked regularly for altogether I__I__ I years
	Smoking nowadays	Do you smoke nowadays?	1 on 7 days a week 2 on 5-6 days a week 3 on 2-4 days a week 4 on one day a week 5 occasionally 6 not at all
	Last smoked	When did you last smoke?	1 Yesterday or today 2 2 days - 1 month ago 3 1 - 6 months ago 4 7 - 11 months ago 5 1 - 5 years ago, move to question 86 6 6 - 10 years ago, move to question 8 7 More than 10 years ago, move to question 86
	Smoking age 14	Smoking	1 I have never tried 2 I tried once 3 I have tried twice or more 4 I smoke

			occasionally 5 I smoke about twice a week 6 I smoke 1 — 5 cigarettes daily 7 I smoke 6 — 10 cigarettes daily 8 I smoke more than 10 cigarettes daily
	Smoking age 31	Do you smoke nowadays?	1 No 2 Yes
	Change in smoking habits during pregnancy	Did the mother change her smoking habits during this pregnancy?	1 No 2 Yes
	Cigarettes after the change	Number of cigarettes or pipefuls smoked daily after the change	—
	How much smoking during pregnancy	During the 12 months preceding the pregnancy, did the mother smoke at least one cigarette or one pipeful of tobacco a day?	If "yes", how many cigarettes/pipefuls a day? __cigarettes pipefuls
	Filter cigarettes per day	How much per day do you usually smoke now or smoked before you gave up smoking?	filter cigarettes cigarettes per day other cigarettes__cigarettes per day pipefuls __pipefuls per day cigars__cigars per day
	Mother's education	Mother's education	—
	Social class according to father's occupation	Mother's and father's occupational status	1 employer, 2 entrepreneur director, 3 employee worker, 4 assisting family member 0 no occupation
	Social class according to	Mother's and father's occupational status	1 employer, 2 entrepreneur director, 3 employee worker, 4

	mother's occupation		assisting family member 0 no occupation
	Socio-economic status according to occupation	What is your present occupation?	—
	Contraceptive pill	Which method of contraception are you using?	—
	Hours in dust and smoke on duty	How much do you experience the following things in your surroundings?	1 2 3 4 Dust, smoke steam etc.
	Hours in dust and smoke off duty	How much do you experience the following things in your surroundings?	1 2 3 4 Dust, smoke steam etc.
	Second hand smoke	How much do you experience the following things in your surroundings?	1 2 3 4 Cigarette smoke
	Mother's age	Mother's age	__ years
	Father's age	Father's age	__ years
	Mother smoking during pregnancy	During the 12 months preceding the pregnancy, did the mother smoke at least one cigarette or one pipeful of tobacco a day?	1 No 2 Yes
Health	Back endurance ability	Back endurance test	N/A
	Bending forward ability	How well are you capable of doing the following things?	1 No problem 2 I can, but it's difficult 3 I can, but it's very difficult 4 I can't at all
	Duration of exercise	How long at a time do you take exercise in your leisure time?	1 Never 2 Less than 20 minutes 3 20-39 minutes 4 40-59 minutes 5 1-1,5 hours 6 more than 1,5 hours
	Duration of light exercise	How long at a time do you take exercise in your leisure time?	1 Never 2 Less than 20 minutes 3 20-39 minutes 4 40-59 minutes 5 1-1,5 hours 6 more than 1,5 hours

	Frequency of exercise	How often in your leisure time do you take exercise ?	1 Once a month 2 2-3 a month 3 Once a week 4 2-3 times a week 5 4-6 times a week 6 Daily
	Frequency of light exercise	How often in your leisure time do you take exercise ?	1 Once a month 2 2-3 a month 3 Once a week 4 2-3 times a week 5 4-6 times a week 6 Daily
	Lifting and carrying	How well are you capable of doing the following things?	1 No problem 2 I can, but it's difficult 3 I can, but it's very difficult 4 I can't at all
	Running 5km ability	How well are you capable of doing the following things?	1 No problem 2 I can, but it's difficult 3 I can, but it's very difficult 4 I can't at all
	Running 2km ability	How well are you capable of doing the following things?	1 No problem 2 I can, but it's difficult 3 I can, but it's very difficult 4 I can't at all
	Squatting and standing ability	How well are you capable of doing the following things?	1 No problem 2 I can, but it's difficult 3 I can, but it's very difficult 4 I can't at all
	Blood pressure	N/A - clinical measure	N/A
	Diastolic blood pressure	N/A - clinical measure	N/A
	Systolic blood pressure	N/A - clinical measure	N/A
Physiological	Birth length	N/A - clinical measure	N/A
	Height at 6 months	N/A - clinical measure	N/A
	Height at 12 months	N/A - clinical measure	N/A
	Height at 31 years	N/A - clinical measure	N/A
	Birth weight	N/A - clinical measure	N/A
	Weight at 12 months	N/A - clinical measure	N/A
	Weight at 31 years	N/A - clinical measure	N/A
	BMI at 31 years	N/A - clinical measure	N/A
	Ponderal index	N/A - clinical measure	N/A
	Waist circumference at 31 years	N/A - clinical measure	N/A
	Hip circumference at 31 years	N/A - clinical measure	N/A

	Waist/hip ratio at 31 years	N/A - clinical measure	N/A
	Head circumference at 12 months	N/A - clinical measure	N/A
	Sex	N/A - clinical measure	N/A
	Gestational age	N/A - clinical measure	N/A
	Placenta weight	N/A - clinical measure	N/A
	Number of deliveries:parity	If you have been pregnant, how many times have you had - miscarriages; abortions; extrauterine pregnancies; deliveries?	__times
	Pre-pregnancy weight	Mother's weight before pregnancy	__KG
	Mother's menarche age	How old were you when you started menstruating?	__years
	Menarche age	How old were you when you started menstruating?	__years
	Menstruation cycle (longer than 35 days)	Is your menstrual cycle often over 35 days?	1 Yes 2 No 3 I don't have menstruation
	Excessive growth of body hair(women)	Do you have excessive growth of body hair?	1 Yes 2 No
	Mother's BMI	N/A - clinical measure	N/A