Questions Documentation

Questionnaire 1

15th week of gestation

The Norwegian Mother, Father and Child Cohort Study (MoBa)

Mother Questionnaire

Please note:
This document describes the instruments used in the questionnaire. It has not yet undergone final quality control and may contain minor inaccuracies. The document is subject to revision. If you have any comments or suggestions for improvement, please contact mor.barndata@fhi.no.

Version	Date	Performed by	Description
1.0	March 2016	Fufen Jin	Original version
1.1	29/10/2024	Marianne Aarset	Corrected variable name for q17 only in version A

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MODEL STRUCTURE OF WHAT IS PRESENTED PER INSTRUMENT / SECTION

Instrument

1. **Name of original instrument/question:**
   Original name of scale (*no name* if only single question)
   List wording of questions included in the section (with number from questionnaire in front) and write response categories (with values used in the dataset)

2. **Description of original scale or selection of items used**
   Description of analytical approaches for selecting just a sample of items from a scale
   If single question. NOT RELEVANT
   If selection of established short version, make referral to literature and/or use
   Where does the Q/scale come from, what is it meant to measure. Description of number of items, subscales. Where the Q/scale has been used and any information that give insight into what instrument this is.
   Primary references of the instrument as well as important secondary publications if relevant.

3. **Rationale for choosing the instrument:**
   What is it meant to measure and IF RELEVANT: Why this is a good measure.

4. **Modifications:**
   Describe modifications during the study from one version to another.
   Write if omitted or added from one version to another

NOTE 1:
Q1 has four versions (A, B, C, and E). This instrument documentation is based on version E.

NOTE 2:
Questions to which the answers are written into open text fields are annotated with two variable names. The first indicates whether or not there is text; the second contains the actual text. In the case of medication, there is an additional variable name with a "k" at the end, to indicate how the name of medicine has been coded.

1. Name of original questions: 10 questions about menstruation

Q		Response options	Variable name
1	**How old were you when you had your first menstrual period?**		
		Number 0-99	AA12
2	**How many days are there usually between the first day in your menstrual period and the first day in your next menstrual period?**		
		Number 0-99	AA13
3	**Are you usually depressed or irritable before your period?**		
		1-No 2-Yes, but just slightly 3-Yes, noticeably 4-Yes, very much	AA14
4	**If yes, does this feeling disappear after you get your period?**		
		1-No 2-Yes	AA15
5	**Were your periods regular the year before you became pregnant?**		
		1-No 2-Yes	AA16
6	**During the last year before you became pregnant, did you lose your period for more than three months?**		
	Only in version A	1-No 2-Yes	AA1687
Version B C E	1-No		AA17
	2-Yes, due to an earlier pregnancy		AA18
	3-Yes, for other reasons		AA19
7	**Date of first day of last menstrual period**		
	Day	Number 0-99	AA20
	Month	Number 0-99	AA21
	Year	Number 0-9999	AA22
8	**Did your last menstrual period come at the expected time?**		
		1-No	AA23
9	**Are you certain about the date of first day of last menstrual period?**		
		1-Certain 2-Uncertain	AA24
10	**Describe the duration, amount of bleeding and menstrual pains of your last period**		
	Duration	1-As usual 2-More than usual 3-Less than usual	AA25
	Amount of bleeding		AA26
	Menstrual pains		AA27

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Menstrual function and menstrual cycle patterns are useful markers of ovarian function and reproductive health.

4. Revision during the data collection period:
The response categories of question 6 are different from version A to the other versions (see table above). No further revisions have been made.

11-30. Contraception and Pregnancy

1. Name of original questions: 20 questions related to pregnancy and contraceptive use

Q		Response options	Variable name
11	**Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?**		
	Condom		AA28
	Diaphragm		AA29
	IUD		AA30
	Hormone IUD		AA31
	Hormone injection		AA32
	Mini pill		AA33
	Pill		AA34
	Spermicides (foam, suppositories, cream)		AA35
	Safe period		AA36
	Withdrawal		AA37
	No such methods		AA38
	Other		AA39
	Other, specify____		AA40 AA1584(txt)
12	**If you have used the pill/mini-pill, how long have you used them?**		
	Pill	1) Less than one year 2) 1-3 years 3) 4-6 years 4) 7-9 years 5) 10 years or more	AA41
	Mini-pill		AA42
13	**If you have used the pill/mini-pill, how old were you when you first used it?**		
		Number 0 - 99	AA43
14	**Were you taking the pill/mini-pill during the last 4 months before this pregnancy?**		
		1-No 2-Yes	AA44
15	**If yes, how long before your last menstrual period did you stop taking the pill/mini-pill?**		
	____ weeks	Number 0 - 99	AA45
16	**Was this pregnancy planned?**		
		1-No 2-Yes	AA46
17	**If yes, how many months did you have regular intercourse without contraception before you became pregnant?**		
	In version B, C, E	1) Less than 1 month 2) 1-2 months 3) 3 months or more	AA47
	In all versions	Number of months if more than 3	AA48
	Only in version A	1) Less than 2 months 2) 2-3 months 3) 3 months or more	AA1688
18	**Did you become pregnant even though you or your partner used contraceptives?**		
		1-No 2-Yes	AA49
19	**If yes, which type?**		
	Condom		AA50
	Diaphragm		AA51
	IUD		AA52
	Hormone IUD		AA53
	Hormone injection		AA54
	Mini pill		AA55
	Pill		AA56
	Spermicides (foam, suppositories, cream)		AA57
	Safe period		AA58
	Withdrawal		AA59
	Other		AA60
	Other, specify____		AA61 AA1585(txt)
20	**If you became pregnant while using an IUD, has it now been removed?**		
		1-No	AA62

		2-Yes	

11-30. Contraception and Pregnancy (cont.)

Q		Response options	Variable name	
21	**How long have you and the baby's father had a sexual relationship?**			
	____Months ____Years	Number 0 – 99	AA63 AA64	
22	**How often did you have sexual intercourse during the four weeks before you became pregnant and during the last four weeks?**			
	Before	1) Every day 2) 5-6 times a week 3) 3-4 times a week 4) 1-2 times a week 5) 1-2 times every two weeks 6) Less than 1-2 times every 2 weeks 7) Never	AA65	
	Now		AA66	
23	**Have you ever been treated for infertility?**			
		1-No 2-Yes	AA67	
24	**If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?**			
			Earlier pregnancy	*This pregnancy*
	Fallopian tube surgery		AA68	AA69
	Other surgery		AA70	AA71
	Medication for endometriosis		AA72	AA73
	Hormone treatment		AA74	AA75
	Insemination (injection of sperm)		AA76	AA77
	Test-tube method		AA78	AA79
	Other		AA80	AA81
25	**Have you been given information about amniocentesis?**			
	In versions B, C, E	1-No 2-Yes	AA82	
A	If you are over 38 at the estimated date of delivery, have you been given information about amniocentesis?			
		1-No 2-Yes	AA1712	
	If yes, have you planned to perform amniocentesis?			
		1-No 2-Yes	AA1713	
26	**What was your blood pressure at your first antenatal visit?**			
	Highest	Number 0 - 999	AA83	
	Lowest	Number 0 - 999	AA84	
27	**What did you weigh at the time you became pregnant and what do you weigh now (in kilograms)?**			
	When I became pregnant	Number 0 - 999	AA85	
	Now		AA86	
28	**How tall are you?**			
	____ cm	Number 0 - 999	AA87	
29	**How tall is the baby's father?**			
	____ cm	Number 0 - 999	AA88	
30	**How much does the baby's father weigh?**			
	____ kg	Number 0 - 999	AA89	

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:

Information on contraceptive practice, intendedness of pregnancies, treatment for infertility, and weight gain etc. is informative of reproductive health.

4. **Revision during the data collection period:**
Question 17 has slightly different response categories from version A to the other versions; Question 25 is formulated slightly differently and has an additional question in version A (see table above). No further revisions have been made.

31-35. Previous Pregnancies

1. Name of original questions: Questions about previous pregnancies

Q		Response options	Variable name
31	**Have you been pregnant before? (Include all pregnancies that ended in abortion, miscarriage or stillbirth)**		
		1-No 2-Yes	AA93
32	**If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.**		
	Year pregnancy started	Number 0 – 9999	(1)AA94 (2)AA100 (3)AA106 (4)AA112 (5)AA118 (6)AA124 (7)AA130 (8)AA136 (9)AA142 (10)AA148
	Outcome of pregnancy	1-Live infant born 2-Spontaneous abortion 3-Termination of pregnancy 4-Ectopic pregnancy	(1)AA95 (2)AA101 (3)AA107 (4)AA113 (5)AA119 (6)AA125 (7)AA131 (8)AA137 (9)AA143 (10)AA149
	Week of pregnancy for abortion/still birth	Number 0 – 99	(1)AA96 (2)AA102 (3)AA108 (4)AA114 (5)AA120 (6)AA126 (7)AA132 (8)AA138 (9)AA144 (10)AA150
	Number of months breast feeding	Number 0 – 99	(1)AA97 (2)AA103 (3)AA109 (4)AA115 (5)AA121 (6)AA127 (7)AA133 (8)AA139 (9)AA145 (10)AA151
	Weight gain during pregnancy	Number 0 – 99	(1)AA98 (2)AA104 (3)AA110 (4)AA116 (5)AA122 (6)AA128 (7)AA134 (8)AA140 (9)AA146 (10)AA152
	Smoked during pregnancy	1-No 2-Yes	(1)AA99 (2)AA105 (3)AA111 (4)AA117 (5)AA123 (6)AA129 (7)AA135 (8)AA141 (9)AA147 (10)AA153
33	**Have you had any of the following problems during previous pregnancies?**		
	1. Pelvic relaxation requiring medical leave	1-No 2-Yes	AA154
	2. Pelvic relaxation requiring bed rest		AA155
	3. Serious nausea and vomiting		AA156
	4. Eclampsia during pregnancy		AA157
	5. Diabetes during pregnancy		AA158
	6. Sugar in urine		AA159
	7. Problems with incontinence		AA160
34	**If you had pelvic relaxation in a previous pregnancy that led to bed rest or medical leave, when did the pain start?**		
	____months after start of pregnancy	Number 0 - 99	AA161
35	**When did the pain stop?**		
	____months after pregnancy	Number 0 - 99	AA162
	Still have pain		AA163

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Questions were developed to survey all previous pregnancies and the problems related to previous pregnancies. History of previous pregnancies is informative of reproductive health.

4. Revision during the data collection period:
Question 31 is not included in version A. No further revisions have been made.

36-37. Vaginal Bleeding during this Pregnancy

1. Name of original questions: Questions about vaginal bleeding during this pregnancy

Q		Response options	Variable name	
36	**Have you had bleeding from the vagina once or more during this pregnancy?**			
		1-No 2-Yes	AA164	
37	**If yes, describe the first and last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.**			
	Date when bleeding started		*First bleeding*	*Last bleeding*
	Day	Number 0 – 99	AA165	AA170
	month	Number 0 – 99	AA166	AA171
	Year	Number 0 – 9999	AA167	AA172
	Number of days variation	Number 0 – 99	AA168	AA173
	Amount	1-Trace of blood 2-More than just a trace 3-Coagulated blood	AA169	AA174
	If more than two episodes of bleeding write in the number of times	Number 0 – 99	AA175	

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Bleeding in pregnancy can be a sign of miscarriage and of possible complication.

4. Revision during the data collection period:
Question 36 is not included in version A. No further revisions have been made.

38. Illness and Health Problems during this Pregnancy

1. Name of original questions: Question about illness or problems during this pregnancy

Q		Response options / Variable name									
38	**Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.**										
		Illness/health problem				*Use of medication during this pregnancy*					
		In week of pregnancy				*Name of medicine*	*In week of pregnancy*				*No. of days*
		0-4	*5-8*	*9-12*	*13+*		*0-4*	*5-8*	*9-12*	*13+*	
	1. Pelvic relaxation	AA176	AA177	AA178	AA179	AA180 AA1586(txt) AA1586k	AA181	AA182	AA183	AA184	AA185
	2. Abdominal pain	AA186	AA187	AA188	AA189	AA190 AA1587(txt) AA1587k	AA191	AA192	AA193	AA194	AA195
	3. Back pain	AA196	AA197	AA198	AA199	AA200 AA1588(txt) AA1588k	AA201	AA202	AA203	AA204	AA205
	4. Neck and shoulder pain	AA206	AA207	AA208	AA209	AA210 AA1589(txt) AA1589k	AA211	AA212	AA213	AA214	AA215
	5. Nausea	AA216	AA217	AA218	AA219	AA220 AA1590(txt) AA1590k	AA221	AA222	AA223	AA224	AA225
	6. Nausea with vomiting	AA226	AA227	AA228	AA229	AA230 AA1591(txt) AA1591k	AA231	AA232	AA233	AA234	AA235
	7. Vaginal thrush	AA236	AA237	AA238	AA239	AA240 AA1592(txt) AA1592k	AA241	AA242	AA243	AA244	AA245
	8. Vaginal catarrh/unusual discharge	AA246	AA247	AA248	AA249	AA250 AA1593(txt) AA1593k	AA251	AA252	AA253	AA254	AA255
	9. Pregnancy itchy	AA256	AA257	AA258	AA259	AA260 AA1594(txt) AA1594k	AA261	AA262	AA263	AA264	AA265
	10. Constipation	AA266	AA267	AA268	AA269	AA270 AA1595(txt) AA1595k	AA271	AA272	AA273	AA274	AA275
	11. Diarrhoea/ gastric flu	AA276	AA277	AA278	AA279	AA280 AA1596(txt) AA1596k	AA281	AA282	AA283	AA284	AA285
	12. Unusual tiredness/sleepiness	AA286	AA287	AA288	AA289	AA290 AA1597(txt) AA1597k	AA291	AA292	AA293	AA294	AA295
	13. Sleeping problems	AA296	AA297	AA298	AA299	AA300 AA1598(txt) AA1598k	AA301	AA302	AA303	AA304	AA305
	14. Heartburn/reflux	AA306	AA307	AA308	AA309	AA310 AA1599(txt) AA1599k	AA311	AA312	AA313	AA314	AA315
	15. Oedema	AA316	AA317	AA318	AA319	AA320 AA1600(txt) AA1600k	AA321	AA322	AA323	AA324	AA325
	16. Fever with rash	AA326	AA327	AA328	AA329	AA330 AA1601(txt) AA1601k	AA331	AA332	AA333	AA334	AA335
	17. Fever over 38.5° C	AA336	AA337	AA338	AA339	AA340 AA1602(txt) AA1602k	AA341	AA342	AA343	AA344	AA345
	18. Common cold	AA346	AA347	AA348	AA349	AA350 AA1603(txt) AA1603k	AA351	AA352	AA353	AA354	AA355
	19. Throat infection	AA356	AA357	AA358	AA359	AA360 AA1604(txt) AA1604k	AA361	AA362	AA363	AA364	AA365

38. Illness and Health Problems during this Pregnancy (cont.)

1. Name of original questions: Question about illness or problems during this pregnancy

Q		Response options / Variable name								
38	**Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.**									
		Week with illness/health problem				*Use of medication during this pregnancy*				
		Week of pregnancy				*Name of medicine*	*Week of pregnancy*			*No. of days*
		0-4	*5-8*	*9-12*	*13+*		*0-4*	*5-8*	*9-12*	*13+*
	20. Sinusitis/ear infection	AA366	AA367	AA368	AA369	AA370 AA1605(txt) AA1605k	AA371	AA372	AA373	AA374	AA375
	21. Influenza	AA376	AA377	AA378	AA379	AA380 AA1606(txt) AA1606k	AA381	AA382	AA383	AA384	AA385
	22. Pneumonia/ bronchitis	AA386	AA387	AA388	AA389	AA390 AA1607(txt) AA1607k	AA391	AA392	AA393	AA394	AA395
	23. Sugar in urine	AA396	AA397	AA398	AA399	AA400 AA1608(txt) AA1608k	AA401	AA402	AA403	AA404	AA405
	24. Protein in urine	AA406	AA407	AA408	AA409	AA410 AA1609(txt) AA1609k	AA411	AA412	AA413	AA414	AA415

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Questions were developed for MoBa to survey the presence of illness and problems during this pregnancy.

4. Revision during the data collection period:
Items 2-4 & 13 are not included in version A. No further revisions have been made.

39. Previous and Current Illnesses and Health Problems

1. Name of original questions: Question about previous and current illnesses and health problems

Q		Response options / Variable name								
39	**Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.**									
		Illness/health problem		*Use of medication during this pregnancy*						
		Before pregnancy	*During pregnancy*	*Name of medicine*	***Last 6 months before pregnancy***	*Week of pregnancy* 0-4	5-8	9-12	13+	*No. of days*
ASTHMA/ALLERGY/SKIN DISORDERS	1. Asthma	AA419	AA420	AA421 AA1610(txt) AA1610k	AA422	AA423	AA424	AA425	AA426	AA427
	2. Hay fever, pollen allergy	AA428	AA429	AA430 AA1611(txt) AA1611k	AA431	AA432	AA433	AA434	AA435	AA436
	3. Animal hair allergy	AA437	AA438	AA439 AA1612(txt) AA1612k	AA440	AA441	AA442	AA443	AA444	AA445
	4. Other allergy	AA446	AA447	AA448 AA1613(txt) AA1613k	AA449	AA450	AA451	AA452	AA453	AA454
	5. Atopic dermatitis (childhood eczema)	AA455	AA456	AA457 AA1614(txt) AA1614k	AA458	AA459	AA460	AA461	AA462	AA463
	6. Urticaria (hives)	AA464	AA465	AA466 AA1615(txt) AA1615k	AA467	AA468	AA469	AA470	AA471	AA472
	7. Psoriasis	AA473	AA474	AA475 AA1616(txt) AA1616k	AA476	AA477	AA478	AA479	AA480	AA481
	8. Other eczema	AA482	AA483	AA484 AA1617(txt) AA1617k	AA485	AA486	AA487	AA488	AA489	AA490
	9. Cold sores (herpes)	AA491	AA492	AA493 AA1618(txt) AA1618k	AA494	AA495	AA496	AA497	AA498	AA499
	10. Acne/pimples (serious)	AA500	AA501	AA502 AA1619(txt) AA1619k	AA503	AA504	AA505	AA506	AA507	AA508
DIABETES	11. Diabetes treated with insulin	AA509	AA510	AA511 AA1620(txt) AA1620k	AA512	AA513	AA514	AA515	AA516	AA517
	12. Diabetes not treated with insulin	AA518	AA519	AA520 AA1621(txt) AA1621k	AA521	AA522	AA523	AA524	AA525	AA526
HEART/METABOLISM/	13. Congenital heart defect	AA527	AA528	AA529 AA1622(txt) AA1622k	AA530	AA531	AA532	AA533	AA534	AA535
	14. Other heart disease	AA536	AA537	AA538 AA1623(txt) AA1623k	AA539	AA540	AA541	AA542	AA543	AA544
	15. High cholesterol	AA545	AA546	AA547 AA1624(txt) AA1624k	AA548	AA549	AA550	AA551	AA552	AA553
	16. High blood pressure	AA554	AA555	AA556 AA1625(txt) AA1625k	AA557	AA558	AA559	AA560	AA561	AA562
	17. Hypothyroidism or hyperthyroidism	AA563	AA564	AA565 AA1626(txt) AA1626k	AA566	AA567	AA568	AA559	AA570	AA571

Q		Response options / Variable name								
39	**Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.**									
		Illness/health problem		*Use of medication during this pregnancy*						
		Before pregnancy	*During pregnancy*	*Name of medicine*	***Last 6 months before pregnancy***	*In pregnancy week*				*No. of days*
						0-4	5-8	9-12	13+	
/ BLOOD	18. Anaemia/low hemoglobin	AA572	AA573	AA574 AA1627(txt) AA1627k	AA575	AA576	AA577	AA578	AA579	AA580
	19. B-12/folic acid insufficiency	AA581	AA582	AA583 AA1628(txt) AA1628k	AA584	AA585	AA586	AA587	AA588	AA589
GASTROINTESTINAL	20. Hepatitis/jaundice	AA590	AA591	AA592 AA1629(txt) AA1629k	AA593	AA594	AA595	AA596	AA597	AA598
	21. Gall stones	AA599	AA600	AA601 AA1630(txt) AA1630k	AA602	AA603	AA604	AA605	AA606	AA607
	22.Duodenal/stomach ulcer	AA608	AA609	AA610 AA1631(txt) AA1631k	AA611	AA612	AA613	AA614	AA615	AA616
	23. Crohn's disease/ulcerative colitis	AA617	AA618	AA619 AA1632(txt) AA1632k	AA620	AA621	AA622	AA623	AA624	AA625
	24. Celiac disease	AA626	AA627	AA628 AA1633(txt) AA1633k	AA629	AA630	AA631	AA632	AA633	AA634
	25. Other gastro-intestinal problems	AA635	AA636	AA637 AA1634(txt) AA1634k	AA638	AA639	AA640	AA641	AA642	AA643
MUSCLE/SKELETON	26. Rheumatoid arthritis/Bechterev's reflex	AA644	AA645	AA646 AA1635(txt) AA1635k	AA647	AA648	AA649	AA650	AA651	AA652
	27. Lupus (SLE)	AA653	AA654	AA655 AA1636(txt) AA1636k	AA656	AA657	AA658	AA659	AA660	AA661
	28. Sciatica	AA662	AA663	AA664 AA1637(txt) AA1637k	AA665	AA666	AA667	AA668	AA669	AA670
	29. Myalgia	AA671	AA672	AA673 AA1638(txt) AA1638k	AA674	AA675	AA676	AA677	AA678	AA679
GENITAL/	30. Ovary/fallopian tube infection	AA680	AA681	AA682 AA1639(txt) AA1639k	AA683	AA684	AA685	AA686	AA687	AA688
	31. Endometriosis	AA689	AA690	AA691 AA1640(txt) AA1640k	AA692	AA693	AA694	AA695	AA696	AA697
	32. Descent of the uterus	AA698	AA699	AA700 AA1641(txt) AA1641k	AA701	AA702	AA703	AA704	AA705	AA706
	33. Ovarian cyst	AA707	AA708	AA709 AA1642(txt) AA1642k	AA710	AA711	AA712	AA713	AA714	AA715
	34. Myoma	AA716	AA717	AA718 AA1643(txt) AA1643k	AA719	AA720	AA721	AA722	AA723	AA724

Q		Response options / Variable name								
39	**Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.**									
		Illness/health problem		*Use of medication during this pregnancy*						
		Before pregnancy	*During pregnancy*	*Name of medicine*	***Last 6 months before pregnancy***	*In pregnancy week* 0-4	5-8	9-12	13+	*No. of days*
URITARY TRACT	35. Cervical cell changes	AA725	AA726	AA727 AA1644(txt) AA1644k	AA728	AA729	AA730	AA731	AA732	AA733
	36. Herpes	AA734	AA735	AA736 AA1645(txt) AA1628k	AA737	AA738	AA739	AA740	AA741	AA742
	37. Venereal warts/ condyloma	AA743	AA744	AA745 AA1646(txt) AA1646k	AA746	AA747	AA748	AA749	AA750	AA751
	38. Gonorrhea	AA752	AA753	AA754 AA1647(txt) AA1647k	AA755	AA756	AA757	AA758	AA759	AA760
	39. Chlamydia	AA761	AA762	AA763 AA1648(txt) AA1648k	AA764	AA765	AA766	AA767	AA768	AA769
	40. Kidney stones	AA770	AA771	AA772 AA1649(txt) AA1649k	AA773	AA774	AA775	AA776	AA777	AA778
	41. Kidney infection/ pyelonephritis	AA779	AA780	AA781 AA1650(txt) AA1650k	AA782	AA783	AA784	AA785	AA786	AA787
	42. Urinary tract infections	AA788	AA789	AA790 AA1651(txt) AA1651k	AA791	AA792	AA793	AA794	AA795	AA796
	43. Incontinence	AA797	AA798	AA799 AA1652(txt) AA1652k	AA800	AA801	AA802	AA803	AA804	AA805
OTHER ILLNESS/ HEALTH	44. Anorexia/ bulimia/ other eating disorders	AA806	AA807	AA808 AA1653(txt) AA1653k	AA809	AA810	AA811	AA812	AA813	AA814
	45. Migraine	AA815	AA816	AA817 AA1654(txt) AA1654k	AA818	AA819	AA820	AA821	AA822	AA823
	46. Other headache	AA824	AA825	AA826 AA1655(txt) AA1655k	AA827	AA828	AA829	AA830	AA831	AA832
	47. Epilepsy	AA833	AA834	AA835 AA1656(txt) AA1656k	AA836	AA837	AA838	AA839	AA840	AA841
	48. Multiple sclerosis	AA842	AA843	AA844 AA1623(txt) AA1623k	AA845	AA846	AA847	AA848	AA849	AA850
	49. Cerebral palsy	AA851	AA852	AA853 AA1657(txt) AA1657k	AA854	AA855	AA856	AA857	AA858	AA859
	50. Cancer	AA860	AA861	AA862 AA1658(txt) AA1658k	AA863	AA864	AA865	AA866	AA867	AA868
	51. Depression	AA869	AA870	AA871 AA1659(txt) AA1659k	AA872	AA873	AA874	AA875	AA876	AA877

Q		Response options / Variable name								
39	**Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.**									
/ PROBLEM		*Illness/health problem*		*Use of medication during this pregnancy*						
		Before pregnancy	*During pregnancy*	*Name of medicine*	***Last 6 months before pregnancy***	*In pregnancy week*				*No. of days*
						0-4	5-8	9-12	13+	
	52. Anxiety	AA878	AA879	AA880 AA1611(txt) AA1611k	AA881	AA882	AA883	AA884	AA885	AA886
	53. Other long illnesses or health problems	AA887	AA888	AA889 AA1612(txt) AA1612k	AA890	AA891	AA892	AA893	AA894	AA895
	Other, specify_____	AA896 AA1663(txt)								

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:

Questions were developed for MoBa to survey the presence of illness and use of medication before and during this pregnancy. The list covers both common public health issues as well as rare illnesses.

4. Revision during the data collection period:

The list of illnesses/health problems is slightly different from version A to the other versions.

40-44. Other Illnesses/Health Problems and Medicines

1. Name of original questions: Question about other illnesses/health problems and medicines

Q		Response options	Variable name				
40	**Do you have a congenital deformity/ birth defect?**						
		1-No 2-Yes	AA900				
41	**If yes, which?**						
			AA901 AA1664(txt)				
42	**Do your gums bleed when you brush your teeth at present?**						
		1-No, rarely or never 2-Yes, sometimes 3-Yes, often 4-Yes, almost always	AA902				
43	**If you had diabetes before you became pregnant, what was your last long-term blood sugar level (HbA1c) before you became pregnant?**						
		1) Less that 7.5 2) 7.5 -12 3) More than 12 4) Don't know	AA903				
44	**Have you used other medication not previously mentioned? If yes, which and when did you take them?**						
			Medicine 1	*Medicine 2*	*Medicine 3*	*Medicine 4*	*Medicine 5*
	Name of medication		AA904 AA1665(txt) AA1665k	AA911 AA1666(txt) AA1666k	AA918 AA1667(txt) AA1667k	AA925 AA1668(txt) AA1668k	AA932 AA1669(txt) AA1669k
	Use of medication	Last 6 months before pregnancy	AA905	AA912	AA919	AA926	AA933
		Pregnancy week 0-4	AA906	AA913	AA920	AA927	AA934
		Pregnancy week 5-8	AA907	AA914	AA921	AA928	AA935
		Pregnancy week 9-12	AA908	AA915	AA922	AA929	AA936
		Pregnancy week 13+	AA909	AA916	AA923	AA930	AA937
	No. of days	Number 0 – 999	AA910	AA917	AA924	AA931	AA938

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Questions were developed for MoBa to survey the presence of other illnesses such as birth defect, gum bleeding, diabetes, and the use of other medicines.

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

45-48. Medication, Vitamins, and Supplements

1. Name of original questions: questions about the use of medication, vitamins and supplements

Q		Response options			Variable name				
45	**Do you take vitamins, minerals or other dietary supplements?**								
					1-No 2-Yes				AA939
46	**If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.**								
		When did you take the supplements?							*In this period how often did you take them?*
		Last 6 months before pregnancy *In pregnancy weeks*			*During this pregnancy* *In pregnancy weeks*				*1)-Daily* *2) 4-6 times a week* *3) 1-3 times a week*
		26-9	*8-5*	*4-0*	*0-4*	*5-8*	*9-12*	*13+*	
	1. Folic acid	AA940	AA941	AA942	AA943	AA944	AA945	AA946	AA947
	2. Vitamin B1 (Thiamine)	AA948	AA949	AA950	AA951	AA952	AA953	AA954	AA955
	3. Vitamin B2 (Riboflavin)	AA956	AA957	AA958	AA959	AA960	AA961	AA962	AA963
	4. Vitamin B6 (Pyridoxine)	AA964	AA965	AA966	AA967	AA968	AA969	AA970	AA971
	5. Vitamin B12	AA972	AA973	AA974	AA975	AA976	AA977	AA978	AA979
	6. Niacin	AA980	AA981	AA982	AA983	AA984	AA985	AA986	AA987
	7. Pantothenic acid	AA988	AA989	AA990	AA991	AA992	AA993	AA994	AA995
	8. Biotin	AA996	AA997	AA998	AA999	AA1000	AA1001	AA1002	AA1003
	9. Vitamin C	AA1004	AA1005	AA1006	AA1007	AA1008	AA1009	AA1010	AA1011
	10. Vitamin A	AA1012	AA1013	AA1014	AA1015	AA1016	AA1017	AA1018	AA1019
	11. Vitamin D	AA1020	AA1021	AA1022	AA1023	AA1024	AA1025	AA1026	AA1027
	12. Vitamin E	AA1028	AA1029	AA1030	AA1031	AA1032	AA1033	AA1034	AA1035
	13. Iron	AA1036	AA1037	AA1038	AA1039	AA1040	AA1041	AA1042	AA1043
	14. Calcium	AA1044	AA1045	AA1046	AA1047	AA1048	AA1049	AA1050	AA1051
	15. Iodine	AA1052	AA1053	AA1054	AA1055	AA1056	AA1057	AA1058	AA1059
	16. Zinc	AA1060	AA1061	AA1062	AA1063	AA1064	AA1065	AA1066	AA1067
	17. Selenium	AA1068	AA1069	AA1070	AA1071	AA1072	AA1073	AA1074	AA1075
	18. Copper	AA1076	AA1077	AA1078	AA1079	AA1080	AA1081	AA1082	AA1083
	19. Chromium	AA1084	AA1085	AA1086	AA1087	AA1088	AA1089	AA1090	AA1091
	20. Magnesium	AA1092	AA1093	AA1094	AA1095	AA1096	AA1097	AA1098	AA1099
	21. Cod liver oil	AA1100	AA1101	AA1102	AA1103	AA1104	AA1105	AA1106	AA1107
	22. Omega -3 fatty acid	AA1108	AA1109	AA1110	AA1111	AA1112	AA1113	AA1114	AA1115
47	**Give the complete name(s) of all vitamins and dietary supplements you take. Include alternative/herbal remedies and diet products.**								
	Vitamins and dietary supplements	1	2	3	4	5	6		
		AA1116 AA1670(txt)	AA1117 AA1671(txt)	AA1118 AA1672(txt)	AA1119 AA1673(txt)	AA1120 AA1674(txt)	AA1121 AA1675(txt)		
48	**If you use multivitamins (with or without minerals) do these contain folic acid?**								
		1-Yes 2-No 3-Don't know		AA1122					

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
The use of medication, vitamins and supplements is considered an important proxy for possible disease, and is relevant to consider effects and prevalence of use.

4. Revision during the data collection period:
Version A does not include question 48, and items 2, 6-9, 15-16, 18-20, 22 of question 46.

49-50. Civil Status and Education

1. Name of original questions: Questions about marital status and education

Q		Response options	Variable name
49	**What is your civil status?**		
		0 - More than 1 check box filled in 1 - Married 2 - Divorced/ Separated 3 - Co-habiting 4 - Widow 5 - Single 6 - Other	AA1123
50	**What education do you and the baby's father have?** ***(Fill in the highest level of education you have completed and current studies if you are still in school.)***		
	Education you have completed	1) 9-year secondary school 2) 1-2 year high school 3) Vocational high school 4) 3-year high school general studies, junior college 5) Regional technical college, 4-year university degree (Bachelor's degree, nurse, teacher, engineer) 6) University, technical college, more than 4 years (Master's degree, medical doctor, PhD)	AA1124
	Education baby's father has completed		AA1126
	Education you're doing		AA1125
	Education baby's father is doing		AA1127
	Other education you have completed Other education you're doing Other education baby's father has completed Other education baby's father is doing		AA1128 AA1129 AA1130 AA1131

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
These are standard measures of marital status and education levels.

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

Questions about work and leisure

51-58. Work Situations

1. Name of original questions: 8 questions about work situations

Q		Response options	Variable name	
51	**What was your and the baby's father's work situation when you became pregnant?**			
			You	*Baby's father*
	1. Student		AA1132	AA1133
	2. At home		AA1134	AA1135
	3. Intern/apprentice		AA1136	AA1137
	4. Military service		AA1138	AA1139
	5. Unemployed/laid off		AA1140	AA1141
	6. Rehabilitation/disabled		AA1142	AA1143
	7. Employed in public sector		AA1144	AA1145
	8. Employed in private sector		AA1146	AA1147
	9. Self-employed		AA1148	AA1149
	10. Family member without steady income in family company (ex. Farming, business)		AA1150	AA1151
	11. Other		AA1152	AA1153
52	**Did you have an extra job (with or without salary) when you became pregnant? *(For example, accountant, hair dresser, singer in a dance band, club leader)?***			
		1-No 2-Yes If yes, describe____	AA1157 AA1158 AA1676(txt)	
53	**Have you been absent from work more than two weeks during this pregnancy?**			
		1-No 2-Yes	AA1159	
54	**Are you absent from your work at the present time?**			
		1-No 2-Yes	AA1160	
55	**If yes, what is the reason for your absence?**			
	Medical leave		AA1161	
	Leave of absence		AA1162	
	Sick child		AA1163	
	Other		AA1164	
	If other, describe____		AA1165 AA1677(txt)	
56	**The usual number of paid working hours a week before you became pregnant and at present.**			
	Before the pregnancy	Number 0 – 999	AA1166	
	During the pregnancy		AA1167	
57	**Describe the type of work carried out at your and the baby's father's place of work as accurately as possible. (*Write for example, hospital department for children with cancer, body shop at a garage for diesel vehicles, farming with grain and swine, work in the home.)***			
	You		AA1168 (txt)	
	Baby's father		AA1169 (txt)	
58	**Occupation/title at this workplace? *(Write for example, staff nurse, mechanic, foreman, lecturer, student, cleaning assistant, housewife/at home.)***			
	You		AA1170 (txt)	
	Baby's father		AA1171 (txt)	

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:

This is a measure of work situations of the pregnant women and the baby's father.

4. **Revision during the data collection period:**
   Question 55 is not included in version A. No further revisions have been made.

59-62. Strains at Work

1. Name of original questions: 4 questions about work situation and job strains

Q		Response options	Variable name
59	**Indicate the appropriate answer for each of the following questions concerning your present work situation.**		
	Do you sometimes have so much to do that your work situation becomes taxing?	1-Yes, every day more than half of the working day 2-Yes, every day less than half of the working day 3-Yes, periodically but not daily 4-Seldom or never	AA1172
	Do you have to turn and bend many times in the course of an hour?		AA1173
	Do you work with your hands above shoulder level or higher?		AA1174
	Do you work walking or standing?		AA1175
	Can you choose to work a little faster some days and a little slower on other days?		AA1176
	Are you subjected to a lot of uncomfortable background noise?		AA1177
	Are you subjected to a lot of background noise that makes you have to raise your voice when talking to others, even at a distance of one metre?		AA1178
60	**How do the following statements describe your work situation?**		
	I have physically heavy work	1-Agree 2-Agree mostly 3-Disagree mostly 4-Disagree	AA1179
	My work is very stressful		AA1180
	I learn a lot at work		AA1181
	My work is very monotonous		AA1182
	My work demands a lot of me		AA1183
	I am able to decide how my work is to be carried out		AA1184
	There is a good team spirit at my place of work		AA1185
	I enjoy my work		AA1186
61	**When are your working hours?**		
	Permanent day work		AA1187
	Permanent afternoon or evening work		AA1188
	Permanent night work		AA1189
	Shift work (day and night) or shift rotations		AA1190
	No set times (extra work, extra shifts, temporary employment, etc.)		AA1191
	Other		AA1192
62	**During your pregnancy do you lift anything that weighs more than 10 k? (*10 kilos is the equivalent of a full bucket of water.)***		
	At home	1-Infrequently or never 2-Yes, less than 20 times a week 3-Yes, more than 20 times a week 4-Yes, 10-20 times a day 5-Yes, more than 20 times a day	AA1193
	At work		AA1194

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Excessive physical work load and job strains are health concerns for both pregnant women and unborn babies.

4. Revision during the data collection period:
Question 62 is not included in version A. No further revisions have been made.

63-68. Exposure to Radiation

1. Name of original questions: Questions about exposure to radiation during this pregnancy

Q		Response options	Variable name
63	**How often have you worked with radio transmitters or radar after becoming pregnant?**		
		1-Infrequently 2-Never 3-A few times a week 4-Daily 5-On average more than an hour daily	AA1195
64	**How often do you use a cell phone?**		
		1-Infrequently 2-Never 3-A few times a week 4-Daily 5-On average more than an hour daily	AA1196
65	**Do your cell phone calls last more than 15 minutes?**		
		1-Never 2-Infrequently 3-Often	AA1197
66	**How often do you work with a computer, laser printer or copying machine (at a distance of less than two metres) after you became pregnant?**		
	Computer monitor	1-Never 2-A few times a week 3-Daily 4-On average more than an hour daily	AA1198
	Laser printer		AA1199
	Copying machine		AA1200
67	**How often have you worked with x-ray equipment (at a distance of less than two metres) after you became pregnant? (*This does not include treatment as a patient*)**		
		1-Never 2-A few times a week 3-Daily 4-On average more than an hour daily	AA1201

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
This is a measure of pregnant women's exposure to radiation, which can be a risk factor for unborn babies.

4. Revision during the data collection period:
Question 66 is not included in version A. No further revisions have been made.

68. Exposure to Harmful Substances

1. Name of original questions: Questions about exposure to harmful substances during this pregnancy

Q		Response options / Variable name			
68	**Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?**				
		The last 6 months 1-Yes 2-No	*If yes, number of days*	Fill in if you have used a hood for gases or breathing protection	Fill in if you have used protective gloves
	1. Lead vapors, lead dust, lead particles or lead alloys	AA1202	AA1203	AA1204	AA1205
	2. Chrome, arsenic, cadmium or combinations of these	AA1206	AA1207	AA1208	AA1209
	3. Gasoline or exhaust (does not apply to filling gasoline in your own car)	AA1210	AA1211	AA1212	AA1213
	4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment)	AA1214	AA1215	AA1216	AA1217
	5. Disinfectants, vermin poisons	AA1218	AA1219	AA1220	AA1221
	6. Weed killers, insecticides, fungicides	AA1222	AA1223	AA1224	AA1225
	7. Oil-based paint	AA1226	AA1227	AA1228	AA1229
	8. Water-based or latex paint	AA1230	AA1231	AA1232	AA1233
	9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride)	AA1234	AA1235	AA1236	AA1237
	10. Industrial dyes or ink	AA1238	AA1239	AA1240	AA1241
	11. Motor oil, lubrication oil or other types of oil	AA1242	AA1243	AA1244	AA1245
	12. Photographic chemicals (fixatives or developers)	AA1246	AA1247	AA1248	AA1249
	13. Substances used in welding	AA1250	AA1251	AA1252	AA1253
	14. Substances used in soldering	AA1254	AA1255	AA1256	AA1257
	15. Formalin/formaldehyde	AA1258	AA1259	AA1260	AA1261
	16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment)	AA1262	AA1263	AA1264	AA1265
	17. Laughing gas or other anesthetic gases (does not apply to you own treatment as a patient)	AA1266	AA1267	AA1268	AA1269
	18. Other substances and conditions	AA1270	AA1271	AA1272	AA1273
	Other substances and conditions, describe_____	AA1274 AA1682 (txt)			

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
This is a measure of pregnant women's exposure to harmful substances, which can be a risk factor for unborn babies.

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

69-71. Exposure to Noise and Animals

1. Name of original questions: questions about exposure to noise and animals during this pregnancy

Q		Response options	Variable name
69	**How often have you been to a discotheque since you became pregnant?**		
		1) 1-2 times a week 2) Less often 3) Never	AA1275
70	**Are you in contact with animals either at work or in your leisure?**		
		1-No 2-Yes	AA1276
71	**If yes, what sort of animals and how often are you in contact with them on a weekly basis?**		
	1. Dog	1) Daily 2) 3-6 times a week 3) 1-2 times a week 4) Less than once a week	AA1280
	2. Cat		AA1281
	3. Guinea pig		AA1282
	4. Hamster		AA1283
	5. Rabbit		AA1284
	6. Canary or other bird		AA1285
	7. Aquarium fish		AA1286
	8. Cow		AA1287
	9. Pig		AA1288
	10. Sheep, goat		AA1289
	11. Horse		AA1290
	12. Poultry		AA1291
	13. Other		AA1292

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
This is a measure of pregnant women's exposure to noise and animals, which can be a risk factor for unborn babies.

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

Questions about housing and household

72-74. Family Household

1. Name of original questions: Questions about family household

Q		Response options	Variable name
72	**With whom do you live?**		
	Spouse/partner		AA1293
	Parents		AA1294
	Parents-in-law		AA1295
	Children		AA1296
	No one		AA1297
	Other		AA1298
	If other, describe____		AA1299 AA1683(txt)
73	**How many people including you live in your home?**		
	Number of people over 18 years	Number 0 – 99	AA1300
	Number of people between 12 and 18 years		AA1301
	Number of people between 6 and 11 years		AA1302
	Number of people under 6 years		AA1303
74	**How many children are at nursery school/day care?**		
		Number 0 – 99	AA1304

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Questions were developed to get information about family household.

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

75-78. Language Backgrounds and Language(s) Spoken at Home

1. Name of original questions: Questions about language backgrounds and languages spoken at home

Q		Response options	Variable name
75	**Do you or the baby's father have a mother tongue other than Norwegian?**		
		1-No 2-Yes	AA1305
76	**If yes, which language?**		
	You	1-Sámi 2-Urdu 3-English 4-Other	AA1306_D
	Baby's father		AA1307_D
		If other, which_____	AA1308 AA1684(txt)
77	**Do your parents or the baby's father's parents have a mother tongue other than Norwegian?**		
		1-No 2-Yes	AA1309
78	**If yes, which language?**		
	Your mother	1-Sámi 2-Urdu 3-English 4-Other	AA1310_D
	Your father		AA1311_D
	Mother of the child's father		AA1312_D
	Father of the child's father		AA1313_D
		If other, which_____	AA1314 AA1685(txt)

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Questions were developed to get information about language backgrounds and language(s) spoken at home.

4. Revision during the data collection period:
This section is not included in version A. No further revisions have been made.

79-81. Income and Housing

1. Name of original questions: Questions about income and housing

Q		Response options	Variable name
79	**What is your and the baby's father's yearly gross income? (*Include child support, unemployment benefits and other allowances.)***		
	Your gross income	1) No income 2) Under 150.000 NOK 3) 151.000-199.999 NOK 4) 200.000-299.999 NOK 5) 300.000-399.999 NOK 6) 400.000-499.999 NOK 7) Over 500.000 NOK	AA1315
	Child's father's gross income	1) No income 2) Under 150.000 NOK 3) 151.000-199.999 NOK 4) 200.000-299.999 NOK 5) 300.000-399.999 NOK 6) 400.000-499.999 NOK 7) Over 500.000 NOK 8) Don't know	AA1316
80	**Is it possible for your household to manage financially without your income?**		
		1-No 2-Yes, but with difficulty 3-Yes, without difficulty	AA1317
81	**What type of housing do you live in?**		
	Detached house		AA1318
	Farm		AA1319
	Semidetached		AA1320
	Four-flat house		AA1321
	Maisonette		AA1322
	Terraced flat		AA1323
	Basement flat		AA1324
	Apartment building		AA1325
	Townhouse/tenement		AA1326
	Which floor?		AA1327
	Other		AA1328
	If other, describe_____		AA1329 AA1686(txt)

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
Questions were developed for MoBa to survey family income and type of housing.

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

82-86. Exposure at Home

1. Name of original questions: Questions about exposure to fungus, mould and illness at home

Q		Response options	Variable name
82	**Has there been water damage, visible signs of fungus/mildew or a smell of mildew in your home in the past 3 months?**		
		No Yes, water damage Yes, signs of fungus and mould Yes, a smell of mildew	AA1330 AA1331 AA1332 AA1333
83	**Where does your drinking water come from?**		
		Public or private water supply Water from a local source *(e.g. well)*	AA1334 AA1335
84	**How many times have you moved in the last 3 years?**		
		Number 0-99	AA1336
85	**Has anyone in your home had influenza, a prolonged cough, childhood disease or an illness with fever and a rash after your became pregnant?**		
		1-No 2-Yes	AA1337
86	**If yes, which illness?**		
	German measles		AA1338
	Chicken pox		AA1339
	Measles		AA1340
	Roseola infantum		AA1341
	Other fever with rash		AA1342
	Influenza		AA1343
	Prolonged cough		AA1344
	Tuberculosis		AA1345
	Hand, foot and mouth disease		AA1346
	Other		AA1347

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
This is a measure of pregnant women's exposure to fungus, mould and illness at home, which can be a risk factor for unborn babies.

4. Revision during the data collection period:
Questions 82 and 83 are not included in version A. No further revisions have been made.

Questions about life style

87-104. Smoking

1. Name of original questions: 18 questions about smoking

Q		Response options	Variable name
87	**Did your mother smoke when she was pregnant with you?**		
		1-No 2-Yes 3-Don't know	AA1348
88	**Are you exposed to passive smoking at home?**		
		1-No 2-Yes	AA1349
89	**If yes, how many hours a day are you exposed to passive smoking?**		
		Number 0-99	AA1350
90	**Are you exposed to passive smoking at work?**		
		1-No 2-Yes	AA1351
91	**If yes, how many hours a day are you exposed to passive smoking?**		
		Number 0-99	AA1352
92	**Did the baby's father smoke before you became pregnant?**		
		1-No 2-Yes	AA1353
93	**Does he smoke now?**		
		1-No 2-Yes	AA1354
94	**Have you ever smoked?**		
		1-No 2-Yes	AA1355
95	**Do you smoke now (after you became pregnant)?**		
		1-No 2-Sometimes 3-Daily	AA1356
	If sometimes, how many cigarettes per week?	Number 0-99	AA1357
	If daily, how many cigarettes per day?		AA1358
96	**Did you smoke during the last 3 months before you became pregnant this time?**		
		1-No 2-Sometimes 3-Daily	AA1359
	If sometimes, how many cigarettes per week?	Number 0-99	AA1360
	If daily, how many cigarettes per day?		AA1361
97	**How old were you when you started to smoke on a daily basis?**		
		Number 0-99	AA1362
98	**Have you stopped smoking completely?**		
		1-No 2-Yes	AA1363
99	**If yes, how old were you when you stopped smoking?**		
		Number 0-99	AA1364
100	**If you stopped smoking after you became pregnant, in which week of pregnancy did you stop?**		
		Number 0-99	AA1365
101	**How long after you get up in the morning until you light your first cigarette?**		
		1) 5 minutes 2) 6-29 minutes 3) 30-60 minutes 4) More than one hour	AA1366
102	**Do you smoke when you are ill?**		
		1-No 2-Yes	AA1367
103	**Do you smoke more often during the first few hours after you wake up than you do during the rest of the day?**		
		1-No 2-Yes	AA1368

Q		Response options	Variable name	
104	**If you have used other kinds of nicotine indicate which and when you used them.**			
			Before pregnancy	After pregnancy
	1. Chewing tobacco/snuff		AA1369	AA1370
	2. Nicotine chewing gum		AA1371	AA1372
	3. Nicotine adhesive patch		AA1373	AA1374
	4. Nicotine inhaler		AA1375	AA1376

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:

This is a measure of intake of nicotine before and after pregnancy.

4. Revision during the data collection period:

Version A does not include questions 94, 98, 99, item 1 of question 104. No further revisions have been made.

105. Drinking Soda, Coffee, Juice or Milk

1. Name of original questions: Questions about beverage consumption

Q	Response options / Variable name				
105	**What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)**				
			No. of cups /glasses		
			Before pregnancy	*Now*	*Decaffeinated?*
	1. Filter coffee		AA1377	AA1378	AA1379
	2. Instant coffee		AA1380	AA1381	AA1382
	3. Boiled coffee		AA1383	AA1384	AA1385
	4. Tea		AA1386	AA1387	AA1388
	5. Herbal tea		AA1389	AA1390	AA1391
	6. Coca Cola/Pepsi, etc.		AA1392	AA1393	AA1394
	7. Other fizzy drinks		AA1395	AA1396	AA1397
	8. Diet Coca Cola, Pepsi		AA1398	AA1398	AA1400
	9. Other diet fizzy drinks		AA1401	AA1402	AA1403
	10. Tap water		AA1404	AA1405	N/A
	11. Bottled water		AA1406	AA1407	
			No. of cups /glasses		
			Before pregnancy	*Now*	*Organic?*
	12. Juice/squash		AA1408	AA1409	AA1410
	13. Diet juice/squash		AA1411	AA1412	AA1413
	14. Milk (skimmed, low fat, whole)		AA1414	AA1415	AA1416
	15. Yogurt, all types		AA1417	AA1418	AA1419
	16. Yogurt/ active Lactobacillus		AA1420	AA1421	AA1422
	17. Other type of cultured milk (kefir)		AA1423	AA1424	AA1425
	18. Other		AA1426	AA1427	AA1428

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
This is a measure of intake of caffeine and ecological food.

4. Revision during the data collection period:
The response column ‘organic’ is not included in version A. No further revisions have been made.

106-109. Alcohol and Drugs

1. Name of original questions: Questions about intake of drugs and alcohol

Q		Response options			Variable name
106	**Have you used any of the following substances?**				
		Never	*Previously*	*Last months before pregnancy*	*During pregnancy*
	1. Hash	AA1432	AA1433	AA1434	AA1435
	2. Amphetamine	AA1436	AA1437	AA1438	AA1439
	3. Ecstasy	AA1440	AA1441	AA1442	AA1443
	4. Cocaine	AA1444	AA1445	AA1446	AA1447
	5. Heroin	AA1448	AA1449	AA1450	AA1451
107	**Have you ever consumed alcohol?**				
		1-No 2-Yes			AA1452
108	**How often did you consume alcohol in the 3 months before you became pregnant and how often do you consume alcohol during the pregnancy?**				
	Last 3 months before pregnancy	1-Approximately 6-7 time a week 2-Approximately 4-5 times a week 3-Approximately 2-3 times a week 4-Approximately once a week 5-Approximately 1-3 times a month 6-Less than once a month 7-Never			AA1453
	During pregnancy				AA1454
109	**What type of alcohol do you usually drink?**				
	1. Light beer				AA1455
	2. Beer				AA1456
	3. Red wine				AA1457
	4. White wine				AA1458
	5. Low alcohol sodas				AA1459
	6. Fortified wines (*sherry, port wine, Madeira)*				AA1460
	7. Spirits (*vodka, gin, snaps, cognac, whisky, liqueur)*				AA1461

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
This is a measure of pregnant women's intake of alcohol and drugs before and during pregnancy.

4. Revision during the data collection period:
Version A does not include questions 107 or 108. No further revisions have been made.

110-115. Alcohol Consumption and Drinking Behaviours

1. Name of original questions: Questions about alcohol consumption and drinking behaviours

Q		Response options	Variable name
110	**Did you drink 5 units or more at least once during the last 3 months before pregnancy or during pregnancy?**		
	Last 3 months before pregnancy	1) Several times per week 2) Once a week 3) 1-3 times a month 4) Less than once a month/ 5) Never	AA1462
	During pregnancy		AA1463
111	**How many units of alcohol do you usually drink when you consume alcohol?**		
	Last 3 months before pregnancy	1) 10 or more 2) 7-9 3) 5-6 4) 3-4 5) 1-2 6) Less than 1	AA1464
	During pregnancy		AA1465
112	**How many units of alcohol do you have to drink before you feel any effect?**		
		Number 0-99	AA1466
113	**Have other people irritated or hurt you by criticising how much you drink?**		
		1-No 2-Yes	AA1467
114	**Have you ever felt that you ought to drink less alcohol?**		
		1-No 2-Yes	AA1468
115	**Have you ever drunk alcohol in the morning to calm your nerves or to get rid of a hangover?**		
		1-No 2-Yes	AA1469

2. Description of original questions: MoBa specific single questions

The questions were adapted from The Alcohol Use Disorders Identification Test (AUDIT; Saunders, et al., 1993), which is a screening instrument for hazardous and harmful alcohol consumption.

Psychometric Information:
Not relevant.

Base References/Primary Citations:

Saunders JB, Aasland OG, Babor TF, DE La Fuente JR, and Grant M (1993) Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption-II. *Addiction* 88: 791-804.

3. Rationale for choosing the questions:

The questions can be used as a measure of hazardous and harmful alcohol use.

4. Revision during the data collection period:

Version A does not include questions 110 and 111. No further revisions have been made.

116. Rutgers Alcohol Problems Index (RAPI)

1. Name of original scale: Selective items from Rutgers Alcohol Problems Index (RAPI)

Q		Response options	Variable name
116	**Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?**		
	1. Had argument of bad feelings with a family member	1-Never 2-Once 3-Several times	AA1470
	2. Suddenly found yourself in a place that you could not remember getting to		AA1471
	3. Been absent from work or school		AA1472
	4. Fainted or passed out suddenly		AA1473
	5. Had a bad time		AA1474

2. Description of original scale: Rutgers Alcohol Problems Index (RAPI)

The original RAPI (White & Labouvie, 1989) is a 23-item self-administered screening tool for assessing adolescent problem drinking. It was developed in order to create a conceptually sound, unidimensional, relatively brief, and easily administered instrument to assess problem drinking in adolescence. The response categories are designed to reflect frequency of occurrence (1=Never, 3=Several times). Only 5 of the 23 items are selected into use in the MoBa.

Psychometric Information:

Factor analyses were conducted of test-retest data involving frequencies of a total of 53 symptoms and/or consequences of alcohol use as reported by a nonclinical sample of 1308 males and females aged 12 to 18 years at the initial test and 15 to 21 years at the retest. The resulting 23-item scale has a reliability of .92 and a 3-year stability coefficient of .40 for the total sample.

Base References/Primary Citations:

White, H.R. & Labouvie, E.W. (1989). Towards the assessment of adolescent problem drinking. *Journal of Studies on Alcohol* 50:30-37.

3. Rationale for choosing the questions:

The advantages of this short, self-administered screening tool lie in its ease of administration and its standardization which makes it possible to compare problem drinking scores across groups.

4. Revision during the data collection period:

This section is not included in version A. No further revisions have been made.

Questions about weight control and eating disorders

117-122. Weight Control and Eating Disorders

1. **Name of original questions:** 6 questions about weight control and eating disorders

Q		Response options	Variable name	
117	**Do you think you were overweight before this pregnancy?**			
		1-Yes, a lot 2-Yes, a little 3-No	AA1475	
118	**Are you worried about putting on more weight than necessary during this pregnancy?**			
		1-Yes, very worried 2-Somewhat worried 3-No, not especially worried	AA1476	
119	**Has anyone said that you were too thin while you felt that you were too fat during the last 2 years?**			
		1-Yes, often 2-Yes, occasionally 3-No	AA1477	
120	**Have you ever lost control while eating and not been able to stop before you have eaten far too much?**			
	Last 6 months before this pregnancy	1-No 2-Infrequently 3-Yes, at least once a week	AA1478	
	Now		AA1479	
121	**Have you ever used any of the following to control your weight?**			
			Last 6 months before this pregnancy	Now
	Vomiting	1-At least once a week 2-Seldom 3-Never	AA1480	AA1481
	Laxatives		AA1482	AA1483
	Fasting		AA1484	AA1485
	Hard physical exercise		AA1486	AA1487
122	**Is it important for your self-image that you maintain a certain weight?**			
		1-Yes, very important 2-Yes, quite important 3-No, not especially important	AA1488	

2. **Description of original questions: Questions on weight control and eating disorders**

The questions were designed in accordance with the DSM-IV (APA, 1994) diagnoses of Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Eating Disorders Not Otherwise Specified (EDNOS).

Psychometric Information:

Similar diagnostic questions have been used in previous epidemiological studies in Norway (e.g. Reichborn-kjennerud, et al., 2003). Still, the questions are based on self-report and are intended to target more broadly defined disorders than diagnostic interviews (Bulik et al., 2007).

Base References/Primary Citations:

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders (*4th edition). Washington, DC: American Psychiatric Association.

Bulik C.M., Von Holle A., Hamer R., Berg C.K., Torgersen L., Stoltenberg C., Siega-Riz A.M., Sullivan P., and Reichborn-Kjennerud T. (2007). Patterns of remission, continuation, and of broadly defined eating disorders in the Norwegian Mother and Child Cohort Study (MoBa). *Psychological Medicine* 10: 1-10.

Reichborn-Kjennerud T, Bulik CM, Kendler KS, Røysamb E, Maes H, Tambs K, Harris JR. 2003. Gender differences in binge-eating: a population-based twin study. *Acta Psychiatrica Scandnavica* 108(3):196-202.

3. **Rationale for choosing the questions:**
   These questions are intended to bring about algorithms that define some specific subtypes of eating disorders (Bulik et al., 2007, p. 3).

4. **Revision during the data collection period:**
   Question 120 is not included in version A. No further revisions have been made.

Questions about Urination

123-129. Urination

1. **Name of original questions:** 7 questions about leakage of urine before and during this pregnancy

Q		Response options	Variable name
123	**Do you have leakage of urine associated with coughing, sneezing, laughing or heavy lifting?**		
		1-Yes 2-No	AA2149
124	**Do you have leakage of urine associated with a sudden and strong urge to urinate?**		
		1-Yes 2-No	AA2150
125	**How often do you have leakage of urine?**		
		1-Never 2-Less than once a month 3-Once or more times a month 4-Once or more times a week 5-Every day and/or every night	AA2151
126	**How much urine do you usually leak every time?**		
		1-Never leak 2-Droplets or tiny amount 3-Small spray 4-Larger amounts	AA2152
127	**Do you have leakage of urine before this pregnancy?**		
		1-Yes, 2-No	AA2153
128	**If yes, did you have leakage of urine the last month before this pregnancy?**		
		1-Yes 2-No	AA2154
129	**Did the leakage of urine occur the first time during a previous pregnancy?**		
		1-Yes 2-No	AA2155

2. **Description of original questions: MoBa specific single questions**

   Psychometric Information:
   Not relevant.

   Base References/Primary Citations:
   Not relevant.

3. **Rationale for choosing the questions:**
   These questions were developed for MoBa to assess the presence of urinary incontinence, which is considered as an important proxy for possible disease.

4. **Revision during the data collection period:**
   This section is only included in version E. No further revisions have been made.

Questions about Physical activity

130-132. Physical Activity

1. Name of original questions: Questions about physical activities before and during this pregnancy

Q		Response options	Variable name	
130	**How often do you usually exercise at the present time?**			
			Last 3 months before this pregnancy	During this pregnancy
	1. Walking	1) Never 2) 1-3 times a month 3) Once a week 4) Twice a week 5) 3 times or more a week	AA1489	AA1490
	2. Brisk walking		AA1491	AA1492
	3. Running/jogging/orienteering		AA1493	AA1494
	4. Bicycling		AA1495	AA1496
	5. Training studio/weight training		AA1497	AA1498
	6. Special gymnastics/aerobics for pregnant women		AA1499	AA1500
	7. Aerobics/gymnastics/dance without running and jumping		AA1501	AA1502
	8. Aerobics/gymnastics with running and jumping		AA1503	AA1504
	9. Dancing (swing/rock/folk)		AA1505	AA1506
	10. Skiing		AA1507	AA1508
	11. Ball sports		AA1509	AA1510
	12. Swimming		AA1511	AA1512
	13. Riding		AA1513	AA1514
	14. Other		AA1515	AA1516
131	**How many times a week do you do exercises for the following muscle groups?**			
			Last 3 months before this pregnancy	During this pregnancy
	Abdominal muscles	1) Never 2) 1-3 times a month 3) Once a week 4) Twice a week 5) 3 times or more a week	AA1517	AA1518
	Back muscles		AA1519	AA1520
	Pelvic floor muscles (muscles around the vagina, urethra, anus)		AA1521	AA1522
132	**How often are you currently so physically active in your leisure and/or at work that you get out of breath or sweat?**			
			Last 3 months before this pregnancy	During this pregnancy
	Leisure	1) Never 2) Less than once a week 3) Once a week 4) Twice a week 5) 3-4 times or more a week 6) 5 times a week or more	AA1523	AA1525
	At work		AA1524	AA1526

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
The questions were developed for MoBa to survey pregnant women's physical activities before and after pregnancy.

4. Revision during the data collection period:
This section is not included in version A. No further revisions have been made.

Questions about yourself

133. Life Satisfaction

1. **Name of original scale:** The Satisfaction With Life Scale (SWLS)

Q		Response options	Variable name
133	**Do you agree or disagree with the following statements?**		
	1. In most ways my life is close to my ideal	1-Disagree completely 2- Disagree 3- Disagree somewhat 4- Don't agree or disagree 5- Agree somewhat 6- Agree 7- Agree completely	AA1527
	2. The conditions of my life are excellent		AA1528
	3. I am satisfied with my life		AA1529
	4. So far I have gotten the important things I want in life		AA1530
	5. If I could live my life over, I would change almost nothing		AA1531

2. **Description of original instrument**: **Satisfaction With Life Scale (SWLS)**
   The SWLS (Diener et al., 1985) is a 5-item instrument designed to measure global cognitive judgments of satisfaction with one's life. All answers are scored on a 7-point scale from 'strongly disagree' (1) to 'strongly agree' (7).

   Psychometric Information (sample, reliability, validity):
   Internal consistency (Cronbach's alpha) for the SWLS is between .79 and .89. Test-retest coefficients are between .84 and .54, with the decline of stability of the scale over longer periods. The SWLS demonstrates adequate convergence with related measures (r=.28~.82), and it has been shown to have potential as a cross-cultural index of life satisfaction (Diener et al., 1985; Pavot & Diener, 1993; Pavot, et al., 1993; Shigehiro, 2006; Vittersø, Røysamb & Diener, 2002).

   Base References/Primary Citations:
   Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment* 49: 71-75.

   Pavot, W., & Diener, E. (1993). Review of the Satisfaction With Life Scale. *Psychological Assessment*, 5, 164-172.

   Pavot, W., Diener, E., Colvin, R., & Sandvik, E. (1991). Further validation of the Satisfaction with Life Scale: Evidence for the cross-method convergence of self-report well-being measures. *Journal of Personality Assessment* 57: 149-161.

   Shigehiro, O. (2006). The concept of life satisfaction across culture: An IRT analysis. *Journal of Research in Personality* 40(4): 411-423.

   Vittersø, J., Røysamb, E., & Diener, E. (2002). The concept of life satisfaction across cultures: Exploring its diverse meaning and relation to economic wealth. In E. Gullone & R. Cummins (Eds.), *The universality of subjective wellbeing indicators. A multidisciplinary and multi-national perspective* (pp. 81–103). Dordrecht, the Netherlands: Kluwer Academic Publishers.

3. **Rationale for choosing the questions:**
   The Satisfaction With Life Scale is a well-established measure of life satisfaction.

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

1. Name of original scale: The Relationship Satisfaction Scale (RSS)

Q		Response options	Variable name
134	**How well do these statements describe your relationship?**		
	1. I have a close relationship with my spouse/partner	1-Agree completely 2-Agree 3-Agree somewhat 4-Disagree somewhat 5-Disagree 6-Disagree completely	AA1532
	2. My partner and I have problems in our relationship		AA1533
	3. I am very happy with our relationship		AA1534
	4. My partner is generally understanding		AA1535
	5. I often consider ending our relationship		AA1536
	6. I am satisfied with my relationship with my partner		AA1537
	7. We frequently disagree on important decisions		AA1538
	8. I have been lucky in my choice of a partner		AA1539
	9. We agree on how our child should be raised		AA1540
	10. I believe my partner is satisfied with our relationship		AA1541

2. Description of original instrument: The Relationship Satisfaction Scale (RSS)

The RSS is a 10-item scale developed originally in Norwegian for the MoBa. The scale is based on core items used in previously developed measures of marital satisfaction and relationship quality (e.g. Blum & Mehrabian, 1999; Henrick, 1988; Snyder, 1997). All answers are scored on a 6-point scale from 'strongly agree' (1) to 'strongly disagree' (6).

Psychometric Information:

Internal reliability of the RS10 is high (alpha: .85-.90). Confirmatory factor analyses provide evidence for a unidimensional structure, high loadings and good fit. The RSS correlates .92 with the Quality of Marriage Index (QMI: Norton, 1983). Predictive validity is evidenced by ability to predict future break-up/divorce and life satisfaction (Dyrdal et al., 2011; Røsand, et al., 2013; Røysamb, Vittersø & Tambs, 2014). The 5-item short version (RS5) was empirically derived by identifying the best items in terms of accounting for variance in the full sum-score index. Multiple regression and factor analyses were used (Røysamb, Vittersø & Tambs, 2014). The short version correlates .97 with the full scale.

Base References/Primary Citations:

Blum, J. & Mehrabian, A. (1999). Personality and temperament correlates of marital satisfaction. *Journal of Personality* 67 (1): 93-125.

Dyrdal, G.M., Røysamb, E., Nes, R. B. & Vittersø, J. (2011). Can a happy relationship predict a happy life? A population-based study of maternal well-being during the life transition of pregnancy, infancy, and toddlerhood. *Journal of Happiness Studies 12*(6): 947- 962.

Gustavson, K., Nilsen, W., Ørstavik, R. & Røysamb, E. (2014). Relationship quality, divorce, and well-being: Findings from a three-year longitudinal study. *The Journal of Positive Psychology* 9(2): 163-174.

Henrick, S. S. (1988). A generic measure of relationship satisfaction. *Journal of Marriage and the Family 50*: 93-98.

Norton, R. (1983). Measuring marital quality: A critical look at the dependent variable. *Journal of Marriage and the Family 45*: 141-151.

Røsand, G-M. B., Slinning, K., Røysamb, E. & Tambs, K. (2013). Relationship dissatisfaction and other risk factors for future relationship dissolution: a population-based study of 18,523 couples. *Social Psychiatry and Psychiatric Epidemiology 49*(1): 109-119.

Røysamb, E., Vittersø, J. & Tambs, K. (2014). The Relationship Satisfaction scale: Psychometric properties. Norwegian Journal of Epidemiology [Norsk Epidemiologi] 24(1-2): 187-194.

Snyder, D. K. (1997). *Marital Satisfaction Inventory–Revised (MSI-R) Manual*. Los Angeles: Western Psychological Services.

3. Rationale for choosing the questions:

Partner relationship is considered a central aspect of family life. Relationship satisfaction is both an outcome *per se* and a potentially important predictor of mental health, well-being, divorce, and child-rearing.

4. Revision during the data collection period:

This instrument is not used in version A. No further revisions have been made.

135-137. Social Support

1. **Name of original questions:** 3 questions about social relations and social support

Q		Response options	Variable name
135	**Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?**		
		1- No 2-Yes, 1 or 2 people 3-Yes, more than 2 people	AA1545
136	**How often do you meet or talk on the telephone with your family (other than your husband/partner and children) or close friends?**		
		1) Once a month or less 2) 2-8 times a month 3) More than twice a week	AA1546
137	**Do you often feel lonely?**		
		1-Almost never 2-Infrequently 3-Sometimes 4-Usually 5-Almost always	AA1547

2. **Description of original questions: MoBa specific questions**

Psychometric Information:
Not relevant

Primary citation/ base reference:
Not relevant

3. **Rationale for choosing the questions:**
Social support and social relations are related to personal health and happiness (see Reblin & Uchino, 2008 for a review).

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

Added reference:
Reblin, MA & Uchino BN. 2008. Social and emotional support and its implication for health. *Current Opinion in Psychiatry* 21(2): 201–205.

138. Depression/Anxiety during Pregnancy

1. Name of original scale: Selective items from the (Hopkins) Symptoms Checklist-25 (SCL-25)

Q		Response options	Variable name
138	**Have you been bothered by any of the following during the last two weeks?**		
	1. Feeling fearful	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	AA1548
	2. Nervousness or shakiness inside		AA1549
	3. Feeling hopeless about the future		AA1550
	4. Felling blue		AA1551
	5. Worrying too much about things		AA1552

2. Description of original questions: The (Hopkins) Symptoms Checklist-25 (SCL-25)

The Hopkins Symptoms Checklist with 90 items (SCL-90) measures several types of symptoms of mental disorders, two of which are anxiety and depression. The instrument was originally designed by Derogatis, Lipman & Covi (1973) at Johns Hopkins University. The SCL-25 was derived from the SCL-90 and measures symptoms of anxiety (10 items) and depression (15 items) (Hesbacher, et al., 1980). Response categories are the same for all items: "not at all, bothered," "a little bothered," "quite a bit bothered," "extremely bothered," rated 1 to 4, respectively. Five of the selected items in this section constitute the short version of SCL-25 (SCL-5; Tambs K & Moum, 1993).

Psychometric Information:

A concordance rate of 86.7% was demonstrated between the assessment by the physician and the patient's own rating of distress on the SCL-25 (Hesbacher, et al., 1980). Using and available data material (Tambs & Moum, 1993), the short version scores were estimated to correlate 0.92 with the total score from the original instrument. The alpha reliability was estimated at 0.85 for SCL-5 (Tambs & Røysamb, 2014). Sensitivity and specificity for SCL-5 have been estimated at 82% and 96 % (Strand, et al., 2003).

Base References/Primary Citations:

Derogatis, L.R., Lipman, R.S. & Covi L. 1973. The SCL-90: an outpatient psychiatric rating scale. *Psychopharmacology Bulletin,* 9: 13-28.

Hesbacher PT, Rickels R, Morris RJ, Newman H, & Rosenfeld MD. 1980. Psychiatric illness in family practice. *Journal of Clinical Psychiatry*, 41: 6-10.

Strand, B.H., Dalsgard, O.S., Tambs, K., & Rognerud, M. 2003. Measuring the mental health status of the Norwegian population: A comparison of the instrument SCL-25, SCL-10, SCL-5 and MHI-5 (SF-36). *Nordic Journal of Psychiatry*, 57: 113-118.

Tambs, K. & Moum, T. 1993. How well can a few questionnaire items indicate anxiety and depression? *Acta Psychiatrica Scandnavica*, 87: 364-367.

Tambs, K. & Røysamb E. 2014. Selection of questions to short-form versions of original psychometric instruments in MoBa. *Norsk Epidemiologi* 24:195-201.

3. Rationale for choosing the questions:

SCL-5 has proven to be a brief, valid and reliable measure of mental distress (Tambs & Moum, 1993).

4. Revision during the data collection period:

No revisions have been made.

139-140. Abuse

1. Name of original questions: Questions about past history of abuse

Q		Response options	Variable name		
139	**Have you ever in your adult life been slapped, hit, kicked or bothered in any way physically? (*you may cross off several)***				
	During this pregnancy	1-Yes 2-No 3-Don't remember	AA1553		
	Last 6 months before pregnancy		AA1554		
	Earlier		AA1555		
140	**Have you ever been pressured or forced to have sexual intercourse?**				
			During this pregnancy	Last 6 months before pregnancy	Earlier
	No, never		AA1556	AA1557	AA1558
	Yes, pressured		AA1559	AA1560	AA1561
	Yes, forced with violence		AA1562	AA1563	AA1564
	Yes, raped		AA1565	AA1566	AA1567

2. Description of original questions: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
History of abuse before and during pregnancy supposedly affects the health of both pregnant women and the developing baby.

4. Revision during the data collection period:
For both questions, the alternative for 'during this pregnancy' does not exist in version A; instead 'the last 12 months' is used to cover 'during this pregnancy' and 'last 6 months before pregnancy.' No further revisions have been made.

141. Self Esteem

1. Name of original Scale: Selective questions from the Rosenberg Self-Esteem Scale (RSES)

Q		Response options	Variable name
141	**How do you feel about yourself?**		
	1. I have a positive attitude toward myself	1-Agree completely 2-Agree 3-Disagree 4-Disagree completely	AA1568
	2. I feel completely useless at times		AA1569
	3. I feel that I do not have much to be proud about		AA1570
	4. I feel that I am a valuable person, as good as anyone else		AA1571

2. Description of original Instrument: The Rosenberg Self-Esteem Scale (RSES)

The RSES (Rosenberg, 1965; 1986) is a 10-item scale, intended to measure global self-esteem. In the original version, half of the items are positively worded, while the other half negatively worded. Four of the selected items in this section constitute the short version of RSES (Tambs, 2004). Four response categories range from strongly agree to strongly disagree.

Psychometric Information:

Test-retest reliability ranges from .82 to .88. Cronbach's alpha ranges from .77 to .88 (Blascovich & Tomaka, 1993; Rosenberg, 1986). Alpha-reliability for the whole 10-item scale was .88 in a Norwegian sample of 250 youths (Ystgyrd, 1993). The four-item short version correlated .95 with the score based on the original 10-item scale, and the alpha reliability was estimated at .80 (Tambs, 2004).

Base References/Primary Citations:

Blascovich, J. & Tomaka, J. (1993). Measures of self-esteem. *Journal of Psychology* 115-160.

Robinson, P.R. Shaver, and L.S. Wrightsman (eds.) (1991). *Measures of personality and social psychological attitudes (Third edition)*. Ann Arbor: Institute of Social Research.

Rosenberg, M. (1986). *Conceiving the Self*. Krieger: Malabar, FL.

Rosenberg, M. (1965). *Society and the adolescent self-image.* New Jersey: Princeton University Press.

Tambs, K. (2004). Valg av spørsmål til kortversjoner av etablerte psykometriske instrumenter. Ed. I. Sandanger, G. Ingebrigtsen, J.F. Nygård and K. Sørgyrd. *Ubevisst sjeleliv og bevisst samfunnsliv. Psykisk hele i en sammenheng. Festskrift til Tom Sørensen på hans 60-års dag*, 217-229. Nittedal: Nordkyst Psykiatrisk AS.

Ystgyrd, M. (1993). *Sårbar ungdom og sosialt støtte. En tilnærming til forebygging av psykisk stress og selvmord.* Oslo: Senter for sosialt nettverk og helse.

3. Rationale for choosing the questions:

The Rosenberg Self-Esteem Scale is one of the most widely used self-esteem measures in social science research.

4. Revision during the data collection period:

No revisions have been made.

142-144. Life Time History of Depression

1. Name of original Scale: Life Time History of Major Depression (LTH of MD)

Q		Response options	Variable name
142	**Have you ever experienced the following for a period of 2 weeks or more?**		
	1. Felt depressed, sad	1-No 2-Yes	AA1572
	2. Had problems with appetite or eaten too much		AA1573
	3. Been bothered by lack of energy		AA1574
	4. Blamed yourself and felt worthless		AA1575
	5. Had problems with concentration or had problems making decisions		AA1576
	6. Had at least 3 of the problems named above simultaneously		AA1577
143	**If you have had 3 or more of these problems at the same time how many weeks did the longest period last?**		
	____ weeks	Number 0-99	AA1578
144	**Was there a particular reason for this?**		
		1-No, no particular reason 2-Yes *(ex. death, divorce, miscarriage, accident)*	AA1579

2. Description of original questions: Life Time History of Major Depression (LTH of MD)

These items closely correspond to the DSM-III criteria for lifetime major depression. DSM criteria are met when i) three types of symptom items are endorsed, ii) one of these is the first, felt depressed, and iii) three types of symptoms occurred simultaneously. The criteria also include that the depression was not caused by some externally negative incident. The answers are coded as "yes" or "no".

Psychometric Information:

The reliability of the scale was tested by a new examination a year later, now using the CIDI structured interview. The correspondence was rather modest (kappa = 0.34, tetrachoric r = 0.56) (Kendler, et al., 1993).

Base References/Primary Citations:

Kendler, K. S., Neale, M. C., Kessler, R. C., Heath, A.C. and Eaves, L.J. (1993). The lifetime history of major depression in women: reliability of diagnosis and heritability, *Archives of General Psychiatry, 50*, 863-870.

3. Rationale for choosing the questions:

The questions aim to measure lifetime symptoms of depression. The measurement precision is not impressing, probably primarily because people tend to forget their problems earlier in life, but no alternative measure of life time depression was available.

4. Revision during the data collection period:

No revisions have been made.