

Questions documentation

Participant Questionnaire

The Norwegian Mother and Child Cohort Study (MoBa)

Recipients:

2. generation MoBa women and men who participate in clinical examinations – MoBa terms for the clinical examinations: Young women's health and fertility and Young men's health and fertility

Version	Date	Performed by	Description
1.0		Siri E. Håberg, Katrine Kranstad	Original version

LIST OF CONTENTS

General information	3
Background, living situation and economy	4
Sexuality and orientation	6
Values, attitudes and child desires	8
Satisfaction	11
Activity and leisure	12
Sleep	14
Tattoos	18
Diseases and health complaints	19
Sexually transmitted diseases	28
Medication use	29
Alcohol and drugs	34
Nicotine use.....	37
Diet	38
Fertility and heredity.....	43
Puberty and development (men)	44
Hair loss (men)	46
Men's health and fertility.....	48
Menstruation	49
Contraception.....	54
Pregnancies and gestation	59
Gynecological conditions/diseases	64

General information

This instrument documentation was written based on version A of the questionnaire.

Background, living situation and economy

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
1	Which municipality do you currently live in (meaning the municipality in which you spend the most of your year)?		
	[Pull down]	Pull-down menu with all municipalities in Norway (anno 2024)	UF11
2	What do you occupy your time with these days?		
	[Multiple choice]	Attending high school	UF12
		Attending higher education	UF13
		Apprenticeship	UF14
		Mandatory military service	UF15
		Attending folk high school	UF16
		Having a “gap year”	UF17
		Unemployed /temporarily laid off	UF18
		On sick leave / disabled / temporarily disabled (recovery)	UF19
		Employed in private sector	UF20
		Employed in public sector	UF21
		Self-employed	UF22
		Freelancer	UF23
		Parental leave	UF24
		Stay-at-home	UF25
		Other	UF26
2.1	What kind of working hours do you usually have?		
	<i>This element will only be displayed if option “Employed in private sector”, “Employed in public sector”, “Self-employed” or “Freelancer” was selected in question 2 “What do you occupy your time with these days?”</i> [Radio buttons]	<ol style="list-style-type: none"> 1. Mainly daytime work 2. Mainly evening work (between 18:00 and 21:00) 3. Mainly night work (between 21:00 and 06:00) 4. Shift work 5. Other 	UF27
3	What is your current living situation?		
	[Multiple choice]	I live alone	UF28
		I live with spouse	UF29
		I live with boyfriend / girlfriend	UF30
		I live with parent(s) or stepparent(s)	UF31
		I live with sibling(s) / half sibling(s) / stepsibling(s)	UF32
		I live with friends / in a shared housing / barracks	UF33
		I live with my own / other’s children	UF34
		I live with other than the options listed above	UF35
4	What is your current completed level of education?		
	[Radio buttons]	<ol style="list-style-type: none"> 1. Lower secondary school 2. Upper secondary (vocational) 3. Upper secondary (academic) 4. College/university up to 4 years 5. College/university more than 4 years 6. Other 	UF36
5	What is your planned level of education?		
	[Radio buttons]	<ol style="list-style-type: none"> 1. Upper secondary (vocational) 2. Upper secondary (academic) 3. College/university up to 4 years 4. College/university more than 4 years 5. Other 	UF37
6	What was your income last year, before tax?		
	[Pull down]	1. No income	UF38

		2. Under 300 000 NOK 3. 300 000-399 999 NOK 4. 400 000-499 999 NOK 5. 500 000-599 999 NOK 6. 600 000-699 999 NOK 7. 700 000-799 999 NOK 8. 800 000-899 999 NOK 9. 900 000-999 999 NOK 10. More than 1 000 000 NOK 11. Don't know	
7	What was your mother's income last year, before tax?		
	[Pull down]	1. No income 2. Under 300 000 NOK 3. 300 000-399 999 NOK 4. 400 000-499 999 NOK 5. 500 000-599 999 NOK 6. 600 000-699 999 NOK 7. 700 000-799 999 NOK 8. 800 000-899 999 NOK 9. 900 000-999 999 NOK 10. More than 1 000 000 NOK 11. Don't know 12. Not applicable	UF39
8	What was your father's income last year, before tax?		
	[Pull down]	1. No income 2. Under 300 000 NOK 3. 300 000-399 999 NOK 4. 400 000-499 999 NOK 5. 500 000-599 999 NOK 6. 600 000-699 999 NOK 7. 700 000-799 999 NOK 8. 800 000-899 999 NOK 9. 900 000-999 999 NOK 10. More than 1 000 000 NOK 11. Don't know 12. Not applicable	UF40
9	Did you experience any of the following before turning 16? [Matrix with radio buttons]		
	Financial problems in your childhood home?	1. Yes 2. No	UF41
	Conflict-ridden relationship between your parents?		UF42
	That your parents got divorced?		UF43
	Long-term bullying?		UF44
	Difficulties keeping up at school?		UF45

2. **Description of original instrument:** MoBa specific questions developed by researchers for MoBa questionnaires.
3. **Rationale for choosing the questions:** included in order to capture data about the respondents' current life-situation.
4. **Revision during the data collection period:**
No revisions have been made.

Sexuality and orientation

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
10	What biological sex were you assigned at birth?		
	[Radio buttons]	1. Female 2. Male 3. Other	UF46
11	Which of the following best describes your gender identity?		
	[Radio buttons]	1. Woman 2. Man 3. Trans woman 4. Trans man 5. Non-binary / gender fluid / agender (genderless) 6. No preference 7. Other 8. Prefer not to answer	UF47
12	How would you describe your sexual orientation?		
	[Radio buttons]	1. Asexual 2. Bisexual 3. Heterosexual 4. Homosexual 5. Pansexual 6. Queer 7. Other 8. Don't know 9. Prefer not to answer	UF48
13	How many sexual partners have you had in your lifetime?		
	[Radio buttons]	1. None 2. 1 3. 2-4 4. 5-7 5. 8-10 6. 11-13 7. 14-16 8. 17-20 9. 21-25 10. More than 25 11. Don't know / Can't remember 12. Prefer not to answer	UF49
13.1	At what age did you have your first sexual experience?		
	<i>This element will only be displayed if any other option than "None" was selected in question 13 "How many sexual partners have you had in your lifetime?"</i> [Number box]	Number box, min:0, max: 30, whole number	UF50
13.2	Do you currently have a regular sexual partner?		
	<i>This element will only be displayed if any other option than "None" was selected in question 13 "How many sexual partners have you had in your lifetime?"</i> [Radio buttons]	1. No 2. Yes 3. Unsure 4. Prefer not to answer	UF51

2. **Description of original instrument:** MoBa specific questions, developed in collaboration with the DNBC for the purpose of collecting data from 2. Generation MoBa and DNBC participants. Q11, 12 and 13.1 collected from the MoBa questionnaire “Ung Helse” version A.
3. **Rationale for choosing the questions:** included in order to capture data on sexual orientation and sexual debut. Q10 about assigned sex at birth included in order to filter questions to those assigned female and male at birth.
4. **Revision during the data collection period:**
No revisions have been made.

Values, attitudes and child desires

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
14	How important would you say the following are in your life <u>right now</u>? <i>[Matrix with radio buttons]</i>		
	Friends	<div>1. Very important</div> <div>2. Quite important</div> <div>3. Somewhat important</div> <div>4. Not important</div>	UF52
	Family		UF53
	Material living standard		UF54
	Work		UF55
	Leisure time		UF56
	Politics		UF57
	Your housing		UF58
	Art and culture		UF59
	Your appearance		UF60
	Your sexual life		UF61
15	Do you want to have your own biological children / more biological children?		
	<i>[Radio buttons]</i>	<div>1. Yes, want to have children within the next 1-2 years</div> <div>2. Yes, want to have children within the next 3-4 years / further into the future</div> <div>3. No, I have had the children I want</div> <div>4. No, I only want to adopt children</div> <div>5. No, I do not want to have children</div> <div>6. Don't know</div>	UF62
15.1	To what extent do these factors influence the choice not to have children in the future? <i>This element will only be displayed if option “No, [...]” was selected in question 15 “Do you want to have your own biological children / more biological children?”</i> <i>[Matrix with radio buttons]</i>		
	Concerned about climate change	<div>1. Not at all</div> <div>2. To a small extent</div> <div>3. Neither</div> <div>4. To a large extent</div> <div>5. To a very large extent</div> <div>6. Unsure</div>	UF63
	Concerned about war		UF64
	Concerned about overpopulation of the planet		UF65
	Economic reasons		UF66
	Lack of social network		UF67
	Lack of family network		UF68
	Health reasons - physical health		UF69
	Health reasons - mental health		UF70
	Want to prioritize own development goals, leisure and interests		UF71
	Want to prioritize career		UF72
	Find it difficult to combine family and work life		UF73
15.2	We will now list some factors that can influence the desire for children. How important are these for your own decision about when and whether to have children? <i>This element will only be displayed if option “Yes, want to have children within the next 1-2 years”, “Yes, want to have children within the next 3-4 years / further into the future” or “Don’t know” was selected in question 15. “Do you want to have your own biological children / more biological children?”</i> <i>[Matrix with Radio buttons]</i>		
	That I have a partner who would like to have children	<div>1. Not important at all</div> <div>2. Not very important</div> <div>3. Somewhat important</div> <div>4. Important</div> <div>5. Very important</div>	UF74
	That I have completed my education		UF75
	That I have a steady job		UF76
	That I/we have a home that is big enough		UF77
	That I own my own home		UF78

	That my friends have had children or are expecting children		UF79
	That I start having children early enough so that I don't end up having fewer children than I want		UF80
	That I live close to family		UF81
15.3	Take a position on the following statements that revolve around having children, living together and living conditions <i>This element will only be displayed if option “Yes, want to have children within the next 1-2 years”, “Yes, want to have children within the next 3-4 years / further into the future” or “Don’t know” was selected in question 15. “Do you want to have your own biological children / more biological children?”</i> [Radio buttons]		
	I want a partner before I have children		UF82
	I could imagine having children as a single person		UF83
	Children are something I want after I’ve finished traveling, partying and the like		UF84
	It’s best for children to grow up with a biological mother and biological father		UF85
	Marriage is an outdated form of living together		UF86
15.4	At what age do you want to have your first/next biological child?		
	<i>This element will only be displayed if option “Yes, want to have children within the next 1-2 years”, “Yes, want to have children within the next 3-4 years / further into the future” or “Don’t know” was selected in question 15. “Do you want to have your own biological children / more biological children?”</i> [Pull down]	<div>1. 18</div> <div>2. 19</div> <div>3. 20</div> <div>....</div> <div>33. 50</div> <div>34. Over 50</div> <div>35. Don't know</div>	UF87
15.5	At what age do you want to have your last biological child?		
	<i>This element will only be displayed if option “Yes, want to have children within the next 1-2 years”, “Yes, want to have children within the next 3-4 years / further into the future” or “Don’t know” was selected in question 15. “Do you want to have your own biological children / more biological children?”</i> [Pull down]	<div>1. 18</div> <div>2. 19</div> <div>3. 20</div> <div>....</div> <div>33. 50</div> <div>34. Over 50</div> <div>35. Don't know</div>	UF88
15.6	Please indicate how many biological children you would like to have		
	<i>This element will only be displayed if option “Yes, want to have children within the next 1-2 years”, “Yes, want to have children within the next 3-4 years / further into the future” or “Don’t know” was selected in question 15. “Do you want to have your own biological children / more biological children?”</i> [Radio buttons]	<div>1. 1</div> <div>2. 2</div> <div>3. 3</div> <div>4. 4</div> <div>5. 5</div> <div>6. 6 or more</div> <div>7. Don't know</div> <div>8. Don't want to answer</div>	UF89

2. **Description of original instrument:** MoBa specific questions, developed in collaboration with the DNBC for the purpose of collecting data from 2. Generation MoBa and DNBC participants. Some questions inspired by other questionnaires outside MoBa/DNBC. In particular; Q15 originally used in the Germain Pairfam Panel Survey. Q15.2 from "The Swedish Fertility awareness Questionnaire". Shortened from 13 items in the original scale. Q15.4 and 15.5 from "The Swedish Fertility awareness Questionnaire".

3. **Rationale for choosing the questions:** included in order to capture data about the respondents' fertility intentions.
4. **Revision during the data collection period:**
No revisions have been made.

Satisfaction

1. Name of original scale: MoBa specific question and Perceived stress scale (PSS)

Q		Response options	Variable name
16	Here we ask you to consider the following statements about life satisfaction and self-image: [Matrix with radio buttons]		
	I am satisfied with my life	1. Disagree 2. Slightly disagree 3. Somewhat agree 4. Agree 5. Strongly agree	UF90
	I experience meaning in life		UF91
	If I could live my life over again, I would want it the same way		UF92
	I have a positive view of myself		UF93
	I have too much to do		UF94
	Sometimes I feel like I am not good at anything		UF95
17	We also ask you to consider the following statements. How often in the last month have you: [Matrix with radio buttons]		
	Got upset because of unexpected events?	1. Never 2. Almost never 3. Sometimes 4. Quite often 5. Very often	UF96
	Felt that you were unable to control the important things in your life?		UF97
	Felt nervous and stressed?		UF98
	Felt confident that you could handle your personal problems?		UF99
	Felt that you were successful in everything?		UF100
	Felt like you haven't mastered all the things you had to do?		UF101
	Been able to control the irritants in your life?		UF102
	Felt overwhelmed?		UF103
	Been angry because of events that were beyond your control?		UF104
	Felt like problems piled up so much that you couldn't handle them?		UF105

2. Description of original instrument:

Q16: MoBa specific question, developed in collaboration with the DNBC.

Q17: Perceived stress scale (PSS) 10-item. *Reference: Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States Spacapan, S. and Oskamp, S. (Eds.) The Social Psychology of Health. Newbury Park, CA: Sage, 1988.*

3. Rationale for choosing the questions: Included in order to capture data on life satisfaction.

4. Revision during the data collection period:

No revisions have been made.

Activity and leisure

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
18	On a typical weekday, approximately how many hours are you sedentary during a day?		
	<i>[Radio buttons]</i>	<div><div>1. Less than an hour</div><div>2. 1 – 2 hours</div><div>3. 3 – 4 hours</div><div>4. 5 – 7 hours</div><div>5. 8 – 10 hours</div><div>6. 11 hours or more</div></div>	UF106
19	How many hours per week are you physically active (on average)?		
	<i>By physically active we mean all physical activity, e.g. walking, skiing, cycling, swimming, dancing or doing exercise/sports. Also includes transportation to school and work.</i> <i>[Radio buttons]</i>	<div><div>1. Less than an hour</div><div>2. 1 – 2 hours</div><div>3. 3 – 4 hours</div><div>4. 5 – 7 hours</div><div>5. 8 – 10 hours</div><div>6. 11 hours or more</div></div>	UF107
20	How many hours per week is this activity of such intensity that you become visibly sweaty, out of breath and have a high heart rate?		
	<i>Here we are thinking of training with a certain intensity, e.g. football, handball, interval training, jogging, skiing, swimming as exercise / with tempo or strength training with intensity so that you become sweaty and out of breath etc.</i> <i>[Radio buttons]</i>	<div><div>1. Less than an hour</div><div>2. 1 – 2 hours</div><div>3. 3 – 4 hours</div><div>4. 5 – 7 hours</div><div>5. 8 – 10 hours</div><div>6. 11 hours or more</div></div>	UF108
Outside of work and education, how many hours do you spend on the following activities <u>on weekdays</u> ?			
21	PC-related activities (programming, coding, gaming) <i>[Pull down]</i>	<div><div>1. 0</div><div>2. 1</div><div>3. 2</div><div>....</div><div>24. 23</div><div>25. 24</div></div>	UF109
22	Social media (connecting with friends, sharing content, Instagram, Facebook, TikTok and the like) <i>[Pull down]</i>		UF110
23	Watching TV (movies, series, incl. streaming of movies, series) <i>[Pull down]</i>		UF111
24	Playstation and other gaming consoles <i>[Pull down]</i>		UF112
Outside of work and education, how many hours do you spend on the following activities <u>on weekends</u> ?			
25	PC-related activities (programming, coding, gaming) <i>[Pull down]</i>	<div><div>1. 0</div><div>2. 1</div><div>3. 2</div><div>....</div><div>24. 23</div><div>25. 24</div></div>	UF113
26	Social media (connecting with friends, sharing content, Instagram, Facebook, TikTok and the like) <i>[Pull down]</i>		UF114
27	Watching TV (movies, series, incl. streaming of movies, series) <i>[Pull down]</i>		UF115
28	Playstation and other gaming consoles <i>[Pull down]</i>		UF116

29	Which of these activities do you mainly do with others?		
<p><i>By “with others” we mean, for example, in online communities, physically with others, in a social arena such as a leisure club, etc.</i></p> <p><i>[Multiple choice]</i></p>		PC-related activities (programming, coding, gaming)	UF117
		Social media (connecting with friends, sharing content, Instagram, Facebook, TikTok and the like)	UF118
		Watching TV (movies, series, incl. streaming of movies, series)	UF119
		Playstation and other gaming consoles	UF120
		None	UF121

2. **Description of original instrument:** MoBa specific questions, developed in collaboration with the DNBC for the purpose of collecting data from 2. Generation MoBa and DNBC participants. Some questions inspired by other questionnaires outside MoBa/DNBC. In particular Q19 and 20 – questions modified from the questionnaire “Healthy body image intervention” from the Norwegian School of Sport Sciences. Q19 and 20 also included in the MoBa questionnaire “Ung Helse” version A.
3. **Rationale for choosing the questions:** Included in order to capture data on physical activity and leisure activities.
4. **Revision during the data collection period:**
No revisions have been made.

Sleep

1. Name of original scale: MoBa specific sleep questions used across several MoBa questionnaires

Q		Response options	Variable name
30	When do you usually go to bed on weekdays?		
	[Pull down]	1. Before 20:00 2. 20:00 3. 20:15 4. 20:30 31. 03:15 32. 03:30 33. 03:45 34. 04:00 35. After 04:00	UF122
31	How long does it usually take from when you go to bed to when you actually fall asleep on weekdays?		
	[Pull down]	1. 0 min 2. 5 min 3. 10 min 4. 15 min 5. 30 min 6. 45 min 7. 1 hour 8. 1.5 hours 9. 2 hours 10. 2.5 hours 11. 3 hours 12. More than 3 hours	UF123
32	How long are you awake during the night (after you first fall asleep) on weekdays?		
	[Pull down]	1. 0 min 2. 5 min 3. 10 min 4. 15 min 5. 30 min 6. 45 min 7. 1 hour 8. 1.5 hours 9. 2 hours 10. 2.5 hours 11. 3 hours 12. 4 hours 13. 5 hours 14. 6 hours 15. 7 hours 16. More than 7 hours	UF124
33	What time do you usually get up in the morning on weekdays?		
	[Pull down]	1. Before 05:00 2. 05:00 3. 05:15 4. 05:30 5. 05:45 31. 12:15 32. 12:30 33. 12:45 34. 13:00 35. After 13:00	UF125

34	Check if you are currently experiencing any of the following sleep problems.		
<i>[Multiple choice]</i>		Difficulty falling asleep	UF126
		Waking up at night	UF127
		Waking up too early in the morning	UF128
		Snoring (according to others)	UF129
		Stopping breathing during sleep (according to others)	UF130
		Daytime sleepiness (easily drifts off)	UF131
		Daytime fatigue (tired/unmotivated)	UF132
		None of these	UF133
34.1	How many nights a week do you experience difficulty falling asleep?		
	<i>This element will only be displayed if option “Difficulty falling asleep” was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i>	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	UF134
	<i>[Pull down]</i>		
34.2	How many nights a week do you experience waking up during the night?		
	<i>This element will only be displayed if option “Waking up at night” was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i>	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	UF135
	<i>[Pull down]</i>		
34.3	How many times a week do you experience waking up too early in the morning, without being able to go back to sleep?		
	<i>This element will only be displayed if option “Waking up too early in the morning” was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i>	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	UF136
	<i>[Pull down]</i>		
34.4	How many nights a week do you experience snoring (according to others)?		
	<i>This element will only be displayed if option “Snoring (according to others)” was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i>	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	UF137
	<i>[Pull down]</i>		
34.5	How many nights a week do you experience stopped beathing during sleep (according to others)?		
	<i>This element will only be displayed if option “Stopping breathing during sleep (according to others)” was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i>	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	UF138
	<i>[Pull down]</i>		
34.6	How many times a week do you experience daytime sleepiness (easily drifts off)?		
	<i>This element will only be displayed if option “Daytime sleepiness (easily drifts off)” was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i>	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	UF139
	<i>[Pull down]</i>		

34.7	How many times a week do you experience daytime fatigue (tired/unmotivated)?		
	<i>This element will only be displayed if option “Daytime fatigue (tired/unmotivated)” was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i> <i>[Pull down]</i>	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	UF140
34.8	How long have you had such sleep problems?		
	<i>This element will only be displayed if any of the options was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i> <i>[Radio buttons]</i>	1. Less than 1 month 2. 1 - 2 months 3. 3 - 6 months 4. 7 - 11 months 5. 1 - 3 years 6. More than 3 years	UF141
34.9	What are the most important factors that you believe have caused your sleep problems?		
	<i>This element will only be displayed if any of the options was selected in question 34 “Check if you are currently experiencing any of the following sleep problems.”</i> <i>[Multiple choice]</i>	Heredity/genetics	UF142
		Travel/work hours	UF143
		Poor sleep habits	UF144
		Infection (virus or bacteria)	UF145
		Eating in the evening	UF146
		Coffee, smoking or alcohol	UF147
		Medications	UF148
		Stress or overwork	UF149
		Noise	UF150
		Mental disorders	UF151
		Other illness	UF152
		Bad luck	UF153
		Night shifts	UF154
		Traffic noise	UF155
		Children	UF156
		Other noise	UF157
		Don't know	UF158
		Other	UF159

2. **Description of original instrument:** Q30-33: MoBa specific questions adapted for epidemiological studies to capture sleep patterns, including sleep length, time in bed. These items were first implemented in the SHOT study (Sivertsen et al., 2019) and were inspired by the Consensus Sleep Diary (Carney et al., 2012). Q34 + 34.1-34.8: Items adapted for MoBa from the Karolinska Sleep Questionnaire (Kecklund & Åkerstedt, 1992), modified to assess the frequency and duration of specific sleep problems over the past three months with an expanded response scale. These items align with DSM-5 criteria for diagnosing insomnia disorder and were first implemented in the SHOT study (Sivertsen et al., 2019). Q34.9: MoBa-specific question with a tailored list of potential causes reflecting the respondents' life situations to enable analysis of environmental and lifestyle factors affecting sleep.

3. **Rationale for choosing the questions:** Q30-33: These items facilitate detailed analysis of sleep length, time in bed, and variability between weekdays and weekends, providing valuable insights into sleep patterns. Questions only about weekdays were decided to include in this questionnaire. Q34 + 34.1-34.8: These questions provide a foundation for estimating the prevalence of insomnia based on DSM-5 criteria by covering specific sleep problems (Q34), their frequency (Q34.1-Q34.7), and duration (Q34.8). The inclusion of snoring and sleep apnea items enables approximation of obstructive sleep apnea (OSA). The frequency intervals for Q34.8 align with the DSM-5, which requires a sleep problem to persist for at least three months for an insomnia diagnosis. Q34.9: Designed to identify respondents' attributions for their sleep difficulties. The list of potential causes has been tailored to reflect the respondents' life situations, enabling an analysis of perceived reasons for sleep problems, such as lifestyle factors, environmental conditions, and health-related issues.

4. Revision during the data collection period:

No revisions have been made.

Tattoos

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
35	Do you have any tattoos?		
	[Radio buttons]	1. Yes 2. No	UF160
35.1	How old were you when you got your first tattoo?		
	<i>This element will only be displayed if option "Yes" was selected in question 35 "Do you have any tattoos?"</i> [Pull down]	1. 15 years or younger 2. 16 3. 17 4. 18 15. 29 16. 30 17. Don't remember	UF161
35.2	How many tattoos do you have in total?		
	<i>This element will only be displayed if option "Yes" was selected in question 35 "Do you have any tattoos?"</i> [Pull down]	1. 1 2. 2 3. 3 14. 14 15. 15 16. 15 or more	UF162
35.3	What color is your tattoo(s)?		
	<i>This element will only be displayed if option "Yes" was selected in question 35 "Do you have any tattoos?"</i> [Multiple choice]	Black Red Blue White Gray Yellow Orange Purple Green Other	UF163 UF164 UF165 UF166 UF167 UF168 UF169 UF170 UF171 UF172
35.4	How large is your tattoo(s) approximately measured in palms?		
	<i>This element will only be displayed if option "Yes" was selected in question 35 "Do you have any tattoos?"</i> <i>If you have multiple tattoos, indicate the total size.</i> [Radio buttons]	1. Under one palm 2. 1-5 palms 3. More than 5 palms 4. Don't know	UF173
36	Have you had a tattoo removed?		
	[Radio buttons]	1. Yes 2. No	UF174

2. **Description of original instrument:** All questions are collected from a previous questionnaire (Risikofaktorer for visse typer af kræftsygdomme) developed and distributed by Syddansk Universitet. Institut for Sundhedstjenesteforskning, Dansk Center for Tvillingforskning,
3. **Rationale for choosing the questions:** The data generated enables research on the interplay between tattoos on health. It was decided to include questions used in a previous questionnaire in Denmark as they have been validated.
4. **Revision during the data collection period:**
No revisions have been made.

Diseases and health complaints

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
37	All in all, how would you describe your current health?		
	[Radio buttons]	1. Very bad 2. Bad 3. Neither good nor bad 4. Good 5. Very good	UF175
38	Asthma/allergy/skin		
38	Check if you have any of the following diseases or health problems: [Multiple choice]	Asthma	UF176
		Psoriasis	UF177
		Hay fever, pollen allergy	UF178
		Other allergy	UF179
		Atopic eczema	UF180
		Acne/pimples	UF181
		No, none of these	UF182
38.1	Asthma: has a doctor told you that you have this?		
	<i>This element will only be displayed if "Asthma" was selected in question 38. "Do you have any of the following diseases or health problems? Asthma/allergy/skin"</i> [Radio buttons]	1. Yes 2. No	UF183
38.1.1	Have you used prescription medication for asthma in the past year?		
	<i>This element will only be displayed if "Yes" was selected in question 38.1. "Asthma: Has a doctor told you that you have this?"</i> [Radio buttons]	1. Yes 2. No	UF184
38.2	Psoriasis: Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Psoriasis" was selected in question 38. "Do you have any of the following diseases or health problems? Asthma/allergy/skin"</i> [Radio buttons]	1. Yes 2. No	UF185
38.2.1	Have you used prescription medication for psoriasis in the past year?		
	<i>This element will only be displayed if "Yes" was selected in question 38.2. "Psoriasis: Has a doctor told you that you have this?"</i> [Radio buttons]	1. Yes 2. No	UF186
38.3	Hay fever, pollen allergy: Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Hay fever, pollen allergy" was selected in question 38. "Do you have any of the following diseases or health problems? Asthma/allergy/skin"</i> [Radio buttons]	1. Yes 2. No	UF187
38.3.1	Have you used prescription medication for hay fever or pollen allergy in the past year?		
	<i>This element will only be displayed if "Yes" was selected in question 38.3. "Hay fever, pollen allergy: Has a doctor told you that you have this?"</i> [Radio buttons]	1. Yes 2. No	UF188

38.4	Other allergy: Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Other allergy" was selected in question 38. "Do you have any of the following diseases or health problems? Asthma/allergy/skin"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF189
38.4.1	Have you used prescription medication for another allergy in the past year?		
	<i>If "Yes" was selected in question 38.4. "Other allergy: Has a doctor told you that you have this?"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF190
38.5	Atopic eczema: Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Atopic eczema" was selected in question 38. "Do you have any of the following diseases or health problems? Asthma/allergy/skin"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF191
38.5.1	Have you used prescription medication for atopic eczema in the past year?		
	<i>This element will only be displayed if "Yes" was selected in question 38.5. "Atopic eczema: Has a doctor told you that you have this?"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF192
38.6	Acne: Has a doctor told you that you have this?		
	<i>[Radio buttons]</i>	1. Yes 2. No	UF193
38.6.1	Have you used prescription medication for acne in the past year?		
	<i>[Radio buttons]</i>	1. Yes 2. No	UF194
39	Diabetes		
	<i>Check if you have any of the following diseases or health conditions:</i> <i>[Multiple choice]</i>	Type 1 diabetes (treated with insulin)	UF195
		Type 2 diabetes (usually not treated with insulin)	UF196
		No, none of these	UF197
39.1	Type 1 diabetes (treated with insulin): Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Type 1 diabetes (treated with insulin)" in question 39. "Do you have any of the following diseases or health conditions? Diabetes"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF198
39.2	Type 2 diabetes (not treated with insulin): Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Type 2 diabetes (not treated with insulin)" was selected in question 39. "Do you have any of the following diseases or health conditions? Diabetes"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF199
40	Stomach/Intestines		
	<i>Check if you have any of the following diseases or health conditions:</i> <i>[Multiple choice]</i>	Crohn's disease	UF200
		Ulcerative colitis (diagnosed by blood test and bowel examination)	UF201
		Celiac disease (diagnosed by blood test and/or bowel examination)	UF202
		Irritable bowel syndrome (IBS)	UF203
		No, none of these	UF204

40.1	Crohn's disease: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Crohn's disease" was selected in question 40. "Do you have any of the following diseases or health conditions? Stomach/Intestines"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF205
40.2	Ulcerative colitis: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Ulcerative colitis (diagnosed by blood test and bowel examination)" was selected in question 40. "Do you have any of the following diseases or health conditions? Stomach/Intestines"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF206
40.3	Celiac disease: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Celiac disease (diagnosed by blood test and/or bowel examination)" was selected in question 40. "Do you have any of the following diseases or health conditions? Stomach/Intestines"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF207
40.4	Irritable bowel syndrome (IBS): Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Irritable bowel syndrome (IBS)" was selected in question 40. "Do you have any of the following diseases or health conditions? Stomach/Intestines"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF208
41	Genitals/Urinary Tract		
	<p><i>Check if you have any of the following diseases or health conditions:</i></p> <p>[Multiple choice]</p>	Kidney stones	UF209
		Kidney infection (pyelonephritis)	UF210
		Recurrent urinary tract infections (more than 2 infections in 6 months or more than 3 infections in 1 year)	UF211
		No, none of these	UF212
41.1	Kidney stones: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Kidney stones" was selected in question 41. "Do you have any of the following diseases or health conditions? Genitals/Urinary Tract"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF213
41.2	Kidney infection: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Kidney infection (pyelonephritis)" was selected in question 41. "Do you have any of the following diseases or health conditions? Genitals/Urinary Tract"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF214
41.3	Recurrent urinary tract infections: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Recurrent urinary tract infections (more than 2 infections in 6 months or more than 3 infections in 1 year)" was selected in question 41. "Do you have any of the following diseases or health conditions? Genitals/Urinary Tract"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF215

42	Rheumatic Conditions		
<p><i>Check if you have any of the following diseases or health conditions:</i></p> <p><i>[Multiple choice]</i></p>		Bechterew's (ankylosing spondylitis / spondyloarthritis)	UF216
		Joint inflammation after an infection (reactive arthritis)	UF217
		Psoriatic arthritis	UF218
		Rheumatoid arthritis	UF219
		Juvenile arthritis	UF220
		Gout	UF221
		Sjögren's syndrome	UF222
		Fibromyalgia	UF223
		Lupus (SLE)	UF224
		No, none of these	UF225
42.1	Bechterew's: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Bechterew's" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i></p> <p><i>[Radio buttons]</i></p>	<p>1. Yes</p> <p>2. No</p>	UF226
42.1.1	Have you used prescription medication for Bechterew's in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 42.1. Bechterew's. "Has a doctor told you that you have this?"</i></p> <p><i>[Radio buttons]</i></p>	<p>1. Yes</p> <p>2. No</p>	UF227
42.2	Joint inflammation after an infection: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Joint inflammation after an infection (reactive arthritis)" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i></p> <p><i>[Radio buttons]</i></p>	<p>1. Yes</p> <p>2. No</p>	UF228
42.2.1	Have you used prescription medication for joint inflammation (after an infection) in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 42.2. "Joint inflammation after an infection: Has a doctor told you that you have this?"</i></p> <p><i>[Radio buttons]</i></p>	<p>1. Yes</p> <p>2. No</p>	UF229
42.3	Psoriatic arthritis: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Psoriatic arthritis" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i></p> <p><i>[Radio buttons]</i></p>	<p>1. Yes</p> <p>2. No</p>	UF230
42.3.1	Have you used prescription medication for psoriatic arthritis in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 42.3. Psoriatic arthritis. "Has a doctor told you that you have this?"</i></p> <p><i>[Radio buttons]</i></p>	<p>1. Yes</p> <p>2. No</p>	UF231
42.4	Rheumatoid arthritis: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Rheumatoid arthritis" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i></p> <p><i>[Radio buttons]</i></p>	<p>1. Yes</p> <p>2. No</p>	UF232

42.4.1	Have you used prescription medication for rheumatoid arthritis in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 42.4. Rheumatoid arthritis. "Has a doctor told you that you have this?"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF233
42.5	Juvenile arthritis: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Juvenile arthritis" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF234
42.5.1	Have you used prescription medication for juvenile arthritis in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 42.5. Juvenile arthritis. "Has a doctor told you that you have this?"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF235
42.6	Gout: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Gout" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF236
42.6.1	Have you used prescription medication for gout in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 42.6. Gout. "Has a doctor told you that you have this?"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF237
42.7	Sjögren's syndrome: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Sjögren's syndrome" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF238
42.7.1	Have you used prescription medication for Sjögren's syndrome in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 42.7. Sjögren's syndrome. "Has a doctor told you that you have this?"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF239
42.8	Fibromyalgia: Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Fibromyalgia" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF240
42.8.1	Have you used prescription medication for fibromyalgia in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 42.8. Fibromyalgia. "Has a doctor told you that you have this?"</i></p> <p>[Radio buttons]</p>	<p>1. Yes 2. No</p>	UF241

42.9	Lupus (SLE): Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Lupus (SLE)" was selected in question 42. "Do you have any of the following diseases or health conditions? Rheumatic Conditions"</i> [Radio buttons]	1. Yes 2. No	UF242
42.9.1	Have you used prescription medication for lupus (SLE) in the past year?		
	<i>This element will only be displayed if "Yes" was selected in question 42.9. Lupus (SLE). "Has a doctor told you that you have this?"</i> [Radio buttons]	1. Yes 2. No	UF243
43	Check if you have any of the following illnesses or health conditions:		
[Multiple choice]		Anxiety	UF244
		Depression	UF245
		Anorexia/Bulimia / Other eating disorders	UF246
		ADHD	UF247
		Substance abuse (alcohol, medication or narcotic drugs)	UF248
		Other mental disorder	UF249
		No, none of these	UF250
43.1	Anxiety: Has a psychologist or doctor told you that you have this?		
	<i>This element will only be displayed if "Anxiety" was selected in question 43. "Do you have any of the following illnesses or health conditions?"</i> [Radio buttons]	1. Yes 2. No	UF251
43.1.1	Have you taken prescription medication for anxiety in the past year?		
	<i>This element will only be displayed if "Yes" was selected in question 43.1: Anxiety – Has a doctor told you that you have this?</i> [Radio buttons]	1. Yes 2. No	UF252
43.2	Depression: Has a psychologist or doctor told you that you have this?		
	<i>This element will only be displayed if "Depression" was selected in question 43: Do you have any of the following illnesses or health conditions?</i> [Radio buttons]	1. Yes 2. No	UF253
43.2.1	Have you taken prescription medication for depression in the past year?		
	<i>This element will only be displayed if "Yes" was selected in question 43.2: Depression – Has a doctor told you that you have this?</i> [Radio buttons]	1. Yes 2. No	UF254
43.3	Anorexia / Bulimia / Other eating disorders: Has a psychologist or doctor told you that you have this?		
	<i>This element will only be displayed if "Anorexia/Bulimia/Other eating disorders" was selected in question 43: Do you have any of the following illnesses or health conditions?</i> [Radio buttons]	1. Yes 2. No	UF255
43.3.1	Have you taken prescription medication for anorexia / bulimia / other eating disorders in the past year?		
	<i>This element will only be displayed if "Yes" was selected in question 43.3: Anorexia / Bulimia / Other eating disorders – Has a doctor told you that you have this?</i> [Radio buttons]	1. Yes 2. No	UF256

43.4	ADHD: Has a psychologist or doctor told you that you have this?		
	<p><i>This element will only be displayed if "ADHD" was selected in question 43: Do you have any of the following illnesses or health conditions?</i></p> <p>[Radio buttons]</p>	1. Yes 2. No	UF257
43.4.1	Have you taken prescription medication for ADHD in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 43.4: ADHD – Has a doctor told you that you have this?</i></p> <p>[Radio buttons]</p>	1. Yes 2. No	UF258
43.5	Substance abuse (alcohol, medication or narcotic drugs): Has a psychologist or doctor told you that you have this?		
	<p><i>This element will only be displayed if "Substance abuse (alcohol, medication or narcotic drugs)" was selected in question 43: Do you have any of the following illnesses or health conditions?</i></p> <p>[Radio buttons]</p>	1. Yes 2. No	UF259
43.5.1	Have you received treatment or taken prescription medication for substance abuse in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 43.5: Substance abuse – Has a doctor told you that you have this?</i></p> <p>[Radio buttons]</p>	1. Yes 2. No	UF260
43.6	Other mental disorder: Has a psychologist or doctor told you that you have this?		
	<p><i>This element will only be displayed if "Other mental disorder" was selected in question 43: Do you have any of the following illnesses or health conditions?</i></p> <p>[Radio buttons]</p>	1. Yes 2. No	UF261
43.6.1	Have you taken prescription medication for another mental disorder in the past year?		
	<p><i>This element will only be displayed if "Yes" was selected in question 43.6: Other mental disorder – Has a doctor told you that you have this?</i></p> <p>[Radio buttons]</p>	1. Yes 2. No	UF262
44	Check if you have any of the following illnesses or health conditions:		
	[Multiple choice]	Hyperthyroidism (overactive thyroid)	UF263
		Hypothyroidism (underactive thyroid)	UF264
		Migraine	UF265
		Chronic fatigue syndrome/ME	UF266
		Epilepsy	UF267
		Long-term symptoms / post-COVID-19 effects	UF268
		Cancer (with chemotherapy as treatment)	UF269
		Cancer (without chemotherapy treatment)	UF270
		Other	UF271
		None of these	UF272
44.1	Hyperthyroidism (overactive thyroid): Has a doctor told you that you have this?		
	<p><i>This element will only be displayed if "Hyperthyroidism (overactive thyroid)" was selected in question 44. "Do you have any of the following illnesses or health conditions?"</i></p> <p>[Radio buttons]</p>	1. Yes 2. No	UF273

44.2	Hypothyroidism (underactive thyroid): Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Hypothyroidism (underactive thyroid)" was selected in question 44. "Do you have any of the following illnesses or health conditions?"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF274
44.3	Migraine: Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Migraine" was selected in question 44. "Do you have any of the following illnesses or health conditions?"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF275
44.4	Chronic fatigue syndrome / ME: Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Chronic fatigue syndrome/ME" was selected in question 44. "Do you have any of the following illnesses or health conditions?"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF276
44.5	Epilepsy: Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Epilepsy" was selected in question 44. "Do you have any of the following illnesses or health conditions?"</i>	1. Yes 2. No	UF277
44.6	Long-term symptoms / post-COVID-19 effects: Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Long-term symptoms / post-COVID-19 effects" was selected in question 44. "Do you have any of the following illnesses or health conditions?"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF278
44.7	Cancer (with chemotherapy as treatment): Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Cancer (with chemotherapy as treatment)" was selected in question 44. "Do you have any of the following illnesses or health conditions?"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF279
44.8	Cancer (without chemotherapy treatment): Has a doctor told you that you have this?		
	<i>This element will only be displayed if "Cancer (without chemotherapy treatment)" was selected in question 44. "Do you have any of the following illnesses or health conditions?"</i> <i>[Radio buttons]</i>	1. Yes 2. No	UF280
45	Have you previously received radiation therapy?		
	<i>[Radio buttons]</i>	1. Yes 2. No 3. Don't know	UF281
45.1	Which area of the body was treated with radiation?		
	<i>This element will only be displayed if "yes" was selected in question 45. "Have you previously received radiation therapy?"</i> <i>[Multiple choice]</i>	Head/neck	UF282
		Chest/back	UF283
		Abdomen	UF284
		Pelvic area	UF285
		Legs/arms	UF286

2. **Description of original instrument:** MoBa specific questions, developed in collaboration with the DNBC for the purpose of collecting data from 2. Generation MoBa and DNBC participants. Q37: from Self-rated Health (SF-12). Used in DNBC-18 and DNBC-25. Also included in the MoBa questionnaire "Ung Helse" version A. Q38-43.6.1 inspired by The Bodily Distress Syndrome (BDS)-25-checklist used in the DANFUND study. Several diseases have been added for the purpose of this questionnaire. Q44-44.6 List of illnesses suggested by medical doctors/researchers for the purpose of

this data collection. Q44.7-45.1 about cancer are based on clinical experience.

- 3. Rationale for choosing the questions:** Included in order to capture data about respondents' history with illness and disease.
- 4. Revision during the data collection period:**
No revisions have been made.

Sexually transmitted diseases

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
46	Have you previously had any of the following sexually transmitted infections? <i>[Matrix with radio buttons]</i>		
	Chlamydia	1. No 2. Yes, 1-2 times 3. Yes, 3 times or more 4. Don't know 5. Prefer not to answer	UF287
	Mycoplasma genitalium		UF288
	Gonorrhea		UF289
	Syphilis		UF290
	Genital warts		UF291
	Genital herpes (herpes sores on the genitals)		UF292
	Other sexually transmitted infection		UF293

2. **Description of original instrument:** The question is based on clinical experience and pertains to known sexually transmitted diseases in Norway, with a particular focus on those that are most prevalent and suspected of affecting fertility, as well as those with increasing incidence. Reference: <https://sexogsamfunn.no/sykdommer/seksuelt-overforbare-infeksjoner/>
3. **Rationale for choosing the questions:** Included in order to capture data on sexually transmitted diseases. "Sex og samfunn" was chosen as a reference as they are a reliable source for current information on sexually transmitted diseases in Norway.
4. **Revision during the data collection period:**
No revisions have been made.

Medication use

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
47	Have you used any of the following medications in the last 4 weeks?		
	<i>[Multiple choice]</i>	Painkillers without a prescription (paracetamol / pinex / panodil)	UF294
		Painkillers without a prescription	UF295
		Painkillers on prescription	UF296
		Allergy medicine on prescription	UF297
		Allergy medicine without a prescription	UF298
		Asthma medicine	UF299
		Sleeping medicine	UF300
		Sedative medicine	UF301
		Medicine for depression on prescription	UF302
		Other medicine on prescription	UF303
47.1	How often have you used painkillers without a prescription (paracetamol / pinex / panodil) during the last four weeks?		
	<i>This element will only be displayed if “Painkillers without a prescription (paracetamol / pinex / panodil)” was selected in question 47. “Have you used any of the following medications in the last 4 weeks?”</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF304
47.2	Write the name of the medication(s) in question(s)		
	<i>This element will only be displayed if “Painkillers without a prescription (paracetamol / pinex / panodil)” was selected in question 47. “Have you used any of the following medications in the last 4 weeks?”</i> <i>[Text box]</i>	Name of medication:	UF305
47.2.1	Have you used over-the-counter painkillers (paracetamol / pinex / panodil) regularly in the last 3 months?		
	<i>This element will only be displayed if “Daily” or “Every week, but not daily” was selected in question 47.1. “How often have you used over-the-counter painkillers (paracetamol / pinex / panodil) during the last four weeks?”</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	UF306
47.3	How often have you used over-the-counter painkillers - NSAIDS (Ibux / naproxen / voltaren) during the last four weeks?		
	<i>This element will only be displayed if “Over-the-counter painkillers - NSAIDS (Ibux. / naproxen / voltaren)” was selected in question 47. “Have you used any of the following medications in the last 4 weeks?”</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF307
47.4	Write the name of the medication(s) in question(s)		
	<i>This element will only be displayed if “Over-the-counter painkillers - NSAIDS (Ibux. / naproxen / voltaren)” was selected in question 47. “Have you used any of the following medications in the last 4 weeks?”</i> <i>[Text box]</i>	Name of medication:	UF308

47.4.1	Have you used over-the-counter pain relievers - NSAIDS (Ibux / naproxen / voltaren) medications regularly in the last 3 months?		
	<i>This element will only be displayed if "Daily" or "Every week, but not daily" was selected in question 47.3. "How often have you used "Over-the-counter pain relievers - NSAIDS (Ibux / naproxen / voltaren)" during the last four weeks?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	UF309
47.5	How often have you used prescription painkillers in the past 4 weeks?		
	<i>This element will only be displayed if "Prescription painkillers" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF310
47.6	Write the name of the medication(s) in question(s)		
	<i>This element will only be displayed if "Prescription painkillers" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i> <i>[Text box]</i>	Name of medication:	UF311
47.6.1	Have you used prescription painkillers regularly in the past 3 months?		
	<i>This element will only be displayed if "Daily" or "Every week, but not daily" was selected in question 47.5. "How often have you used "Prescription painkillers" on question 47.5. "How often have you used "Prescription painkillers" on question 47.5.?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	UF312
47.7	How often have you used prescription allergy medicine in the past 4 weeks?		
	<i>This element will only be displayed if "Prescription allergy medicine" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF313
47.8	Write the name of the medication(s) in question(s)		
	<i>This element will only be displayed if "Prescription allergy medicine" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i> <i>[Text box]</i>	Name of medication:	UF314
47.8.1	Have you used prescription allergy medicine regularly in the past 3 months?		
	<i>This element will only be displayed if "Daily" or "Every week, but not daily" was selected in question 47.7. "How often have you used "prescription allergy medicine" on question 47.7.?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	UF315
47.9	How often have you used over-the-counter allergy medicine in the past 4 weeks?		
	<i>This element will only be displayed if "Over-the-counter allergy medicine" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF316

47.10	Write the name of the medication(s) in question(s)		
	<p><i>This element will only be displayed if “Over-the-counter allergy medicine” was selected in question 47. “Have you used any of the following medications in the past 4 weeks?”</i></p> <p>[Text box]</p>	Name of medication:	UF317
47.10.1	Have you used over-the-counter allergy medicine regularly in the past 3 months?		
	<p><i>This element will only be displayed if “Daily” or “Every week, but not daily” was selected in question 47.9. “How often have you used “over-the-counter allergy medicine” on the past 4 weeks?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don’t know 	UF318
47.11	How often have you used asthma medication in the past 4 weeks?		
	<p><i>This element will only be displayed if “Asthma medication” was selected in question 47. “Have you used any of the following medications in the past 4 weeks?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF319
47.12	Write the name of the medication(s) in question(s)		
	<p><i>This element will only be displayed if “Asthma medication” was selected in question 47. “Have you used any of the following medications in the past 4 weeks?”</i></p> <p>[Text box]</p>	Name of medication:	UF320
47.12.1	Have you used asthma medication regularly in the past 3 months?		
	<p><i>This element will only be displayed if “Daily” or “Every week, but not daily” was selected in question 47.11. “How often have you used “Asthma medication” in the past 4 weeks?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don’t know 	UF321
47.13	How often have you used sleeping medicine in the past 4 weeks?		
	<p><i>This element will only be displayed if “Sleeping medicine” was selected in question 47. “Have you used any of the following medications in the past 4 weeks?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF322
47.14	Write the name of the medication(s) in question(s)		
	<p><i>This element will only be displayed if “Sleeping medicine” was selected in question 47. “Have you used any of the following medications in the past 4 weeks?”</i></p> <p>[Text box]</p>	Name of medication:	UF323
47.14.1	Have you used sleeping medicine regularly in the past 3 months?		
	<p><i>This element will only be displayed if “Daily” or “Every week, but not daily” was selected in question 47.13. “How often have you used “Sleeping medicine” in the past 4 weeks?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don’t know 	UF324

47.15	How often have you used sedative medicine (e.g. Valium, Vival, Xanor, Sobril etc.) during the last four weeks?		
	<p><i>This element will only be displayed if "Sedative medicine (e.g. Valium, Vival, Xanor, Sobril etc.)" was selected in question 47. "Have you used any of the following medicines in the last 4 weeks?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF325
47.16	Write the name of the medication(s) in question		
	<p><i>This element will only be displayed if "Sedative medicine (e.g. Valium, Vival, Xanor, Sobril etc.)" was selected in question 47. "Have you used any of the following medicines in the last 4 weeks?"</i></p> <p>[Text box]</p>	Name of medication:	UF326
47.16.1	Have you used sedative medication (e.g. Valium, Vival, Xanor, Sobril etc.) regularly in the last 3 months?		
	<p><i>This element will only be displayed if "Daily" or "Every week, but not daily" was selected in question 47.15. "How often have you used "Sedative medication (e.g. Valium, Vival, Xanor, Sobril etc.)" during the last four weeks?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	UF327
47.17	How often have you used prescription medication for depression in the past 4 weeks?		
	<p><i>I This element will only be displayed if "Prescription medication for depression" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF328
47.18	Write the name of the medication(s) in question		
	<p><i>This element will only be displayed if "Prescription medication for depression" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i></p> <p>[Text box]</p>	Name of medication:	UF329
47.18.1	Have you used prescription medication for depression regularly in the past 3 months?		
	<p><i>This element will only be displayed if "Daily" or "Every week, but not daily" was selected in question 47.17. "How often have you used "Prescription medication for depression" in the past 4 weeks?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	UF330
47.19	How often have you used any other prescription medication in the past 4 weeks?		
	<p><i>This element will only be displayed if "Other prescription medication" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Not taken in the last 4 weeks 2. Less than once a week 3. Every week, but not daily 4. Daily 	UF331
47.20	Write the name of the medication(s) in question(s)		
	<p><i>This element will only be displayed if "Other prescription medication" was selected in question 47. "Have you used any of the following medications in the past 4 weeks?"</i></p> <p>[Text box]</p>	Name of medication:	UF332

47.20.1	Have you used any other prescription medication regularly in the past 3 months?	
	<p><i>This element will only be displayed if “Daily” or “Every week, but not daily” was selected in question 47.19. “How often have you used “Other prescription medication” in the past 4 weeks?</i></p> <p><i>[Radio buttons]</i></p>	<p>1. Yes 2. No 3. Don’t know</p> <p>UF333</p>

2. **Description of original instrument:** Question and response options are collected from the MoBa 18-year old questionnaire and modified with questions from the “Fetal Programming of Semen Quality” (FEPOS) cohort.
3. **Rationale for choosing the questions:** It was decided to include questions previously used in other questionnaires in order to capture data on medication use. Included in collaboration with the DNBC for the purpose of collecting data from the MoBa and DNBC 2. Generation participants.
4. **Revision during the data collection period:**
No revisions have been made.

Alcohol and drugs

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
48	Do you drink alcohol?		
	<i>[Radio buttons]</i>	1. Yes 2. No	UF334
48.1	How often do you drink alcohol?		
	<i>This element will only be displayed if “Yes” was selected in question 48. “Do you drink alcohol?”</i> <i>[Radio buttons]</i>	1. Less than once a month 2. 1-3 times a month 3. 1 time a week or more	UF335
48.1.1	How many units of alcohol do you drink on average per week?		
	<i>This element will only be displayed if “1 time a week or more” was selected in question 48.1. “How often do you drink alcohol?”</i> <i>One unit is e.g. 1 beer (33 cl.), 1 glass of wine (12 cl.) or 1 glass of spirits (4 cl.)</i> <i>[Pull down]</i>	1. Less than 1 unit 2. 1 3. 2 10. 9 11. 10 12. 11 or more	UF336
48.2	How often do you drink four units or more on the same occasion?		
	<i>This element will only be displayed if “Yes” was selected in question 48. “Do you drink alcohol?”</i> <i>[Radio buttons]</i>	1. Never 2. Less than once a month 3. 1-3 times a month 4. 1 time a week 5. 2 times a week 6. 3-4 times a week 7. 5-6 times a week 8. Every day	UF337
49	Have you used one or more of the following substances in the last 3 months?		
	<i>We are only thinking here of substances / medicines that you have not received on prescription from a doctor</i> <i>[Multiple choice]</i>	Anabolic steroids	UF338
		Amphetamine	UF339
		Sedatives or sleeping pills	UF340
		Ecstasy/MDA/MDMA	UF341
		LSD	UF342
		Psychedelic mushrooms	UF343
		Fantasy/GHB	UF344
		Cannabis, marijuana or pot	UF345
		Ketamine	UF346
		Cocaine	UF347
		Opiates (heroin, morphine, methadone, OxyContin etc.)	UF348
		Sniffing solvents or lighter gas	UF349
		Inhaling nitrous oxide (laughing gas)	UF350
		Injected illegal drugs	UF351
		Other	UF352
		Do not want to answer	UF353
		No, I have not taken any of these drugs in the last 3 months	UF354
49.1	How often do you use anabolic steroids on average?		
	<i>This element will only be displayed if “Anabolic steroids” was selected in question 49. “Have you used one or more of the following substances in the last 3 months?”</i> <i>[Radio buttons]</i>	1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know	UF355

49.2	How often do you use Amphetamine on average?		
	<p><i>This element will only be displayed if “Amphetamine” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF356
49.3	How often do you use sedatives or sleeping pills (Valium, Stilnoct, Imovane, Rohypnol, etc.) on average?		
	<p><i>This element will only be displayed if “Sedatives or sleeping pills” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF357
49.4	How often do you use Ecstasy/MDA/MDMA on average?		
	<p><i>This element will only be displayed if “Ecstasy/MDA/MDMA” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF358
49.5	How often do you use LSD (acid) on average?		
	<p><i>This element will only be displayed if “LSD (acid)” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF359
49.6	How often do you use hallucinogenic mushrooms on average?		
	<p><i>This element will only be displayed if “Hallucinogenic mushrooms” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF360
49.7	How often do you use GHB/Fantasy on average?		
	<p><i>This element will only be displayed if “GHB/Fantasy” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF361
49.8	How often do you use cannabis, hash, or marijuana on average?		
	<p><i>This element will only be displayed if “Cannabis, hash, or marijuana” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF362
49.9	How often do you use ketamine on average?		
	<p><i>This element will only be displayed if “Ketamine” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF363
49.10	How often do you use cocaine on average?		
	<p><i>This element will only be displayed if “Cocaine” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF364

49.11	How often do you use Opiates (heroin, morphine, methadone, Oxycodone/OxyNorm/OxyContin, etc.) on average?		
	<i>This element will only be displayed if “Opiates” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF365
49.12	How often do you sniff/inhale solvents or lighter gas on average?		
	<i>This element will only be displayed if “Inhaled solvents or lighter gas” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF366
49.13	How often do you sniff/inhale nitrous oxide on average?		
	<i>This element will only be displayed if “Inhaled nitrous oxide” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF367
49.14	How often do you inject illegal substances on average?		
	<i>This element will only be displayed if “Injected illegal substances” was selected on question 49. “Have you used one or more of the following substances in the last 3 months?”</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Don't know 	UF368

- Description of original instrument:** Questions collected from DNBC questionnaires and the “Fetal Programming of Semen Quality” (FEPOS) cohort.
- Rationale for choosing the questions:** It was decided to include questions previously used in other questionnaires in order to capture data on alcohol and drugs. Included in collaboration with the DNBC for the purpose of collecting data from the MoBa and DNBC 2. Generation participants.
- Revision during the data collection period:**
No revisions have been made.

Nicotine use

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
50	Do you smoke cigarettes (do not include e-cigarettes)?		
	<p><i>We do not include e-cigarettes here. If you smoke at parties, check "Yes"</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> Yes, daily Yes, at least once a week Yes, but less often than weekly No, but I have smoked in the past No, I have never smoked 	UF369
50.1	How many cigarettes do you smoke on average per day?		
	<p><i>This element will only be displayed if "Yes, every day" was selected in question 50. "Do you smoke cigarettes?"</i></p> <p><i>[Number box]</i></p>	<p>Number of cigarettes: (min:1, max: 100)</p>	UF370
51	Do you smoke/vape electronic cigarettes ("E-cigarettes")?		
	<p><i>If you smoke at parties, check "Yes"</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> Yes, daily Yes, at least once a week Yes, but less often than weekly No, but I have smoked in the past No, I have never smoked 	UF371
51.1	How many electronic cigarettes do you smoke on average each day?		
	<p><i>This element will only be displayed if "Yes, every day" was selected in question 51. "Do you smoke/vape electronic cigarettes ("E-cigarettes")?"</i></p> <p><i>[Number box]</i></p>	<p>Number of cigarettes: (min:1, max: 100)</p>	UF372
52	Do you use snus/nicotine pouches?		
	<p><i>If you use snus/nicotine pouches at parties, check "yes"</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> Yes, daily Yes, at least once a week Yes, but less often than weekly No, but I have used snus before No, I have never used snus 	UF373
52.1	How many portions of snus do you typically use per day?		
	<p><i>This element will only be displayed if "Yes, every day" was selected in question "52. Do you use snuff?"</i></p> <p><i>If you use loose snus, try to estimate how many bags that would correspond to</i></p> <p><i>[Number box]</i></p>	<p>Number of portions: (min:1, max: 100)</p>	UF374

- Description of original instrument:** Questions developed by the DNBC and shared with MoBa, inspired by "Danskernes Sundhet – Den Nationale Sundhetsprofil".
- Rationale for choosing the questions:** Included in collaboration with the DNBC for the purpose of collecting data from the MoBa and DNBC 2. Generation participants.
- Revision during the data collection period:**
No revisions have been made.

Diet

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
53	Please cross off on the aspects that describes your diet <u>most</u> of the time:		
	[Multiple choice]	No particular diet	UF375
		Vegetarian (including egg and dairy)	UF376
		Vegan (only plant-based)	UF377
		Vegetarian including fish	UF378
		Flexitarian (eats fish and meat sometimes)	UF379
		Pescetarian (supplements a plant-based diet with fish and shellfish)	UF380
		Partially organic diet	UF381
		Mainly organic diet	UF382
		Follows national dietary guidelines	UF383
		Follows low-carb diet	UF384
		Follows intermittent fasting diet	UF385
		Gluten-free diet	UF386
Other type of diet	UF387		
54	How many times per week do you eat the following [Matrix with radio buttons]		
	Salmon	1. 0 2. 1 3. 2-3 4. 4-5 5. 6-7	UF388
	Trout		UF389
	Herring		UF390
	Halibut		UF391
	Mackerel		UF392
	Crab		UF393
	Seagull’s egg		UF394
	Svolvær patè		UF395
	Mackerel in tomato sauce		UF396
55	Do you drink caffeinated beverages (coffee, tea, energy drinks, cola, etc.)?		
	[Radio buttons]	1. Never 2. 1-3 times a month 3. 1 time a week 4. 2 times a week 5. 3-4 times a week 6. 5-6 times a week 7. Every day	UF397
	Fill in how many cups you drink per day: A cup / glass is approx. 200 ml (2 dl). A can is typically 330 ml (3.3 dl) and is equivalent to 2 glasses. This element will only be displayed if "Every day" was selected in question 55. "Do you drink caffeinated beverages?" [Pull down]		
55.1	Coffee	1. 0 2. 1 3. 2	UF398
55.2	Black tea		UF399
55.3	Caffeinated soft drinks (Coca Cola, Pepsi, etc.)		UF400
55.4	Energy drinks (Red Bull, Monster, Burn, etc.)	13. 12 14. 13 15. 14 or more	UF401

How many units per day do you drink of the following beverages? A cup/glass is approx. 200 ml (2 dl). A can is typically 330 ml (3.3 dl) and is equivalent to 2 glasses.			
[Pull down]			
56	Tap water	1. 0 2. 1 3. 2 13. 12 14. 13 15. 14 or more	UF402
57	Bottled water (stored water)		UF403
58	Cocoa / chocolate milk		UF404
59	Sugary soft drinks		UF405
60	Sugar-free soft drinks		UF406
61	Sugary juice (saft)/iced tea		UF407
62	Sugar-free juice (saft) /iced tea		UF408
63	Milk		UF409
64	Milk alternatives (soy drink/almond milk etc.)		UF410
65	Have you taken any of the following supplements in the past 3 months?		
[Multiple choice]	Cod liver oil (liquid or capsules)		UF411
	Other types of fish oil and omega-3 supplements		UF412
	Multivitamin supplements without minerals (e.g., Sanasol and vitamin bears)		UF413
	Multivitamin and mineral supplements		UF414
	Vitamin D supplements (excluding cod liver oil and multivitamin/mineral supplements)		UF415
	Iodine supplements (excluding multivitamin/mineral supplements)		UF416
	Folic acid supplements (excluding multivitamin/mineral supplements)		UF417
	Seaweed/kelp supplements		UF418
	Protein supplements		UF419
	Creatine		UF420
	Weight loss products		UF421
	Herbal remedies or other natural supplements (e.g., antioxidants, blueberry extract, ginseng, green tea, etc.)		UF422
	BCAA or other performance-enhancing amino acid combinations		UF423
	"Gainers" (weight gain or muscle growth supplements)		UF424
	Caffeine supplements		UF425
Other		UF426	
No, I have not taken any of these in the past 3 months		UF427	
65.1	How often have you used cod liver oil supplements (liquid or capsules) in the past 3 months?		
	<i>This element will only be displayed if "Cod liver oil" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> [Radio buttons]	1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know	UF428
65.2	How often have you used other types of fish oil and omega-3 supplements in the past 3 months?		
	<i>This element will only be displayed if "Other types of fish oil and omega-3 supplements" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> [Radio buttons]	1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know	UF429

65.3	How often have you used multivitamin supplements without minerals (e.g., Sanasol and vitamin bears) in the past 3 months?		
	<i>This element will only be displayed if "Multivitamin supplements (without minerals)" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF430
65.4	How often have you used multivitamin and mineral supplements in the past 3 months?		
	<i>This element will only be displayed if "Multivitamin and mineral supplements" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF431
65.5	How often have you used vitamin D supplements (excluding cod liver oil and multivitamin/mineral supplements) in the past 3 months?		
	<i>This element will only be displayed if "Vitamin D supplements" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF432
65.6	How often have you used iodine supplements (excluding multivitamin/mineral supplements) in the past 3 months?		
	<i>This element will only be displayed if "Iodine supplements" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF433
65.7	How often have you used folic acid supplements (excluding multivitamin/mineral supplements) in the past 3 months?		
	<i>This element will only be displayed if "Folic acid supplements" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF434
65.8	How often have you used seaweed/kelp supplements in the past 3 months?		
	<i>This element will only be displayed if "Seaweed/kelp supplements" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF435
65.9	How often have you used protein supplements in the past 3 months?		
	<i>This element will only be displayed if "Protein supplements" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF436
65.10	How often have you used creatine in the past 3 months?		
	<i>This element will only be displayed if "Creatine" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF437

65.11	How often have you used weight loss products in the past 3 months?		
	<i>This element will only be displayed if "Weight loss products" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF438
65.12	How often have you used herbal remedies or other natural supplements (e.g., antioxidants, blueberry extract, ginseng, green tea, etc.) in the past 3 months?		
	<i>This element will only be displayed if "Herbal remedies or other natural supplements (e.g., antioxidants, blueberry extract, ginseng, green tea, etc.)" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF439
65.13	How often have you used BCAA or other performance-enhancing amino acid combinations in the past 3 months?		
	<i>This element will only be displayed if "BCAA or other performance-enhancing amino acid combinations" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF440
65.14	How often have you used "Gainers" supplements (weight gain or muscle growth supplements) in the past 3 months?		
	<i>This element will only be displayed if "Gainers" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF441
65.15	How often have you used caffeine supplements in the past 3 months?		
	<i>This element will only be displayed if "Caffeine supplements" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF442
65.16	How often have you used other supplements in the past 3 months?		
	<i>This element will only be displayed if "Other" was selected in question 65: "Have you taken any of these supplements in the past 3 months?"</i> <i>[Radio buttons]</i>	<ol style="list-style-type: none"> 1. Do not use regularly 2. Once a month or less 3. 2-4 times a month 4. 2-3 times a week 5. 4 times a week or more 6. Do not know 	UF443

- Description of original instrument:** Questions collected from and developed in collaboration with the DNBC. Questions from previous DNBC questionnaires and the “Fetal Programming of Semen Quality” (FEPOS) cohort. Question 55-64 expanded in order to capture additional lifestyle choices of the respondents, as well as broader range of substances that might influence fertility. Q65-65.16 are new questions developed by researchers at NIPH (not previously used in other DNBC or MoBa questionnaires), but they are based on a FEPOS publication: “Semen quality among young healthy men taking protein supplements.” Fertility and Sterility 114(1): 89-96. (FEPOS) (2).
- Rationale for choosing the questions:** It was decided to include questions previously included in, or inspired by, DNBC questionnaires and FEPOS. Included in collaboration with the DNBC for the purpose of collecting data from the MoBa and DNBC 2. Generation participants.

4. Revision during the data collection period:

No revisions have been made.

Fertility and heredity

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
66	Have you ever tried with a partner to conceive for more than 12 months without success?		
	<i>This element will only be displayed if anything other than "None" was selected in question 13: "How many sexual partners have you had in your lifetime?"</i> <i>[Radio buttons]</i>	1. Yes 2. No 3. Don't know 4. Not applicable 5. Prefer not to answer	UF444
67	Do you know if your parents had difficulty conceiving their own biological children?		
	<i>[Radio buttons]</i>	1. Yes, they did 2. No, they did not 3. Don't know	UF445
68	How old was your mother when she reached menopause?		
	<i>[Radio buttons]</i>	1. Younger than 45 years 2. 45-50 years 3. Older than 50 years 4. Has not reached menopause yet 5. Don't know	UF446
69	Has your mother or a sister ever been diagnosed by a doctor with endometriosis or adenomyosis?		
	<i>[Radio buttons]</i>	1. Yes, mother 2. Yes, sister 3. Yes, both 4. No 5. Don't know	UF447
70	Has your mother or a sister ever been diagnosed by a doctor with PCOS (polycystic ovary syndrome)?		
	<i>[Radio buttons]</i>	1. Yes, mother 2. Yes, sister 3. Yes, both 4. No 5. Don't know	UF448

2. **Description of original instrument:** Questions collected from and developed in collaboration with the DNBC. Questions from previous DNBC questionnaires and the “Fetal Programming of Semen Quality” (FEPOS) cohort. Questions developed in collaboration with the DNBC. Questions and response options created on the basis of clinical experience.
3. **Rationale for choosing the questions:** Included in order to capture data on fecundity and heredity. Included in collaboration with the DNBC for the purpose of collecting data from the MoBa and DNBC 2. Generation participants.
4. **Revision during the data collection period:**
No revisions have been made.

Puberty and development (men)

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
71	Have you had a fever above 38.5°C (measured with a thermometer) in the past 3 months?		
	<i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i> [Radio buttons]	1. Yes 2. No 3. Don't know	UF449
72	Have you experienced pain or burning when urinating in the past 3 months?		
	<i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i> [Radio buttons]	1. Yes 2. No 3. Don't know	UF450
73	Have you had any infections, toothaches, vaccinations, or surgeries in the past 3 months?		
	<i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i> [Radio buttons]	1. Yes 2. No 3. Don't know	UF451
74	As far as you remember, how old were you when you had your first ejaculation?		
	<i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i> [Pull down]	1. 8 years or younger 2. 9 3. 10 ... 7. 14 8. 15 9. 16 years or older 10. Don't know / don't remember	UF452
74.1	And...		
	<i>This element will only be displayed if any age between "9 years" and "15 years" was selected in question 74: "As far as you remember, how old were you when you had your first ejaculation?"</i> [Pull down]	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF453
75	As far as you remember, how old were you when your voice started to change?		
	<i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i> [Pull down]	1. 8 years or younger 2. 9 3. 10 ... 7. 14 8. 15 9. 16 years or older 10. Don't know / don't remember	UF454
75.1	And...		
	<i>This element will only be displayed if any age between "9 years" and "15 years" was selected in question 75: "As far as you remember, how old were you when your voice started to change?"</i> [Pull down]	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF455

76	As far as you remember, how did your voice change compare to your peers?		
	<i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i>	<ol style="list-style-type: none"> 1. About the same time as my peers 2. Earlier than my peers 3. Later than my peers 4. Don't know / Can't remember 	UF456
	<i>[Radio buttons]</i>		
77	As far as you remember, when did your testicles start growing during puberty compared to your peers?		
	<i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i>	<ol style="list-style-type: none"> 1. About the same time as my peers 2. Earlier than my peers 3. Later than my peers 4. Don't know / Can't remember 	UF457
	<i>[Radio buttons]</i>		

- Description of original instrument:** Questions collected from and developed in collaboration with the DNBC. Questions from previous DNBC questionnaires and the “Fetal Programming of Semen Quality” (FEPOS) cohort. Questions developed in collaboration with the DNBC.
- Rationale for choosing the questions:** Included in order to capture data on puberty and development in men. Included in collaboration with the DNBC for the purpose of collecting data from the MoBa and DNBC 2. Generation participants.
- Revision during the data collection period:**
No revisions have been made.

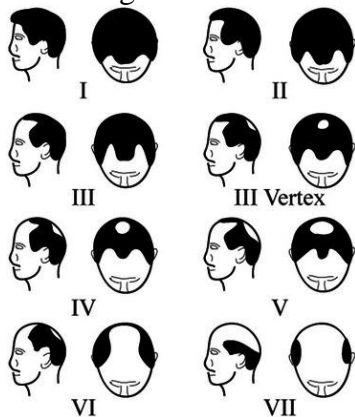
Hair loss (men)

1. Name of original scale: Hamilton-Norwood scale

Q		Response options	Variable name
78	Have you noticed that you have started losing hair or that your hair has become thinner?		
	<p><i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i></p> <p><i>This question refers to hair loss that you know is not caused by certain medications or underlying medical conditions.</i></p> <p>[Radio buttons]</p>	1. Yes 2. No 3. Unsure	UF458
78.1	If you have noticed that your hair has started thinning or falling out, which hair loss pattern in the image below best matches your situation?		
	<p><i>This element will only be displayed if "Yes" was selected in question 78: "Have you noticed that you have started losing hair or that your hair has become thinner?"</i></p> <p>[Radio buttons]</p>	1. I 2. II 3. III 4. III Vertex 5. IV 6. V 7. VI 8. VII	UF459
78.2	How old were you when you first noticed hair loss?		
	<p><i>This element will only be displayed if "Yes" was selected in question 78: "Have you noticed that you have started losing hair or that your hair has become thinner?"</i></p> <p>[Pull down]</p>	1. 14 years or younger 2. 15 3. 16 15. 28 16. 29 17. 30 or older 18. Not sure	UF460

2. Description of original instrument: The "Hamilton-Norwood scale" is used to classify the stages of male pattern baldness. *Reference: Norwood, O. T. (1975). "Male pattern baldness: classification and incidence." Southern medical journal 68(11): 1359-1365.*

This image is included in the questionnaire, for the participants to see:



Reference for the image: Buonocore D, Nobile V, Michelotti A, Marzatico F. Clinical efficacy of a cosmetic treatment by Crescina® human follicle stem cell on healthy males with androgenetic alopecia. Dermatol Ther (Heidelb). 2013;3(1):53-62.

3. Rationale for choosing the questions: The "Hamilton-Norwood scale" is one of the widely accepted and reproducible classification system for the male pattern hair loss (androgenetic alopecia)"

4. Revision during the data collection period:

No revisions have been made.

Men's health and fertility

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
79	Has a doctor ever told you that you have any of the following conditions or diseases? <i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i> <i>[Matrix with radio buttons]</i>		
	Inguinal hernia		UF461
	Undescended/retracted testicles (cryptorchidism)		UF462
	Undescended/retracted testicles (cryptorchidism)		UF463
	Testicular torsion		UF464
	Varicose veins in the scrotum (varicocele)	1. Yes	UF465
	Hydrocele (fluid accumulation in the scrotum)	2. No	UF466
	Urethral opening not located at the tip of the penis (hypospadias)	3. Don't know	UF467
	Tight foreskin (phimosis)		UF468
	Low sperm quality		UF469
	Testicular cancer		UF470
80	Have you ever had surgery on the penis, testicles, or scrotum? <i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i> <i>[Multiple choice]</i>	Yes, surgery on the penis Yes, surgery on the testicles Yes, surgery on the scrotum No	UF471 UF472 UF473 UF474
81	To the best of your knowledge, have you ever impregnated a woman? <i>This element will only be displayed if "Boy" was selected in question 10: "What was your biological sex at birth?"</i> <i>[Radio buttons]</i>	1. Yes 2. No 3. Don't know 4. Prefer not to answer	UF475
81.1	How many times have you impregnated a woman? <i>This element will only be displayed if "Yes" was selected in question 81: "To the best of your knowledge, have you ever impregnated a woman?"</i> <i>[Pull down]</i>	1. 1 2. 2 3. 3 9. 9 10. 10 11. More than 10	UF476

2. Description of original instrument: Questions collected from and developed in collaboration with the DNBC. Questions from previous DNBC questionnaires and the "Fetal Programming of Semen Quality" (FEPOS) cohort. Questions developed in collaboration with the DNBC.

3. Rationale for choosing the questions: Included in order to capture data on men's health and fertility. Included in collaboration with the DNBC for the purpose of collecting data from the MoBa and DNBC 2. Generation participants.

4. Revision during the data collection period:
No revisions have been made.

Menstruation

1. Name of original scale: MoBa specific questions

Q	Response options	Variable name
82	Compared to others your age, when did you first notice signs of puberty (such as breast development or the appearance of pubic hair)?	
<i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i> <i>[Radio buttons]</i>	1. About the same time as my peers 2. Earlier than my peers 3. Later than my peers 4. Don't know / Can't remember	UF477
83	How old were you when you had your first menstruation?	
<i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i> <i>[Pull down]</i>	1. 7 2. 8 3. 9 15. 21 16. 22 17. Don't remember 18. Haven't had it yet	UF478
83.1	And...	
<i>This element will only be displayed if anything between "7" and "22" was selected in question 83. "How old were you when you got your first period?"</i> <i>[Pull down]</i>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF479
83.2	Is your period regular?	
<i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i> <i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i> <i>[Radio buttons]</i>	1. Yes, regular and I can predict my next period within +/- 5 days 2. No, irregular with +/- 5 days difference in cycle length 3. No, irregular with up to 7 days or more difference in cycle length 4. No, very irregular and I cannot predict my next period 5. I do not have a period 6. Don't know / don't remember	UF480
83.3	How many days do you usually have between two periods? (i.e. from the first day of one period to the first day of the next)	
<i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i> <i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i> <i>[Radio buttons]</i>	1. Less than 24 days 2. 24-27 days 3. 28-31 days 4. 32-35 days 5. More than 35 days 6. Too irregular to answer 7. Not applicable 8. Don't know / don't remember	UF481

83.4	How many days do you usually bleed when you have your period?		
	<p><i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i></p> <p><i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1-2 days 3-7 days More than 7 days Varies so much that it is difficult to say Not applicable Don't know / don't remember 	UF482
83.5	Approximately how much do you bleed on your heaviest bleeding days?		
	<p><i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i></p> <p><i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i></p> <p><i>[Multiple choice]</i></p>	Panty liners are enough	UF483
		Change pads/tampons 5 or fewer times per day	UF484
		Change pads/tampons between 6 and 9 times per day	UF485
		Need 9 or more pads or tampons on your heaviest bleeding days	UF486
		Change pads/tampons within two hours	UF487
		There are blood clots	UF488
		Often bleed through pads or tampons	UF489
		Use both pads and tampons to avoid bleeding through	UF490
		Get up at night to change pads or tampons	UF491
		There is often blood on the bed linen even if you use pads and tampons	UF492
		You stay home during your period for fear of accidents	UF493
		Unsure	UF494
		Not applicable	UF495
83.6	Do you have bleeding between periods?		
	<p><i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i></p> <p><i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> Yes, usually Yes, sometimes No Not sure Not applicable 	UF496
83.7	Enter the date of the first day of bleeding in your last period		
	<p><i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i></p> <p><i>[Calendar]</i></p>	Day, month, year:	UF497
	Generated variable: Number of days between UF497 and date of filling in questionnaires		UF_DAYS_SINCE_LMP
83.7.1	Do not know the date of the first day of bleeding in your last period		
	<p><i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> Don't know / don't remember 	UF498

83.8	When you have your period, do you feel more tired and fatigued compared to the rest of your cycle?		
	<p><i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. I am usually not tired and fatigued when I have my period 2. I am often tired and fatigued, but can be in normal daily activities when I have my period 3. I am often so tired and fatigued that I have to be away from studies/work – normal daily activities 4. I am often so tired and exhausted that I am bedridden when I have my period 5. Don't know 6. Not applicable 	UF499
83.9	When you are <u>not</u> menstruating, do you feel more tired and fatigued compared to other times of your cycle?		
	<p><i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. I am usually not tired and fatigued 2. I am often tired and fatigued, but can be in normal daily activities 3. I am often so tired and fatigued that I have to be away from studies/work – normal daily activities 4. I am often so tired and fatigued that I am bedridden 5. Don't know 	UF500
83.10	Do you usually have pain just before or during menstruation or pain that follows the menstrual cycle (cyclical pain)?		
	<p><i>This element will only be displayed if anything other than "Haven't had" was selected in question 83. "How old were you when you had your first period?"</i></p> <p><i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i></p> <p>[Multiple choice]</p>	I have no cyclical pain	UF501
		Pain in the lower abdomen just before or during menstruation	UF502
		Pain in the lower abdomen at other times in the cycle than just before or during menstruation	UF503
		Pain in the lower back just before or during menstruation	UF504
		Pain in the lower back at other times in the cycle than just before or during menstruation	UF505
		Pain down the legs just before or during menstruation	UF506
		Pain down the legs at other times in the cycle than just before or during menstruation	UF507
		Pain when I go to the bathroom to urinate just before or during menstruation	UF508
		Pain when I go to the bathroom to urinate at other times in the cycle than just before or during menstruation	UF509
		Pain in connection with defecation just before or during menstruation	UF510
		Pain in connection with defecation at other times in the cycle than just before or during menstruation	UF511
		Constant pain that does not vary with the menstrual cycle	UF512
		Constant pain that worsens with the menstrual cycle	UF513
		Other cyclical pains	UF514

83.1 0.1	Have you used hormonal contraception continuously for at least 6 months without it helping with menstrual pain/stopping your periods?		
	<p><i>This element will only be displayed if other than “I have no cyclical pain” was selected in question 83.10. “Do you usually have pain just before or during menstruation or pain that follows the menstrual cycle (cyclical pain)?”</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Do not use hormonal contraception continuously 4. Don’t know 	UF515
83.1 1	Do you use painkillers in connection with menstruation?		
	<p><i>This element will only be displayed if everything other than “Have not had” was selected in question 83. “How old were you when you had your first period?”.</i></p> <p><i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. Yes, more than 2 days every menstruation 2. Yes, 1-2 days every menstruation 3. Yes, but not every menstruation 4. No 5. Don’t know 6. No 	UF516
83.1 2	Do you have pain around menstruation if you do <u>not</u> use painkillers?		
	<p><i>This element will only be displayed if everything other than “Have not had” was selected in question 83. “How old were you when you had your first period?”.</i></p> <p><i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. I am in so much pain that I am often bedridden 2. I am in so much pain that I have to reduce daily activities (but not bedridden) 3. I am in pain, but can do normal daily activities 4. I am not in pain 	UF517
83.1 3	Do you have pain around your period if you use painkillers?		
	<p><i>This element will only be displayed if everything other than “Have not had” was selected in question 83. “How old were you when you had your first period?”.</i></p> <p><i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i></p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> 1. I am in so much pain that I am often bedridden 2. I am in so much pain that I have to reduce daily activities (but not bedridden) 3. I am in pain, but can do normal daily activities 4. I do not have pain when I use painkillers 5. Not relevant – I am not in pain 	UF518
83.1 4	If you use painkillers in connection with menstruation, what type of painkiller do you use?		
	<p><i>This element will only be displayed if everything other than “Have not had” was selected in question 83. “How old were you when you had your first period?”.</i></p> <p><i>Here we want to know what your period is like when you are <u>not</u> using hormonal contraception (if you have used it).</i></p> <p><i>[Multiple choice]</i></p>	Paracet/Pinex	UF519
		Ibux	UF520
		Vimovo/Naproxen	UF521
		Voltaren/Diclofenac	UF522
		Paralgin Forte/Pinex Forte	UF523
		Tramadol	UF524
		Oxynorm/Oxycontin	UF525
		Other	UF526
		Not relevant	UF527

84	Have you been referred to, or examined by a gynecologist due to problems with menstrual pain?		
	<i>This element will only be displayed if everything other than "Have not had" was selected in question 83. "How old were you when you had your first period?".</i>	1. Yes 2. No	UF528
	<i>[Radio buttons]</i>		
85	Does your mother or any sister have troublesome menstrual cramps, or have had them in the past?		
	<i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i>	1. Yes 2. No 3. Don't know	UF529
	<i>[Radio buttons]</i>		

- Description of original instrument:** MoBa specific questions. Developed by researchers with input from clinicians. Some questions are repeated from the MoBa 20-year-old Questionnaire. Some of the questions are based on specific references: Q83.2: guide on cycle length: <https://www.legeforeningen.no/foreningsledd/fagmed/norsk-gynekologisk-forening/veiledere/veileder-i-gynekologi/gynekologiske-blodningsforstyrrelser/>, Q83.4: Response options based on definition of heavy menstrual bleeding <https://www.helsebiblioteket.no/innhold/artikler/pasientinformasjon/menstruasjon-med-store-blodninger-menoragi> - Which is based on original brochure published by BMJ Publishing Group as part of the BMJ Best Practice. Q 83.6: Symptoms connected to PCOS and endometriosis <https://www.helsebiblioteket.no/innhold/artikler/pasientinformasjon/menstruasjon-med-store-blodninger-menoragi> and guide in gynecology, chapter on endometriosis. Q83.8-83.13: developed by clinicians to identify symptoms related to endometriosis. They are based on guidelines from the Norwegian Clinical Guide in Gynecology: <https://www.legeforeningen.no/foreningsledd/fagmed/norsk-gynekologisk-forening/veiledere/veileder-i-gynekologi/endometriose/>
- Rationale for choosing the questions:** It was decided to include menstruation related questions that had previously been used in MoBa questionnaires and/or been developed by researchers with input from clinicians. They were developed in a setting where associations between menstruation, fertility, and female illnesses such as endometriosis, PCOS etc. were high on the research agenda.
- Revision during the data collection period:**
No revisions have been made.

Contraception

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
86	Which type(s) of contraception have you used previously?		
		Mini-pills	UF530
		Birth control pills	UF531
		Hormonal IUD	UF532
		Copper IUD	UF533
		Contraceptive implant	UF534
		Contraceptive injection	UF535
		Contraceptive patch	UF536
		Vaginal ring	UF537
		Diaphragm	UF538
		Condom	UF539
		Female condom	UF540
		"Safe periods" (fertility awareness methods)	UF541
		Withdrawal method	UF542
		I am sterilized	UF543
		My partner is sterilized	UF544
		Other type of contraception	UF545
		None	UF546
		Don't know	UF547
86.1	For how long have you used mini-pills as a contraceptive method?		
	<p><i>This element will only be displayed if "Mini-pills" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p><i>[Pull down]</i></p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF548
86.1.1	And ...		
	<p><i>This element will only be displayed if a value between "0" - "16" was selected in question 86.1. "For how long have you used mini-pills?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p><i>[Pull down]</i></p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF549
86.2	For how long have you used birth control pills as a contraceptive method?		
	<p><i>This element will only be displayed if "Birth control pills" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p><i>[Pull down]</i></p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF550

86.2.1	And ...		
	<p><i>This element will only be displayed if a value between "0" - "16" was selected in question 86.2. "For how long have you used birth control pills?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF551
86.3	For how long have you used a hormonal IUD as a contraceptive method?		
	<p><i>This element will only be displayed if "Hormonal IUD" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF552
86.3.1	And ...		
	<p><i>This element will only be displayed if a value between "0" - "16" was selected in question 86.3. "For how long have you used hormonal IUD?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF553
86.4	For how long have you used a copper IUD as a contraceptive method?		
	<p><i>This element will only be displayed if "Copper IUD" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF554
86.4.1	And ...		
	<p><i>This element will only be displayed if a value between "0" - "16" was selected in question 86.4. "For how long have you used copper IUD?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF555
86.5	For how long have you used a contraceptive implant as a contraceptive method?		
	<p><i>This element will only be displayed if "Contraceptive implant" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF556

86.5.1	And ...		
	<p><i>This element will only be displayed if a value between "0" - "16" was selected in question 86.5. "For how long have you used contraceptive implant?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF557
86.6	For how long have you used the contraceptive injection as a contraceptive method?		
	<p><i>This element will only be displayed if "Contraceptive injection" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF558
86.6.1	And ...		
	<p><i>This element will only be displayed if a value between "0" and "16" was selected in question 86.6. "For how long have you used contraceptive injection?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF559
86.7	For how long have you used the contraceptive patch as a contraceptive method?		
	<p><i>This element will only be displayed if "Contraceptive patch" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF560
86.7.1	And ...		
	<p><i>This element will only be displayed if a value between "0" and "16" was selected in question 86.7. "For how long have you used contraceptive patch?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF561
86.8	For how long have you used the vaginal ring as a contraceptive method?		
	<p><i>This element will only be displayed if "Vaginal ring" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF562

86.8.1	And ...		
	<p><i>This element will only be displayed if a value between "0" and "16" was selected in question 86.8. "For how long have you used the vaginal ring as a contraceptive method?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF563
86.9	How long have you been sterilized?		
	<p><i>This element will only be displayed if "I am sterilized" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF564
86.9.1	And ...		
	<p><i>This element will only be displayed if a value between "0" and "16" was selected in question 86.9: "How long have you been sterilized?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF565
86.10	How long has your partner been sterilized?		
	<p><i>This element will only be displayed if "My partner is sterilized" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of years.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 16. 15 17. 16 18. Don't know / can't remember	UF566
86.10.1	And ...		
	<p><i>This element will only be displayed if a value between "0" and "16" was selected in question 86.10. "How long has your partner been sterilized?"</i></p> <p><i>We are interested in the total time, even if you have had breaks. Select number of months.</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF567
87	How old were you when you started using hormonal contraception for the first time?		
	<p><i>This element will only be displayed if "birth control pills", "mini-pills", "hormonal IUD", "contraceptive implant", "contraceptive injection", "vaginal ring" or "contraceptive patch" was selected in question 86. "Which type(s) of contraception have you used previously?"</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 25. 24 26. 25 27. Don't know / can't remember	UF568

87.1	And ...		
	<i>This element will only be displayed if a value between "0" and "25" was selected in question 87 "How old were you when you started using hormonal contraception for the first time?"</i> <i>[Pull down]</i>	1. 0 2. 1 3. 2 11. 10 12. 11 13. Don't remember	UF569
88	How long in total have you used any form of hormonal contraception?		
	<i>This element will only be displayed if "birth control pills", "mini-pills", "hormonal IUD", "contraceptive implant", "contraceptive injection", "vaginal ring" or "contraceptive patch" was selected in question 86. "Which type(s) of contraception have you used previously?"</i> <i>By hormonal contraception, we mean birth control pills / mini-pills / contraceptive implant / vaginal ring / contraceptive patch / hormonal IUD / contraceptive injection.</i>	1. 0 2. 1 3. 2 16. 15 17. 16 18. over 16 19. Don't know / can't remember	UF570
89	Why did you start using hormonal contraception?		
	<i>This element will only be displayed if "birth control pills", "mini-pills", "hormonal IUD", "contraceptive implant", "contraceptive injection", "vaginal ring" or "contraceptive patch" was selected in question 86. "Which type(s) of contraception have you used previously?"</i> <i>By hormonal contraception, we mean birth control pills / mini-pills / contraceptive implant / vaginal ring / contraceptive patch / hormonal IUD / contraceptive injection. You may select more than one option.</i> <i>[Multiple choice]</i>	To prevent pregnancy To control when and how often I get my period To have more regular periods To reduce menstrual bleeding To reduce menstrual pain To reduce acne As treatment for a medical condition (e.g., endometriosis, adenomyosis, PCOS) Other reason	UF571 UF572 UF573 UF574 UF575 UF576 UF577 UF578
90	During a break from using hormonal contraception (either the break you are currently taking as part of this study or a previous break), did your normal menstrual cycle return within 3 months?		
	<i>This element will only be displayed if "birth control pills", "mini-pills", "hormonal IUD", "contraceptive implant", "contraceptive injection", "vaginal ring" or "contraceptive patch" was selected in question 86. "Which type(s) of contraception have you used previously?"</i> <i>[Radio buttons]</i>	1. Yes 2. No 3. Don't know	UF579

- Description of original instrument:** MoBa specific questions. Developed by researchers with input from clinicians. Some questions are repeated from the MoBa 20-year-old Questionnaire. Some of the questions are based on specific references: Q86-87.1: Based on MoBa Q1 (Q12-13) and clinical judgement - the motivation behind the question is that the duration of contraceptive use can conceivably affect fertility.
- Rationale for choosing the questions:** It was decided to include contraception-related questions that had previously been used in MoBa questionnaires and/or been developed by researchers with input from clinicians. They were developed in a setting where associations between contraception, fertility, and female illnesses such as endometriosis, PCOS etc. were high on the research agenda.
- Revision during the data collection period:**
No revisions have been made.

Pregnancies and gestation

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
91	Have you been pregnant before?		
	<p><i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. No 2. Yes 3. Don't know 4. Prefer not to answer 	UF580
91.1	How many times have you been pregnant?		
	<p><i>This element will only be displayed if "Yes" was selected in question 91. "Have you been pregnant before?"</i></p> <p>[Pull down]</p>	<ol style="list-style-type: none"> 1. 1 2. 2 3. 3 9. 9 10. 10 11. Over 10 	UF581
91.1.1	In which year did your first pregnancy begin?		
	<p><i>This element will only be displayed if "1", "2", "3", "4", "5", "6", "7", "8", "9", "10" or "Over 10" selected in question 91.1. "How many times have you been pregnant?"</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF582
91.1.2	How did your first pregnancy end?		
	<p><i>This element will only be displayed if "1", "2", "3", "4", "5", "6", "7", "8", "9", "10" or "Over 10" was selected in question 91.1. "How many times have you been pregnant?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don't know / Prefer not to answer 	UF583
91.1.1.3	In which week did your first pregnancy end?		
	<p><i>This element will only be displayed if "1", "2", "3", "4", "5", "6", "7", "8", "9", "10" or "Over 10" was selected in question 91.1. "How many times have you been pregnant?"</i></p> <p>[Pull down]</p>	<ol style="list-style-type: none"> 1. 0 2. 1 3. 2 46. 45 47. 46 48. Don't know / Can't remember 	UF584
91.1.4	In what year did your second pregnancy begin?		
	<p><i>This element will only be displayed if "2", "3", "4", "5", "6", "7", "8", "9", "10" or "Over 10" was selected in question 91.1. "How many times have you been pregnant?"</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF585
91.1.5	How did your second pregnancy end?		
	<p><i>This element will only be displayed if "2", "3", "4", "5", "6", "7", "8", "9", "10" or "Over 10" was selected in question 91.1. "How many times have you been pregnant?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don't know / Prefer not to answer 	UF586

91.1.6	In which week did your second pregnancy end?		
	<p><i>This element will only be displayed if “2”, “3”, “4”, “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 46. 45 47. 46 48. Don’t know / Can’t remember	UF587
91.1.7	In what year did your third pregnancy begin?		
	<p><i>This element will only be displayed if “3”, “4”, “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF588
91.1.8	How did your third pregnancy end?		
	<p><i>This element will only be displayed if “3”, “4”, “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Radio buttons]</p>	1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don’t know / Prefer not to answer	UF589
91.1.9	In which week did your third pregnancy end?		
	<p><i>This element will only be displayed if “3”, “4”, “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 46. 45 47. 46 48. Don’t know / Can’t remember	UF590
91.1.10	In what year did your fourth pregnancy begin?		
	<p><i>This element will only be displayed if “4”, “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF591
91.1.11	How did your fourth pregnancy end?		
	<p><i>This element will only be displayed if “4”, “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Radio buttons]</p>	1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don’t know / Prefer not to answer	UF592
91.1.12	In which week did your fourth pregnancy end?		
	<p><i>This element will only be displayed if “4”, “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 46. 45 47. 46 48. Don’t know / Can’t remember	UF593

91.1.13	In what year did your fifth pregnancy begin?		
	<p><i>This element will only be displayed if “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF594
91.1.14	How did your fifth pregnancy end?		
	<p><i>This element will only be displayed if “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don't know / Prefer not to answer 	UF595
91.1.15	In which week did your fifth pregnancy end?		
	<p><i>This element will only be displayed if “5”, “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	<ol style="list-style-type: none"> 1. 0 2. 1 3. 2 46. 45 47. 46 48. Don't know / Can't remember 	UF596
91.1.16	In what year did your sixth pregnancy begin?		
	<p><i>This element will only be displayed if “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF597
91.1.17	How did your sixth pregnancy end?		
	<p><i>This element will only be displayed if “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don't know / Prefer not to answer 	UF598
91.1.18	In which week did your sixth pregnancy end?		
	<p><i>This element will only be displayed if “6”, “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	<ol style="list-style-type: none"> 1. 0 2. 1 3. 2 46. 45 47. 46 48. Don't know / Can't remember 	UF599
91.1.19	In what year did your seventh pregnancy begin?		
	<p><i>This element will only be displayed if “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF600

91.1.20	How did your seventh pregnancy end?		
	<p><i>This element will only be displayed if “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don’t know / Prefer not to answer 	UF601
91.1.21	In which week did your seventh pregnancy end?		
	<p><i>This element will only be displayed if “7”, “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	<ol style="list-style-type: none"> 1. 0 2. 1 3. 2 46. 45 47. 46 48. Don’t know / Can’t remember 	UF602
91.1.22	In what year did your eighth pregnancy begin?		
	<p><i>This element will only be displayed if “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF603
91.1.23	How did your eighth pregnancy end?		
	<p><i>This element will only be displayed if “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don’t know / Prefer not to answer 	UF604
91.1.24	In which week did your eighth pregnancy end?		
	<p><i>This element will only be displayed if “8”, “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	<ol style="list-style-type: none"> 1. 0 2. 1 3. 2 46. 45 47. 46 48. Don’t know / Can’t remember 	UF605
91.1.25	In what year did your ninth pregnancy begin?		
	<p><i>This element will only be displayed if “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF606
91.1.26	How did your ninth pregnancy end?		
	<p><i>This element will only be displayed if “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don’t know / Prefer not to answer 	UF607

91.1.27	In which week did your ninth pregnancy end?		
	<p><i>This element will only be displayed if “9”, “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 46. 45 47. 46 48. Don’t know / Can’t remember	UF608
91.1.28	In what year did your tenth pregnancy begin?		
	<p><i>This element will only be displayed if “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Number box]</p>	Year (min: 1995, max: 2040):	UF609
91.1.29	How did your tenth pregnancy end?		
	<p><i>This element will only be displayed if “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Radio buttons]</p>	1. Live birth 2. Miscarriage 3. Induced abortion (elective) 4. Stillbirth 5. Ectopic pregnancy 6. Don’t know / Prefer not to answer	UF610
91.1.30	In which week did your tenth pregnancy end?		
	<p><i>This element will only be displayed if “10” or “Over 10” was selected in question 91.1. “How many times have you been pregnant?”</i></p> <p>[Pull down]</p>	1. 0 2. 1 3. 2 46. 45 47. 46 48. Don’t know / Can’t remember	UF611
92	Have you taken emergency contraception (the morning-after pill) during the past 12 months?		
	<p><i>This element will only be displayed if “Girl” was selected in question 10: “What was your biological sex at birth?”</i></p> <p>[Radio buttons]</p>	1. No 2. Yes, 1-2 times 3. Yes, 3-4 times 4. Yes, more than 4 times	UF612

2. **Description of original instrument:** Q91-91.1.30: collected from the MoBa Q1 to mothers in the 1. Generation. Q92 is a new question, developed by researchers in collaboration with the DNBC.
3. **Rationale for choosing the questions:** It was decided to include the questions from a previous MoBa questionnaire. The questions are included in order to survey all pregnancies and the problems related to previous pregnancies. History of previous pregnancies is informative of reproductive health.
4. **Revision during the data collection period:**
No revisions have been made.

Gynecological conditions/diseases

1. Name of original scale: MoBa specific questions

Q		Response options	Variable name
93	Do you usually experience pain during sexual intercourse?		
	<i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i> [Multiple choice]	1. No 2. Yes, often 3. Yes, occasionally 4. Not sure 5. Have not had sexual intercourse	UF613
93.1	What type of pain do you experience?		
	<i>This element will only be displayed if "Yes, often" or "Yes, occasionally" was selected for question 93: "Do you usually experience pain during sexual intercourse?"</i> [Multiple choice]	Pain at penetration / outer vaginal opening	UF614
		Pain at penetration / burning pain deeper inside the vagina	UF615
		Thrusting pain / deep pain at the back of the vagina or lower abdomen	UF616
		Internal pain	UF617
		Pain after intercourse	UF618
		Other types of pain	UF619
94	Have you had surgery in your abdomen or pelvic area?		
	<i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i> [Radio buttons]	No	UF620
		Yes, bowel surgery	UF621
		Yes, in the fallopian tubes	UF622
		Yes, in the ovaries	UF623
		Yes, other abdominal or pelvic surgery	UF624
		Don't know	UF625
95	Have you been diagnosed with endometriosis?		
	<i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i> [Radio buttons]	1. No 2. No, but my doctor suspects I have it 3. No, but I suspect I have it 4. Yes	UF626
95.1	How was the endometriosis diagnosed?		
	<i>This element will only be displayed if "Yes" was selected in question 95. "Have you been diagnosed with endometriosis?"</i> [Multiple choice]	Laparoscopic surgery	UF627
		Internal ultrasound at a gynecologist	UF628
		MRI scan	UF629
		After another surgery	UF630
		Other	UF631
95.2	Enter the year of diagnosis (endometriosis)		
	<i>This element will only be displayed if "Yes" was selected in question 95. "Have you been diagnosed with endometriosis?"</i> [Number box]	Number box, year: min:2000, max: 2040, whole number	UF632
95.2.1	Do not know the year of diagnosis (endometriosis)		
	<i>This element will only be displayed if "Yes" was selected in question 95. "Have you been diagnosed with endometriosis?"</i> [Radio buttons]	1. Don't know / can't remember	UF633

95.3	Enter the month of diagnosis (endometriosis)		
	<p><i>This element will only be displayed if "Yes" was selected in question 95. "Have you been diagnosed with endometriosis?"</i></p> <p>[Pull down]</p>	<ol style="list-style-type: none"> 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. Can't remember 	UF634
96	Have you been diagnosed with adenomyosis?		
	<p><i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. No 2. No, but my doctor suspects I have it 3. No, but I suspect I have it 4. Yes 	UF635
96.1.	How was the adenomyosis diagnosed?		
	<p><i>This element will only be displayed if "Yes" was selected in question 96. "Have you been diagnosed with adenomyosis?"</i></p> <p>[Multiple choice]</p>	Transvaginal ultrasound by a gynecologist	UF636
		MRI scan	UF637
		After other surgery	UF638
		Other	UF639
96.2	Enter the year of diagnosis (adenomyosis)		
	<p><i>This element will only be displayed if "Yes" was selected in question 96. "Have you been diagnosed with adenomyosis?"</i></p> <p>[Number box]</p>	Number box, year: min:2000, max: 2040, whole number	UF640
96.2.1	Do not know the year of diagnosis (adenomyosis)		
	<p><i>This element will only be displayed if "Yes" was selected in question 96. "Have you been diagnosed with adenomyosis?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. Don't know / can't remember 	UF641
96.3	Enter the month of diagnosis (adenomyosis)		
	<p><i>This element will only be displayed if "Yes" was selected in question 96. "Have you been diagnosed with adenomyosis?"</i></p> <p>[Pull down]</p>	<ol style="list-style-type: none"> 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. Can't remember 	UF642
97	Have you been diagnosed with PCOS?		
	<p><i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i></p> <p>[Radio buttons]</p>	<ol style="list-style-type: none"> 1. No 2. No, but my doctor suspects I have it 3. No, but I suspect I have it 4. Yes 	UF643
97.1	Enter the year of diagnosis (PCOS)		
	<p><i>This element will only be displayed if "Yes" was selected in question 97. "Have you been diagnosed with PCOS?"</i></p> <p>[Number box]</p>	Number box, year: min:2000, max: 2040, whole number	UF644

97.1.1	Do not know the year of diagnosis (PCOS)		
	<i>This element will only be displayed if "Yes" was selected in question 97. "Have you been diagnosed with PCOS?"</i> [Radio buttons]	1. Don't know / can't remember	UF645
97.2	Enter the month of diagnosis (PCOS)		
	<i>This element will only be displayed if "Yes" was selected in question 97. "Have you been diagnosed with PCOS?"</i> [Pull down]	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. Can't remember	UF646
98	Have you, or have you ever had, one or more of the following gynecological conditions confirmed by a doctor? <i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i> [Matrix with radio buttons]		
	Cervical cell changes	1. Yes 2. No 3. Don't know	UF647
	Low ovarian reserve / few eggs		UF648
	Uterine fibroids (myomas)		UF649
	Pelvic infection (inflammation of one or more internal reproductive organs, including the fallopian tubes, ovaries, and uterus)		UF650
99	Would you consider freezing your eggs to preserve fertility?		
	<i>This element will only be displayed if "Girl" was selected in question 10: "What was your biological sex at birth?"</i> [Radio buttons]	1. Yes 2. No 3. I do not wish to have children 4. Don't know	UF651
100	Do you have any comments on any of the questions in this form? Please write any feedback in the field below:		
	[Text box]	Text box:	UF652

- Description of original instrument:** Questions developed by researchers with input from clinicians. Based on clinical practice and on the Norwegian Clinical Guide in Gynecology.
- Rationale for choosing the questions:** It was decided to design new questions on this topic based on the most recent clinical experience. Questions included in order to generate data on conditions and factors associated with later life fertility, and in order to identify symptoms related to PCOS, endometriosis, adenomyosis etc.
- Revision during the data collection period:**
No revisions have been made.