Questions Documentation

Questionnaire 3

30th 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	12.2014	Fufen Jin	Original version
1.1	2.2024	MoBa data /dala	Corrected CC1106-CC1110

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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:
Q3 has five versions (A, B, C, D, and E). This instrument documentation is based on version C.

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.

NOTE 3:
Due to the extra questions in version 3E the question numbers are 3 numbers higher from question 29 on in this version. Q29 in 3C=Q32 in 3E, Q30 in 3C=Q33 in 3E, etc.

Antenatal care and health

1-7. Antenatal Check-ups

1. Name of original questions: 7 general questions about antenatal check-ups

Q		Response options	Variable name
1	**Where have you been to antenatal check- ups? Specify how many times.**		
	Public health centre	Number 0-99	CC12
	No. of times to public health centre		CC13
	Doctor's surgery	Number 0-99	CC14
	No. of times to doctor's surgery		CC15
	Hospital (outpatients) clinic	Number 0-99	CC16
	No. of times to clinic		CC17
2	**Who has examined you each time? Specify how many times.**		
	Midwife	Number 0-99	CC18
	No. of times examined by midwife		CC19
	General practitioner	Number 0-99	CC20
	No. of times examined by general practitioner		CC21
	Gynaecologist	Number 0-99	CC22
	No. of times examined by gynaecologist		CC23
	Public heath nurse	Number 0-99	CC24
	No. of times examined by public health nurse		CC25
3	**Is your doctor male or female? How many times have you gone to him/her?**		
	General practitioner: Female	Number 0-99	CC26
	No. of times to female general practitioner		CC27
	General practitioner: Male	Number 0-99	CC28
	No. of times to male general practitioner		CC29
	Gynaecologist: Female	Number 0-99	CC30
	No. of times to female gynaecologist		CC31
	Gynaecologist: Male	Number 0-99	CC32
	No. of times to male gynaecologist		CC33
4	**If you visit or have visited a gynaecologist or hospital clinic for your antenatal check-ups, what is or was the reason?**		
	1. Referred due to complications during this pregnancy		CC34
	2. Referred due to previous illness or complications in previous pregnancies		CC35
	3. On your own initiative without a referral		CC36
	4. Referred for another reason		CC37
5	**Do you agree with the following statements concerning your antenatal check-ups?**		
	I have been given sufficient advice and information	1-Agree completely 2-Agree 3-Agree somewhat 4-Disagree somewhat 5-Disagree completely	CC38
	I have been well taken care of		CC39
	There was not enough time during the consultations		CC40
	I felt secure during these check-ups		CC41
	I have been able to discuss everything I needed to during the check-ups		CC42
	On the whole, I am satisfied with the way I have been followed up by the health service		CC43
6	**Have you contacted a midwife or doctor in addition to your normal check-ups?**		
	Midwife	1-No	CC44
	Doctor	2-Yes	CC45
7	**If yes, was it difficult to get an appointment?**		
	Midwife	1-Not difficult 2-Somewhat difficult 3-Very difficult	CC46
	Doctor		CC47

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 to get information about the place, frequency of, and satisfaction with antenatal check-ups, as well as the maternity team.

4. **Revision during the data collection period:**
   Version A does not include question 3 and item 4 of question 4. No further revisions have been made.

8-17. Antenatal Examinations

1. Name of original questions: 10 questions related to antenatal examinations

Q		Response options	Variable name
8	**Have you had a gynecological examination during your pregnancy (internal examination)? If so, how many times?**		
		1-No 2-Yes	CC48
	If yes, number of times	Number 0 - 99	CC49
9	**How many ultrasound examinations have you had during your pregnancy?**		
	External ultrasound examination	Number 0 – 99	CC50
	Internal ultrasound examination	Number 0 - 99	CC51
10	**How many children are you expecting?**		
		Number 0 - 99	CC52
11	**Have you been offered an amniocentesis or placenta biopsy?**		
		1-No 2-Yes	CC53
12	**If yes, were any tests performed and what were the results?**		
	Amniocentesis performed?	1-No 2-Yes	CC54
	Were the results normal?		CC55
	Placenta biopsy performed?		CC56
	Were the results normal?		CC57
	If the tests were abnormal, describe the findings____		CC58 CC1362(txt)
13	**If an amniocentesis or placenta biopsy was performed, what was the reason?**		
	Due to my age (normally 38 or older at the time of delivery)		CC59
	Previous child with a chromosome disorder		CC60
	Previous child with neural tube defect (spina bifida)		CC61
	Epilepsy (medication for epilepsy)		CC62
	Ultrasound findings		CC63
	Other		CC64
14	**Were there complications during the first 2 weeks following the amniocentesis?**		
		1-No 2-Yes	CC65
15	**If yes, what kind of complications?**		
	Vaginal bleeding		CC66
	Leakage of amniotic fluid		CC67
	Abdominal pain (similar to or stronger than menstrual pains)		CC68
	Other		CC69
	Other, describe_____		CC70 CC1363(txt)
16	**Have you had an X-ray during pregnancy?**		
		1-No 2-Yes	CC71
17	**If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?**		

Week of pregnancy	Teeth	Lungs	Arms or legs	Pelvis/abdo-men/back	Other
0-12	CC72	CC79	CC86	CC93	CC100
13-16	CC73	CC80	CC87	CC94	CC101
17-20	CC74	CC81	CC88	CC95	CC102
21-24	CC75	CC82	CC89	CC96	CC103
25-28	CC76	CC83	CC90	CC97	CC104
29+	CC77	CC84	CC91	CC98	CC105
No. of times	CC78	CC85	CC92	CC99	CC106

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 the routine antenatal examinations as well as screen for particular conditions, along with reasons/results/complications of these examinations.

4. **Revision during the data collection period:**
   Question 10 is not included in version A. No further revisions have been made.

18-25. Other Information Related to Antenatal Care

1. Name of original questions: 8 questions about antenatal care

Q		Response options	Variable name
18	**Have you received treatment to prevent a premature birth during this pregnancy?**		
	No		CC107
	Yes, relax or bed-rest		CC108
	Yes, medication		CC109
	Which medicine?		CC110 CC1364(txt) CC1364k
19	**Have you been vaccinated during this pregnancy?**		
		1-No 2-Yes If yes, which vaccine?	CC111 CC112 CC1365(txt)
20	**Has the midwife or doctor told you that you have or have had high blood pressure during this pregnancy?**		
		1-No 2-Yes	CC113
21	**If yes, what was the highest reading during this pregnancy?**		
	High	Number 0 - 999	CC114
	Low	Number 0 - 999	CC115
	Don't know		CC116
22	**Have you had high blood pressure without being pregnant?**		
		1-No 2-Yes 3-Don't know	CC117
23	**If yes, what was the highest reading before this pregnancy?**		
	High	Number 0 - 999	CC118
	Low	Number 0 - 999	CC119
	Don't know		CC120
24	**What was your blood percentage/haemoglobin (Hb) value during this pregnancy?**		
	Hb value at last antenatal check-up during pregnancy	Number 0,0 – 99,9	CC124
	Week of pregnancy	Number 0 - 99	CC125
	Highest Hb value during pregnancy	Number 0,0 – 99,9	CC126
	Week of pregnancy	Number 0 - 99	CC127
	Lowest Hb value during pregnancy	Number 0,0 – 99,9	CC128
	Week of pregnancy	Number 0 - 99	CC129
	Don't know		CC130
25	**How much did you weigh at your last antenatal check-up and when was it?**		
	Weight	Number 0,0 – 999,9	CC131
	Month of antenatal check-up	Number 0 - 99	CC133
	Year of antenatal check-up	Number 0 - 999	CC134

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 other treatments or screening tests, including vaccination, blood pressure, Hb value and weight.

4. Revision during the data collection period:
Question 20 is not included in version A. No further revisions have been made.

26-27. Hospitalisation during this Pregnancy

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

Q		Response options								Variable name
26	**Have you been admitted to the hospital since you became pregnant?**									
		1-No 2-Yes								CC135
		If yes, which hospital (s)?								CC136 CC1366(txt)
27	**If yes, why and when were you hospitalised?**									
	Illness/health problems	*Hospi-talised due to…?*	*In which week of pregnancy were you admitted?*							
			0-4	5-8	9-12	13-16	17-20	21-24	25-28	29+
	Prolonged nausea and vomiting	CC137	CC138	CC139	CC140	CC141	CC142	CC143	CC144	CC145
	Bleeding	CC146	CC147	CC148	CC149	CC150	CC151	CC152	CC153	CC154
	Leakage of amniotic fluid	CC155	CC156	CC157	CC158	CC159	CC160	CC161	CC162	CC163
	Threatening preterm labour	CC164	CC165	CC166	CC167	CC168	CC169	CC170	CC171	CC172
	High blood pressure	CC173	CC174	CC175	CC176	CC177	CC178	CC179	CC180	CC181
	(Pre-) Eclampsia	CC182	CC183	CC184	CC185	CC186	CC187	CC188	CC189	CC190
	Other	CC191	CC192	CC193	CC194	CC195	CC196	CC197	CC198	CC199
	If other, describe_____	CC200 CC1367(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 survey the record of hospitalisation during this pregnancy.

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

28. Incontinence before and during this Pregnancy

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

Q		Response options / Variable name		
28	**Do you have or have you ever had any of the following?**			
	Illness/health problem ***Before this pregnancy***	1-No 2-Yes	*If yes, how often?* 1) 1-4 times a month 2) 1-6 times a week 3) Once a day 4) More than once a day	*How much a time?* 1-Drops 2-Large amounts
	Incontinence when coughing, sneezing or laughing	CC201	CC202	CC203
	Incontinence during physical activity (running/jumping)	CC204	CC205	CC206
	Incontinence with a strong need to urinate	CC207	CC208	CC209
	Problems with retaining faeces	CC210	CC211	N/A
	Problems with flatulence	CC212	CC213	
	Before this pregnancy			
	Incontinence when coughing, sneezing or laughing	CC214	CC215	CC216
	Incontinence during physical activity (running/jumping)	CC217	CC218	CC219
	Incontinence with a strong need to urinate	CC220	CC221	CC222
	Problems with retaining faeces	CC223	CC224	N/A
	Problems with flatulence	CC225	CC226	

In version E, the questions are formulated as below:

Q		Response options	Variable name
28	**Do you have incontinence when coughing, sneezing, laughing or heavy lifts?**		
		1-Yes 2-No	CC1713
29	**Do you have incontinence with strong and sudden need to urinate?**		
		1-Yes 2-No	CC1714
30	**How often have you had problem?**		
		1-Never 2-Less than once a month 3-Once or more a month 4-Once or more a week 5-Every day and/or every night	CC1715
31	**How much a time?**		
		1-Never 2-Drops/small amounts 3-Small dashes 4-Large amount	CC1716

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 incontinence, problems with retaining faeces and problems with flatulence before and during this pregnancy.

4. Revision during the data collection period:
Version A does not include this section; the questions in version E are formulated differently from those in the other versions (see tables above).

29. Bodily Pain

1. Name of original questions: Questions about bodily pain

Q		Response options / Variable name				
29	**Do you have or have you had pain in any of the following parts of your body? Where and when?**					
			During this pregnancy	*During earlier pregnancy*	*Between pregnancies*	*Prior to first pregnancy*
	Pain in…?	No	1-Mild pain 2-Severe pain	1-Mild pain 2-Severe pain	1-Mild pain 2-Severe pain	1-Mild pain 2-Severe pain
	Small of the back	CC227	CC228	CC229	CC230	CC231
	One of the pelvic/sacroiliac joints at the back	CC232	CC233	CC234	CC235	CC236
	Both pelvic/sacroiliac joints at the back	CC237	CC238	CC239	CC240	CC241
	Over the coccygeal bone	CC242	CC243	CC244	CC245	CC246
	In the buttocks	CC247	CC248	CC249	CC250	CC251
	Over the pubic bone	CC252	CC253	CC254	CC255	CC256
	Groin	CC257	CC258	CC259	CC260	CC261
	Other back pains	CC262	CC263	CC264	CC265	CC266
30	**Do you wake up at night due to pelvic pain?**					
		1-Yes, frequently 2-Yes, sometimes 3-No, never				CC267
31	**Do you have to use a stick or crutches in order to walk due to pelvic pain?**					
		1- No, never 2-Yes, but not every day, the pain varies from day to day 3- Yes, I have to use a stick or crutches every day				CC268

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 bodily pain in different periods of time, along with its frequency and severity.

4. Revision during the data collection period:
The 'No' response column of question 29 is not included in version A. No further revisions have been made.

32-37. Use of Anaesthetic, Dental Problems and Treatments

1. Name of original questions: 8 questions about the use of anaesthetic, dental problems and treatments

Q		Response options	Variable name
32	**Have you received an anaesthetic in connection with surgery or dental treatment during this pregnancy?**		
		1-No 2-Yes	CC269
33	**If yes, what type of anaesthetic have you had?**		
	General (full) anaesthetic		CC270
	Spinal anaesthetic (epidural)		CC271
	Local anaesthetic		CC272
	Don't know		CC273
34	**Have you been to the dentist during this pregnancy?**		
		1-No 2-Yes	CC274
35	**If yes, did the dentist perform any of the following treatments?**		
	Put in new amalgam fillings (silver fillings)	1-No 2-Yes	CC275
	Removed or replaced amalgam fillings		CC276
	Put in new white fillings		CC277
36	**How many teeth do you have and how many have fillings?**		
	1. Total number of teeth	1-No 2-Yes	CC278
	2. Number of teeth with amalgam fillings		CC279
	3. Number of teeth with other types of fillings		CC280
37	**At present, do your gums bleed when you brush your teeth?**		
		1-No, seldom or never 2-Yes, sometimes 3-Yes, frequently 4-Yes, nearly always	CC281

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 use of anaesthetic, dental problems and treatments during this pregnancy.

4. Revision during the data collection period:
Version A does not include item 3 of question 36. No further revisions have been made.

38-39. Tattoo or Body Piercing

1. Name of original questions: Questions about tattoo or body piercing

Q		Response options	Variable name	
38	**Have you had a tattoo or body piercing, including extra holes in the ears? (Do not include pierced ears if you have one hole in each ear.)**			
		1-No 2-Yes	CC282	
39	**If yes, where and when was it done?**			
			Before this pregnancy	During this pregnancy
	Tattoo in Norway		CC283	CC287
	Body piercing in Norway		CC284	CC288
	Tattoo abroad		CC285	CC289
	Body piercing abroad		CC286	CC290

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 tattoo or body piercing, whether it was done before or during this pregnancy, and whether it was done in Norway or abroad.

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

40-46. Other Treatments

1. Name of original questions: Questions about other treatments

Q		Response options	Variable name	
40	**Have you ever had a blood transfusion? If yes, give the number of transfusions.**			
	No		CC291	
	Yes, during this pregnancy		CC292	
	Number of times during this pregnancy	Number 0 - 99	CC293	
	Yes, before this pregnancy		CC294	
	Number of times before this pregnancy	Number 0 - 99	CC295	
41	**If yes, in which country and which year? (Give the last 2 transfusions.)**			
			1	2
	Country		CC296 CC1368(txt)	CC298 CC1369(txt)
	Year	Number 0 - 9999	CC297	CC299
42	**Have you ever had breast surgery?**			
		1-No 2-Yes	CC300	
43	**If yes, was it:**			
	Breast enlargement		CC301	
	Breast reduction		CC302	
	Cancer/biopsy		CC303	
	Other		CC304	
	If other, describe____		CC305 CC1370(txt)	
44	**Have you ever had cervical dysplasia?**			
		1-No 2-Yes	CC306	
	Year the dysplasia was detected the first time	Number 0 - 9999	CC307	
45	**Have you had an operation on your cervix?**			
		1-No 2-Yes	CC308	
	Year of operation	Number 0 - 9999	CC309	
46	**Have you ever had a gamma globulin injection? (used to prevent infection of hepatitis A, primarily when travelling abroad.)**			
		1-No 2-Yes	CC310	
	If yes, which year?	Number 0 - 9999	CC311	

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 various other types of treatments the pregnant woman has had, including blood transfusion, breast surgery, and gamma globulin injection.

4. Revision during the data collection period:
Version A does not include response columns 'number of times during this pregnancy' and 'number of times during this pregnancy' in question 40, or sections 44-45. No further revisions have been made.

How have you been recently?

47-51. Vaginal Bleeding after the 13th week of Pregnancy

1. Name of original questions: Questions about vaginal bleeding and uterine contractions

Q		Response options	Variable name	
47	**Have you had one or more episodes of vaginal bleeding after the 13th week of pregnancy?**			
		1-No 2-Yes	CC315	
48	**If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)**			
			Episode 1	Episode 2
	The amount of blood (spotting means a few drops)	1-Spotting 2-More than spotting 3-Large amounts	CC316	CC323
	In which week of pregnancy did the bleeding occur? 13-16		CC317	CC324
	17-20		CC318	CC325
	21-24		CC319	CC326
	25-28		CC320	CC327
	29+		CC321	CC328
	No. of days bleeding lasted	Number 0 - 99	CC322	CC329
	No. of episodes of bleeding if more than 2 No. of days of bleeding lasted	Number 0 - 99 Number 0 - 99	CC330 CC331	
49	**Do you know why you bled?**			
		1-No 2-Yes	CC332	
50	**If yes, what was the reason?**			
	The placenta is too low/is in a difficult position/placenta previa		CC333	
	Premature separation of the placenta/abruptio/ablatio placenta		CC334	
	Threatening miscarriage/premature birth		CC335	
	Cervical ulcer, bleeding of the mucous membrane in the vagina		CC336	
	Following intercourse		CC337	
	Other reason		CC338	
51	**Have you been bothered by uterine contractions?**			
		1-No 2-Yes, a little 3-Yes, a lot	CC339	

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 uterine contractions and vaginal bleeding after the 13th week of pregnancy, along with the amount, time, variation and the reasons for bleeding.

4. Revision during the data collection period:
Version A does not include question 47, the response columns 'No. of episodes of bleeding if more than 2' & 'No. of days of bleeding lasted' in question 48. No further revisions have been made.

52. Illness and Health Problems after the 13th week of Pregnancy

1. Name of original questions: Question about illnesses or health problems

Q		Response options / variable name											
52	**Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.**												
	Illness/health problems	*In which week of pregnancy did you have problems?*					*Name of medicine*	*In which week of pregnancy did you take medication?*					*No. of days taken*
		13-16	17-20	21-24	25-28	29+		13-16	17-20	21-24	25-28	29+	
	1. Pelvic girdle pain	CC340	CC341	CC342	CC343	CC344	CC345 CC1371(txt) CC1371k	CC346	CC347	CC348	CC349	CC350	CC351
	2. Back pains	CC352	CC353	CC354	CC355	CC356	CC357 CC1372(txt) CC1372k	CC358	CC359	CC360	CC361	CC362	CC363
	3.Other pains in muscles/ joins	CC364	CC365	CC366	CC367	CC368	CC369 CC1373(txt) CC1373k	CC370	CC371	CC372	CC373	CC374	CC375
	4.Nausea	CC376	CC377	CC378	CC379	CC380	CC381 CC1374(txt) CC1374k	CC382	CC383	CC384	CC385	CC386	CC387
	5. Long-term nausea and vomiting	CC388	CC389	CC390	CC391	CC392	CC393 CC1375(txt) CC1375k	CC394	CC395	CC396	CC397	CC398	CC399
	6. Vaginal thrush	CC400	CC401	CC402	CC403	CC404	CC405 CC1376(txt) CC1376k	CC406	CC407	CC408	CC409	CC410	CC411
	7. Vaginal catarrh, unusual discharge	CC412	CC413	CC414	CC415	CC416	CC417 CC1377(txt) CC1377k	CC418	CC419	CC420	CC421	CC422	CC423
	8.Pregnancy itch	CC424	CC425	CC426	CC427	CC428	CC429 CC1378(txt) CC1378k	CC430	CC431	CC432	CC433	CC434	CC435
	9. Constipation	CC436	CC437	CC438	CC439	CC440	CC441 CC1379(txt) CC1379k	CC442	CC443	CC444	CC445	CC446	CC447
	10.Diarrhoea /gastric flu	CC448	CC449	CC450	CC451	CC452	CC453 CC1380(txt) CC1380k	CC454	CC455	CC456	CC457	CC458	CC459
	11. Unusual fatigue/drowsiness	CC460	CC461	CC462	CC463	CC464	CC465 CC1381(txt) CC1381k	CC466	CC467	CC468	CC469	CC470	CC471
	12. Heartburn	CC472	CC473	CC474	CC475	CC476	CC477 CC1382(txt) CC1382k	CC478	CC479	CC480	CC481	CC482	CC483
	13. Swelling of the body(oedema)	CC484	CC485	CC486	CC487	CC488	CC489 CC1383(txt) CC1383k	CC490	CC491	CC492	CC493	CC494	CC495
	14. Common cold	CC496	CC497	CC498	CC499	CC500	CC501 CC1384(txt) CC1384k	CC502	CC503	CC504	CC505	CC506	CC507
	15. Throat infection	CC508	CC509	CC510	CC511	CC512	CC513 CC1385(txt) CC1385k	CC514	CC515	CC516	CC517	CC518	CC519
	16. Sinusitis/ ear infection	CC520	CC521	CC522	CC523	CC524	CC525 CC1386(txt) CC1386k	CC526	CC527	CC528	CC529	CC530	CC531
	17. Influenza	CC532	CC533	CC534	CC535	CC536	CC537 CC1387(txt) CC1387k	CC538	CC539	CC540	CC541	CC542	CC543
	18. Pneumonia /bronchitis	CC544	CC545	CC546	CC547	CC548	CC549 CC1388(txt) CC1388k	CC550	CC551	CC552	CC553	CC554	CC555
	19. Other cough	CC556	CC557	CC558	CC559	CC560	CC561 CC1389(txt) CC1389k	CC562	CC563	CC564	CC565	CC566	CC567
	20. Sugar in urine	CC568	CC569	CC570	CC571	CC572	CC573 CC1390(txt) CC1390k	CC574	CC575	CC576	CC577	CC578	CC579
	21. Protein in urine	CC580	CC581	CC582	CC583	CC584	CC585 CC1391(txt) CC1391k	CC586	CC587	CC588	CC589	CC590	CC591

52. Illness and Health Problems after the 13th week of Pregnancy (cont.)

1. Name of original questions: Question about illnesses or health problems

Q		Response options & variable name											
52	**Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.**												
	Illness/health problems	*In which week of pregnancy did you have problems?*					*Name of medicine*	*In which week of pregnancy did you take medication?*					*No. of days taken*
		13-16	17-20	21-24	25-28	29+		13-16	17-20	21-24	25-28	29+	
	22. Bladder infection/cystitis	CC592	CC593	CC594	CC595	CC596	CC597 CC1392(txt) CC1392k	CC598	CC599	CC600	CC601	CC602	CC603
	23. Incontinence	CC604	CC605	CC606	CC607	CC608	CC609 CC1393(txt) CC1393k	CC610	CC611	CC612	CC613	CC614	CC615
	24. High blood pressure	CC616	CC617	CC618	CC619	CC620	CC621 CC1394(txt) CC1394k	CC622	CC623	CC624	CC625	CC626	CC627
	25. Leg cramps	CC628	CC629	CC630	CC631	CC632	CC633 CC1395(txt) CC1395k	CC634	CC635	CC636	CC637	CC638	CC639
	26. Asthma	CC640	CC641	CC642	CC643	CC644	CC645 CC1396(txt) CC1396k	CC646	CC647	CC648	CC649	CC650	CC651
	27. Hay fever/ other allergy	CC652	CC653	CC654	CC655	CC656	CC657 CC1397(txt) CC1397k	CC658	CC659	CC660	CC661	CC662	CC663
	28.Headache/ migraine	CC664	CC665	CC666	CC667	CC668	CC669 CC1398(txt) CC1398k	CC670	CC671	CC672	CC673	CC674	CC675
	29.Depression	CC676	CC677	CC678	CC679	CC680	CC681 CC1399(txt) CC1399k	CC682	CC683	CC684	CC685	CC686	CC687
	30. Other psychological problems	CC688	CC689	CC690	CC691	CC692	CC693 CC1400(txt) CC1400k	CC694	CC695	CC696	CC697	CC698	CC699
	31. Other	CC700	CC701	CC702	CC703	CC704	CC705 CC1401(txt) CC1401k	CC706	CC707	CC708	CC709	CC710	CC711

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 health problems after the 13th week of pregnancy. The list covers both common public health issues as well as rare illnesses.

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

53. Fever during Pregnancy

1. Name of original questions: Questions about fever, temperature and medication taken

Q		Response options	Variable name		
53	**If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)**				
	In which week of pregnancy did you have a fever? 13-16		*1st time* CC712	*2nd time* CC720	*3rd time* CC728
	17-20		CC713	CC721	CC729
	21-24		CC714	CC722	CC730
	25-28		CC715	CC723	CC731
	29+		CC716	CC724	CC732
	Medication taken to lower the fever		CC717 CC1402(txt) CC1402k	CC725 CC1403(txt) CC1403k	CC733 CC1404(txt) CC1404k
	Highest recorded temperature (e.g. *38.9° C)* Temperature not taken	Number 0 – 99,9	CC718 CC719	CC726 CC727	CC734 CC735
	Fever more than 3 times		CC736		

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 occurrences of fever and the use of medication after the 13th week of pregnancy.

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

54-56. Other Medication and Involvement of an Accident

1. Name of original questions: Question about the use of other medication and involvement of accident

Q		Response options	Variable name			
54	**Have you taken other medication after the 13th week of pregnancy not previously mentioned, for example, sleeping tablets or sedatives? Give the name, when and how many days altogether the medication was taken for.**					
	Name of medication		*Medicine 1* CC740 CC1405(txt) CC1405k	*Medicine 2* CC747 CC1406(txt) CC1406k	*Medicine 3* CC754 CC1407(txt) CC1407k	*Medicine 4* CC761 CC1408(txt) CC1408k
	Use of medication in week of pregnancy 13-16		CC741	CC748	CC755	CC762
	17-20		CC742	CC749	CC756	CC763
	21-24		CC743	CC750	CC757	CC764
	25-28		CC744	CC751	CC758	CC765
	29+		CC745	CC752	CC759	CC766
	Number of days taken		CC746	CC753	CC760	CC767
55	**During this pregnancy have you been involved in an accident or been injured *(e.g. traffic accident, fall, hit in the stomach)?***					
		1-No 2-Yes	CC768			
56	**If yes, in which week of pregnancy?**					
		Number 0 - 999	CC769			

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 use of other medication and involvement of any accident after the 13th week of pregnancy.

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

Vitamins, minerals, and dietary supplements

57-60. Vitamins and Supplements

1. Name of original questions: Question about intake of dietary supplements

Q		Response options & variable name					
57	**Have you taken vitamins, minerals or other nutritional supplements after the 13th week of pregnancy?**						
		1-No 2-Yes					CC770
58	**Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.**						
		Week of pregnancy supplement taken					*How often?* 1) Daily 2) 4-6 times a week 3) 1-3 times a week
		13-16	17-20	21-24	25-28	29+	
	1. Folate/folic acid	CC771	CC772	CC773	CC774	CC775	CC776
	2. Vitamin B1 (Thiamine)	CC777	CC778	CC779	CC780	CC781	CC782
	3. Vitamin B2 (Riboflavin)	CC783	CC784	CC785	CC786	CC787	CC788
	4. Vitamin B6 (Pyridoxine)	CC789	CC790	CC791	CC792	CC793	CC794
	5. Vitamin B12	CC795	CC796	CC797	CC798	CC799	CC800
	6. Niacin	CC801	CC802	CC803	CC804	CC805	CC806
	7. Pantothenic acid	CC807	CC808	CC809	CC810	CC811	CC812
	8. Biotin	CC813	CC814	CC815	CC816	CC817	CC818
	9. Vitamin C	CC819	CC820	CC821	CC822	CC823	CC824
	10. Vitamin A	CC825	CC826	CC827	CC828	CC829	CC830
	11. Vitamin D	CC831	CC832	CC833	CC834	CC835	CC836
	12. Vitamin E	CC837	CC838	CC839	CC840	CC841	CC842
	13. Iron	CC843	CC844	CC845	CC846	CC847	CC848
	14. Calcium	CC849	CC850	CC851	CC852	CC853	CC854
	15. Iodine	CC855	CC856	CC857	CC858	CC859	CC860
	16. Zinc	CC861	CC862	CC863	CC864	CC865	CC866
	17. Selenium	CC867	CC868	CC869	CC870	CC871	CC872
	18. Copper	CC873	CC874	CC875	CC876	CC877	CC878
	19. Chromium	CC879	CC880	CC881	CC882	CC883	CC884
	20. Magnesium	CC885	CC886	CC887	CC888	CC889	CC890
	21. Cod liver oil	CC891	CC892	CC893	CC894	CC895	CC896
	22. Omega -3 fatty acid	CC897	CC898	CC899	CC900	CC901	CC902
59	**Give the complete name(s) of all the vitamins and nutritional supplements you take. Include also herbal remedies and diet products.**						
	(1)						CC903 CC1409(txt)
	(2)						CC904 CC1410(txt)
	(3)						CC905 CC1411(txt)
	(4)						CC906 CC1412(txt)
	(5)						CC907 CC1413(txt)
60	**If you take multivitamins (with or without minerals), do these contain folate/folic acid?**						
		1-No 2-Yes 3-Don't know					CC908

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 questions 52, 60, items 2, 6, 8, 15-16, 18-20 & 22 of question 58. No further revisions have been made.

Work

61-68. Work Situation after the 13th Week of Pregnancy

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

Q		Response options	Variable name
61	**Have you been in paid employment during this pregnancy?**		
		1-No 2-Yes	CC909
62	**Do you have the same job conditions now after the 13th week of pregnancy that you described in the first questionnaire?**		
		1-No 2-Yes	CC910
63	**If no, in which week of your pregnancy did your work situation change?**		
		Number 0 – 99	CC911
64	**How has your work situation changed?**		
		1-I have stopped working 2-I have gone over to a part-time position 3-Other	CC912
65	**If you have stopped working, why did you stop?**		
		1-I handed in my notice 2-The work was temporary (seasonal, short-term contract) 3-I was fired 4- Other	CC913
66	**Have your working arrangements been changed during this pregnancy making your job more suitable for you now that you are pregnant?**		
		1-No 2-Yes	CC914
67	**If no, why have your working conditions not been changed to make them more suitable for you?**		
		1-Not necessary 2-Impossible or nearly impossible 3-I have asked for changes but no changes have been made 4-It is difficult to ask 5-None of the above If none of the above, explain why_____	CC915 CC916 CC1414(txt)
68	**What are your working hours?**		
	Permanent day work		CC917
	Permanent afternoon or evening work		CC918
	Permanent night work		CC919
	Shift work (day and night) or shift rotations		CC920
	No set times (extra work, extra shifts, temporary employment, etc.)		CC921
	Other		CC922

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 to survey the work situations and change of work situations of the pregnant women after the 13th week of pregnancy, along with reasons why the work situations were changed or not changed.

4. **Revision during the data collection period:**
   Version A does not include questions 63, 64 & 68. No further revisions have been made.

69-71. Strains and Exposure to Radiation at Work

1. **Name of original questions:** Questions about job strains and exposure to radiation at work

Q		Response options	Variable name
69	**Indicate the appropriate answer for each of the following questions concerning your present work situation.**		
	1. Do you sometimes have so much to do that your work situation becomes taxing?	1-Yes, daily more than half of the working hours 2-Yes, daily less than half of the working hours 3-Yes, periodically but not daily 4-Seldom or never	CC923
	2. Do you have to turn and bend many times in the course of an hour?		CC924
	3. Do you work with your hands above shoulder level or higher?		CC925
	4. Do you work walking or standing?		CC926
	5. Can you choose to work a little faster some days and a little slower on other days?		CC927
	6. Are you subjected to a lot of uncomfortable background noise?		CC928
	7. 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?		CC929
70	**How often have you worked with a radio transmitter or radar after the 13th week of pregnancy?**		
		1-Seldom of never 2-A few times a week 3-Daily 4- On average, more than 1 hour a day	CC933
71	**How often have you worked with X-ray equipment (at a distance of less than 2 metres) after the 13th week of pregnancy?**		
		1-Seldom or never 2-A few times a week 3-Daily 4- On average, more than 1 hour a day	CC934

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 measurement of strains and exposure to radiation at work. Excessive job strains and exposure to radiation are health concerns for both pregnant women and unborn babies.

4. **Revision during the data collection period:**
   The response option 4 'Seldom or never' of question 69 is not included in version B. Questions 70 and 71 are not included in version A. No further revisions have been made.

72-78. Sick Leave after the 13th week of Pregnancy

1. Name of original questions: Questions about sick leave after the 13th week of pregnancy

Q		Response options							Variable name
72	**Have you been absent from your normal job for more than two weeks after the 13th week of pregnancy?**								
		1-No 2-Yes, part time 3-Yes							CC935
73	**Are you absent from regular work at the present time?**								
		1-No 2-Yes, part time 3-Yes							CC936
74	**If yes, why are you currently absent from work?**								
		1-Sick leave (with sick compensation pay) 2-Absent due to sick child 3-Mde redundant with compensation 4-Absent with maternity allowance due to the working environment 5-Started maternity leave (with allowance) 6-Service leave 7-Other If other, describe_____							CC937 CC938 CC1415(txt)
75	**Complete the table below if you were on sick leave (full or part time) after the 13th week of pregnancy. Fill in the reason (e.g. pelvic girdle pain, pneumonia), which weeks you were on sick leave, the number of days and the percentage of time each period of sick leave represents. (*Give one reason for sick leave per line.*)**								
		Reason for sick leave	*Sick leave during week of pregnancy*					*No. of days*	*% sick leave*
			13-16	17-20	21-24	25-28	29+		
	Sick leave No.1	CC939 CC1416(txt)	CC940	CC941	CC942	CC943	CC944	CC945	CC946
	Sick leave No.2	CC947 CC1417(txt)	CC948	CC949	CC950	CC951	CC952	CC953	CC954
	Sick leave No.3	CC955 CC1418(txt)	CC956	CC957	CC958	CC959	CC960	CC961	CC962
	Sick leave No.4	CC963 CC1419(txt)	CC964	CC965	CC966	CC967	CC968	CC969	CC970

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 the woman's sick leave after 13th week of pregnancy.

4. Revision during the data collection period:
Version A does not include questions 72 and 73, the response columns 'number of days' or '% of sick leave' in question 75. No further revisions have been made.

Habits

79-83. Exposure to Radiation and Noise

1. Name of original questions: 5 questions about exposure to radiation and noise

Q		Response options	Variable name
79	**How often do you talk on a mobile phone?**		
		1-Seldom/never 2-A few times a week 3-Daily 4-On average, more than 1 hour a day	CC977
80	**Do you talk on your mobile phone for longer than 15 minutes at a time?**		
		1-Never 2-Seldom 3-Frequently	CC978
81	**How frequently have you worked with a computer monitor, laser printer or photocopy machine (at a distance of less than 2 metres) after the 13th week of pregnancy?**		
	Computer monitor	1-Seldom/never 2-A few times a week 3-Daily 4-On average, more than 1 hour a day	CC979
	Laser printer		CC980
	Photocopy machine		CC981
82	**Do you live close to high-voltage power lines?**		
		1-No 2-Yes, closer than 50 meters 3-Yes, between 50-100 meters 4-Yes, more than 100 meters	CC982
83	**How often have you been to a discotheque since you answered the previous questionnaire?**		
		1-Never 2-At least 1-2 times a week 3-Less often	CC983

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 from mobile, computer monitor, etc., which can be a risk factor for unborn babies.

4. Revision during the data collection period:
Question 81 is not included in version A. No further revisions have been made.

84-86. Physical Activity

1. Name of original questions: Questions about physical activities

Q		Response options	Variable name
84	**How often do you usually exercise at present?**		
	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	CC984
	2. Brisk walking		CC985
	3. Running/jogging/orienteering		CC986
	4. Bicycling		CC987
	5. Training studio/weight training		CC988
	6. Special gymnastics/aerobics for pregnant women		CC989
	7. Aerobics/gymnastics/dance without running and jumping		CC990
	8. Aerobics/gymnastics with running and jumping		CC991
	9. Dancing (swing/rock/folk)		CC992
	10. Skiing		CC993
	11. Ball sports		CC994
	12. Swimming		CC995
	13. Riding		CC996
	14. Other		CC997
85	**How often do you do exercises at home or at a gym for the following groups of muscles?**		
	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	CC998
	Back muscles		CC999
	Pelvic floor muscles (muscles around the vagina, urethra, anus)		CC1000
86	**How often at the moment are you so physically active in your spare time and/or at work that you get out of breath or sweat?**		
	Spare time	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	CC1001
	At work		CC1002

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.

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

87-91. Trips abroad and Exposure to Animals

1. Name of original questions: 5 questions about trips abroad and exposure to animals

Q		Response options	Variable name		
87	**How often on average have you had sexual intercourse during the last month?**				
		1) Daily 2) 5-6 times a day 3) 3-4 times a day 4) 1-2 times a week 5) Less frequently 6) 5 or more times a week	CC1003		
88	**Have you been abroad during the last year?**				
		1-No 2-Yes	CC1004		
89	**If yes, which countries did you visit and when?**				
			Country 1	*Country 2*	*Country 3*
	Country		CC1005 CC1420(txt)	CC1008 CC1421(txt)	CC1011 CC1422(txt)
	Month	Number 0-99	CC1006	CC1009	CC1012
	Year	Number 0-9999	CC1007	CC1010	CC1013
90	**Have you been abroad during the last year?**				
		1-No 2-Yes	CC1014		
91	**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 often	CC1018		
	2. Cat		CC1019		
	3. Guinea pig/hamster/rabbit/ rat, etc.		CC1020		
	4. Canary or other caged birds		CC1021		
	5. Hens and other poultry		CC1022		
	6. Cow/sheep/goat		CC1023		
	7. Horse		CC1024		
	8. Pig		CC1025		
	9. Other		CC1026		

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 to survey pregnant women's trips abroad and exposure to animals, which can be a risk factor for unborn babies.

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

92-96. Sleep, Sauna, and Solarium

1. Name of original questions: Questions about sleep, sauna and solarium

Q		Response options	Variable name
92	**How many hours a day do you usually sleep now when you are pregnant?**		
		1) Over 10 hours 2) 8-9 hours 3) 6-7 hours 4) 4-5 hours 5) Less than 4 hours	CC1027
93	**Do you currently sleep on a waterbed or use an electric blanket?**		
	Waterbed	1-No 2-Yes	CC1028
	Electric blanket		CC1029
94	**Can you rest during the day (both at home and at work)?**		
		1-No 2-Yes	CC1030
95	**Have you been in a sauna while you have been pregnant?**		
		1) No 2) 1-5 times 3) 6-10 times 4) More than 10 times	CC1031
96	**Have you been in a solarium while you have been pregnant?**		
		1) No 2) 1-5 times 3) 6-10 times 4) More than 10 times	CC1032

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 to survey the presence of sleeping problem and the use of sauna and solarium during pregnancy.

4. Revision during the data collection period:
Question 92 is not included in version A. No further revisions have been made.

97-102. Smoking

1. Name of original questions: Questions about intake of nicotine

Q		Response options	Variable name	
97	**Are you exposed to passive smoking either at home or at work? If yes, how many hours a day?**			
			1-No 2-Yes	If yes, number of hours
	Home		CC1033	CC1034
	Work		CC1035	CC1036
98	**Do you smoke at present? If yes, how many cigarettes?**			
		1-No 2-Sometimes 3-Daily	CC1037	
	If sometimes, how many per week?	Number 0-99	CC1038	
	If daily, how many per day?	Number 0-99	CC1039	
99	**Does the baby's father smoke at present? If yes, how many cigarettes?**			
		1-No 2-Sometimes 3-Daily	CC1040	
	If sometimes, how many per week?	Number 0-99	CC1041	
	If daily, how many per day?	Number 0-99	CC1042	
100	**If one or both of you have stopped smoking during the pregnancy, in which week of pregnancy did you stop?**			
	You	Number 0-99	CC1043	
	_____week of pregnancy		CC1044	
	Baby's father		CC1045	
	_____week of pregnancy	Number 0-99	CC1046	

101	**If you or the baby's father has smoked during the pregnancy, were there periods during which you or the baby's father did not smoke?**								
		Week of pregnancy without smoking							
		0-4	5-8	9-12	13-16	17-20	21-24	25-28	29+
	You	CC1047	CC1048	CC1049	CC1050	CC1051	CC1052	CC1053	CC1054
	Baby's father	CC1055	CC1056	CC1057	CC1058	CC1059	CC1060	CC1061	CC1062

102	**Have you used other forms of nicotine after the 13th week of pregnancy?**		
	Nicotine chewing gum	1-No 2-Yes	CC1063
	Nicotine patches		CC1064
	Nicotine inhaler		CC1065
	Chewing tobacco/snuff		CC1066

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 nicotine through smoking and passive smoking.

4. Revision during the data collection period:
Question 102 is not included in version A. No further revisions have been made.

103-104. Illegal Drugs and other Substances

1. Name of original questions: Questions about intake of illegal drugs and other substances

Q		Response options	Variable name
103	**Have you used any of the following substances after the 13th week of pregnancy?**		
	Hash	1-No 2-Yes	CC1067
	Amphetamine		CC1068
	Ecstasy		CC1069
	Cocaine		CC1070
	Heroin		CC1071
103	**Have you ever used any of the following substances?**		
	Anabolic steroids	1-No 2-Previously 3-Last 6 months before pregnancy 4-During this pregnancy	CC1072
	Testosterone products		CC1073
	Growth hormones (e.g. genotropin/somatropin)		CC1074

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 illegal drugs and other substances that may harm the unborn baby and the mother.

4. Revision during the data collection period:
Question 103 is not included in version A. No further revisions have been made.

Food and drink

105-107. Food

1. Name of original questions: Questions about food

Q		Response options	Variable name	
105	**How often do you eat the following foods?**			
			Before the pregnancy	During the pregnancy
	1. Crabs	1) Never 2) A few times a year 3) 1-3 times a month 4) Once a week or more	CC1075	CC1076
	2. Shrimps		CC1077	CC1078
	3. Shellfish (e.g. mussels, oysters)		CC1079	CC1080
	4. Fish liver		CC1081	CC1082
	5. Tuna fish or halibut		CC1083	CC1084
	6. Flounder/other flat fish		CC1085	CC1086
	7. Pike or perch		CC1087	CC1088
	8. Other fresh water fish		CC1089	CC1090
	9. Reindeer meat		CC1091	CC1092
	10. Mutton		CC1093	CC1094
	11. Liver or kidney from game		CC1095	CC1096
	12. Wild mushroom		CC1097	CC1098
106	**How often do you eat the following types of food?**			
	Food from restaurant/street vendors/canteen or the like	1) Never 2) A few times a year 3) 1-3 times a month 4) Once a week or more	CC1099	
	Meat (not including tinned) bought in other countries		CC1100	
	Meat (including poultry) that is raw or undercooked (pink near the bone)		CC1101	
	Raw minced meat/meat mixtures (even to taste)		CC1102	
	Smoked or cured salmon or trout (uncooked)		CC1103	
	Soft cheeses (e.g. cream cheese, camembert, blue cheese, etc.)		CC1104	
	Unwashed raw vegetables, unwashed fruit		CC1105	
107	**Do you avoid eating the following foods during this pregnancy?**			
	Fish	1-No 2-Yes	CC1106	
	Eggs		CC1107	
	Nuts		CC1108	
	Oranges, lemons		CC1109	
	Strawberries		CC1110	
	Other, specify_____		CC1423(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 intake of food and nutrition.

4. Revision during the data collection period:
Questions 105 and 107 are not included in version A. No further revisions have been made.

108-110. Drinking Soda, Coffee, Juice or Milk

1. Name of original questions: Questions about beverage consumption

Q		Response options	Variable name	
108	**What type of drinking water do you have where you live?**			
		1-Own water source (e.g. well) 2-Water company (public or private) 3-Other source	CC1112	
	Name of water company		CC1113 CC1424(txt)	
	Don't know the name of the water company		CC1114	
109	**Is your water treated (chlorinated or UV-radiated)?**			
	No		CC1115	
	Yes, UV radiation		CC1116	
	Yes, chlorinated		CC1117	
	Don't know		CC1118	
110	**What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?**			
			No. of cups /glasses	*Decaffeinated?*
	1. Filter coffee		CC1119	CC1120
	2. Instant coffee		CC1121	CC1122
	3. Boiled coffee		CC1123	CC1124
	4. Other coffee		CC1125	CC1126
	5. Tea		CC1127	CC1128
	6. Coca Cola/Pepsi, etc.		CC1129	CC1130
	7. Other fizzy drinks		CC1131	CC1132
	8. Diet Coca Cola, Pepsi		CC1133	CC1134
	9. Other diet fizzy drinks		CC1135	CC1136
	10. Tap water		CC1137	N/A
	11. Bottled water		CC1138	
			No. of cups /glasses	*Organic?*
	12. Juice/squash		CC1142	CC1143
	13. Diet juice/squash		CC1144	CC1145
	14. Milk (skimmed, low fat, whole)		CC1146	CC1147
	15. Yogurt, all types		CC1148	CC1149
	16. Yogurt with active Lactobacillus all types		CC1150	CC1151
	17. Other type of cultured milk (kefir)		CC1152	CC1153
	18. Other		CC1154	CC1155

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 water, caffeine and organic beverage.

4. Revision during the data collection period:
Version A does not contain questions 108, 109; items 4, 14-18, 9-Decaffeinated, 12-*Organic*,13-*Organic* of question 110 .

111-115. Alcohol

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

Q		Response options	Variable name
111	**How often did you consume alcohol before and how often do you consume it now?**		
	Last 3 months before last period	1-Roughly 6-7 times a week 2-Roughly 4-5 times a week 3-Roughly 2-3 times a week 4- Roughly once a week 5- Roughly 1-3 times a week 6-Less than once a month 7-Never	CC1156
	In this pregnancy, week 0-12		CC157
	In this pregnancy, week 13-24		CC1158
	In this pregnancy, week 25+		CC1159
112	**In the period just before you became pregnant and during this pregnancy, how many times have you consumed 5 units or more of alcohol?**		
	Last 3 months before last period	1) Several times a week 2) Once a week 3) 1-3 times a week 4) Less than once a month 5) Never	CC1160
	In this pregnancy, week 0-12		CC1161
	In this pregnancy, week 13-24		CC1162
	In this pregnancy, week 25+		CC1163
113	**How many units do you usually drink when you consume alcohol?**		
	Last 3 months before last period	1) 10 or more 2) 7-9 3) 5-6 4) 3-4 5) 1-2 6) Less than 1	CC1164
	In this pregnancy, week 0-12		CC1165
	In this pregnancy, week 13-24		CC1166
	In this pregnancy, week 25+		CC1167
114	**If you have changed your drinking habits before this pregnancy, when did the change occur?**		
	Last 3 months before last period	1-Reduced intake 2-Increased intake	CC1168
	During pregnancy weeks 0-6		CC1169
	During pregnancy weeks 7-12		CC1170
	During pregnancy weeks 13-24		CC1171
	After pregnancy week 25		CC1172
115	**If you have modified your consumption of alcohol, how important were the following factors?**		
	Nausea, discomfort	1-Not relevant 2-Not very important 3-Quite important 4-Important 5-Very important	CC1173
	Altered taste		CC1174
	For the baby's sake		CC1175
	Depression/problems		CC1176
	Other reasons		CC1177

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 measure alcohol intake and to survey change of drinking habits of pregnant women.

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

You and your life now

116-119. Civil Status and Social Support

1. Name of original questions: Questions about civil status and social support

Q		Response options	Variable name
116	**What is your current civil status?**		
		1-Married 2-Cohabiting 3-Single 4-Divorced/separated 5-Widowed 6-Other	CC1178
117	**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	CC1179
118	**How frequently 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	CC1180
119	**Do you often feel lonely?**		
		1-Almost never 2-Seldom 3-Sometimes 4-Usually 5-Almost always	CC1181

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

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120-121. Feelings Related to Childbirth

1. Name of original questions: Questions about past experience and feelings related to childbirth

Q		Response options	Variable name
120	**If you have given birth before, in general, how was the experience of giving birth?**		
		1-Very good 2-Good 3-Alright 4-Bad 5-Very bad	CC1182
121	**Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?**		
	1. I want to give birth as naturally as possible without painkillers or intervention	1-Agree completely 2-Agree 3-Agree somewhat 4-Disagree somewhat 5-Disagree	CC1183
	2. I am really dreading giving birth		CC1184
	3. I want to have enough medication so that the birth will be painless		CC1185
	4. I want to have an epidural regardless		CC1186
	5. I want to have an epidural if the midwife agrees		CC1187
	6. If I could choose I would have a caesarean		CC1188
	7. I think the woman herself should decide whether or not to have a caesarean		CC1189
	8. I worry all the time that the baby will not be healthy or normal		CC1190
	9. I am really looking forward to the baby coming		CC1191

2. Description of original questions: MoBa specific single questions

These questions were developed to survey pregnant women's feelings related to childbirth. Five response categories range from agree completely to disagree.

Psychometric Information:
No psychometric information has been found.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:

Feelings about childbirth, in particular prenatal anxiety, are associated with developmental outcome in infancy (e.g. Huizink, et al. 2002).

4. Revision during the data collection period:

No revisions have been made.

Added reference
Huizink AC. de Medina PG. Mulder EJ. Visser GH. Buitelyr JK. 2002. Psychological measures of prenatal stress as predictors of infant temperament. *Journal of the American Academy of Child & Adolescent Psychiatry* 41(9):1078-85.

122. Partner Relationship

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

Q		Response options	Variable name
122	**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	CC1192
	2. My partner and I have problems in our relationship		CC1193
	3. I am very happy with our relationship		CC1194
	4. My partner is generally understanding		CC1195
	5. I often consider ending our relationship		CC1196
	6. I am satisfied with my relationship with my partner		CC1197
	7. We frequently disagree on important decisions		CC1198
	8. I have been lucky in my choice of a partner		CC1199
	9. We agree on how our child should be raised		CC1200
	10. I believe my partner is satisfied with our relationship		CC1201

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:**
   No revisions have been made.

123. Depression/Anxiety during this Pregnancy

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

Q		Response options	Variable name
123	**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	CC1202
	2. Nervousness or shakiness inside		CC1203
	3. Feeling hopeless about the future		CC1204
	4. Felling blue		CC1205
	5. Worrying too much about things		CC1206
	6. Feeling everything is an effort		CC1207
	7. Feeling tense or keyed up		CC1208
	8. Suddenly scared for no reason		CC1209

2. Description of original instrument: 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). Eight of the selected items in this section constitute the short version SCL-8 (Tambs & Røysamb, 2014). Four items (i.e. 1, 2, 7 & 8) capture symptoms of anxiety and four items (i.e. 3, 4, 5 & 6) tap symptoms of depression. The scale for each question includes four categories of response ("not bothered," "a little bothered," "quite bothered," "very bothered," rated 1 to 4, respectively).

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 SCL-8 scores were estimated to correlate 0.94 with the total score from the original instrument. The correlations between the SCL-8 anxiety and depression scores and the original anxiety and depression scores were 0.90 and 0.92, respectively (Tambs & Røysamb, 2014). The alpha reliability was estimated at 0.88, 0.78 and 0.82 for the SCL-8 total, anxiety and depression scores, respectively (Tambs & Røysamb, 2014).

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:

Symptom Check List and its short versions have proven to be a brief, valid and reliable measure of mental distress (Tambs & Moum, 1993).

4. **Revision during the data collection period:**
   Version A does not include items 6-8. No further revisions have been made.

124. Emotion: Enjoyment and Anger

1. Name of original scale: Differential Emotional Scale (DES), Enjoyment and Anger Subscales

Q		Response options	Variable name
124	**How often do you experience the following in your everyday life?**		
	1. Feel glad about something	1-Rarely or never 2-Hardly ever 3-Sometimes 4-Often 5-Very often	CC1210
	2. Feel happy		CC1211
	3. Feel joyful, like everything is going your way, everything is rosy		CC1212
	4. Feel like screaming at somebody or banging on something		CC1213
	5. Feel angry, irritated, annoyed		CC1214
	6. Feel mad at somebody		CC1215

2. Description of original instrument: The Differential Emotional Scale (DES)

The Differential Emotional Scale (DES; Izard, *et al*., 1993) derives from Izard's (1971) differential emotions theory. The DES consists of a series of subscales that capture various emotions. It is formulated around a thirty/forty-two-item adjective checklist, with three adjectives of each of the emotions. The DES has been developed through cross-cultural research and is thus considered to be emotion-specific. The scale comes in four forms. The items in this section were selected from Enjoyment and Anger subscales from DES-IV, which consists of 12 discrete subscales (Interest, Enjoyment, Surprise, Sadness, Anger, Disgust, Contempt, Fear, Shame, Shyness, and Guilt, Hostility Inward). Each item is administered on a 5-point (rarely/never to very often) scale.

Psychometric Information:

Construct validity of the DES has been documented for the different versions, including DES-IV (see e.g. Blumber & Izard, 1985; Kotsch, *et al*.,1982). For DES-IV, Alpha coefficients range from .56 to .85 (mean = .74). Internal reliability is .83 for Enjoyment and .85 for Anger (Izard *et al*., 1993).

Base References/Primary Citations:

Izard,CE, Libero, DZ, Putnam, P, & Haynes,O. (1993). Stability of emotion experiences and their relations to traits of personality. *Journal of Personality and Social Psychology* 64(5): 847-860.

Blumberg, S. H., & Izard, C. E. 1985. Affective and cognitive characteristics of depression in 10- and 11-year-old children. *Journal of Personality and Social Psychology* 49*:*194-202.

Izard, C. E. (1971). *The Face of Emotion*. New York, NY: Appleton-Century-Crofts.

Kotsch, W.E., Gerbing, D.W., and Schwartz, L.E. (1982). The construct validity of the Differential Emotional Scale as adapted for children and adolescents. In C.E. Izard (Ed.), *Measuring emotions in infants and children* (Vol. 1, pp. 251-278). Cambridge, England: Cambridge University Press.

3. Rationale for choosing the questions:

Enjoyment and anger represent basic emotional tendencies, typically not covered in symptom scales of mental health problems. The enjoyment sub-scale captures positive affect, considered a component of subjective well-being, and the anger sub-scale measures activated negative emotions that are not covered by typical symptom scales of distress.

4. Revision during the data collection period:

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

125. Self-efficacy

1. Name of original scale: The General Self-Efficacy Scale (GSE)

Q		Response options	Variable name
125	**How well do these statements describe you?**		
	1. I can always manage to solve difficult problems if I try hard enough	1-Not at all true 2-Hardly true 3-Moderately true 4-Exactly true	CC1216
	2. If someone opposes me, I can find the means and ways to get what I want		CC1217
	3. I am confident that I could deal efficiently with unexpected events		CC1218
	4. I can remain calm when facing difficulties because I can rely on my coping abilities		CC1219
	5. If I am in trouble, I can think of a good solution		CC1220

2. Description of original instrument: The General Self-Efficacy scale (GSE)

The General Self-Efficacy scale is a 10-item psychometric scale that is designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life. The scale has been originally developed in German by Matthias Jerusalem and Ralf Schwarzer in 1979, and later revised and adapted to many other languages by various co-authors (e.g Schwarzer et al., 1997; Leganger, et al., 2000). A 5-item short version (Tambs & Røysamb, 2014) is used in MoBa. Responses were reported on a 4-point scale ranging from (1) = Not at all true, to (4) = Exactly true.

Psychometric Information:

In samples from 25 nations, Cronbach's alphas ranged from .75 to .91, with the majority in the high .80s. The scale is unidimensional (Scholz, et al., 2002). Criterion-related validity is documented in numerous correlation studies (Schwarzer & Born, 1997; Scholz, et al., 2002), where positive coefficients were found with favorable emotions, and negative coefficients were found with depression, anxiety, stress, burnout, and health complaints. The construct validity of GSE was also supported in a Norwegian study (Leganger, et al., 2000). The 5 items in the short version were chosen after regression analyses based on a sample of N>1500. The short version had alpha of .78, and correlated .96 with the full scale (multiple R^2=.92). Internal consistency of the short version based on the MoBa data was alpha=.83 (Ystrom, et al., 2008)

Base References/Primary Citations:

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

Leganger, A., Kraft, P. & Røysamb, E. 2000. Perceived self-efficacy in health behaviour research: conceptualisation, measurement and correlates. *Psychology and Health* 15: 51-69.

Scholz, U., Gutiérrez-Doña, B., Sud, S., & Schwarzer, R. 2002. Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment 18*(3): 242-251.

Schwarzer, R., & Born, A. 1997. Optimistic self-beliefs: Assessment of general perceived self-efficacy in thirteen cultures. *World Psychology*, *3*(1-2): 177-190.

Schwarzer, R., Born, A., Iwawaki, S., Lee, Y.-M., Saito, E., & Yue, X. 1997. The assessment of optimistic self-beliefs: Comparison of the Chinese, Indonesian, Japanese and Korean versions of the General Self-Efficacy Scale. *Psychologia: An International Journal of Psychology in the Orient 40* (1): 1-13.

Ystrom E, Niegel S, Klepp K-I, Vollrath ME. 2008. The impact of maternal negative affectivity and self-efficacy on breastfeeding: The Norwegian Mother and Child Cohort Study (MoBa). *The Journal of Paediatrics* 152(1):68-72.

3. **Rationale for choosing the questions:**
   Self-efficacy is considered to be an important determinant of behavioural change. The GSE has been used internationally with success for two decades, and is suitable for a broad range of applications.

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

126. Life Satisfaction

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

Q		Response options	Variable name
126	**Do you agree or disagree with the following statements?**		
	1. In most ways my life is close to my ideal	1- Strongly disagree 2- Disagree 3- Slightly disagree 4- Neither agree nor disagree 5- Slightly agree 6- Agree 7- Strongly agree	CC1224
	2. The conditions of my life are excellent		CC1225
	3. I am satisfied with my life		CC1226
	4. So far I have gotten the important things I want in life		CC1227
	5. If I could live my life over, I would change almost nothing		CC1228

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:

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.

127. Self Esteem

1. Name of original Scale: The Rosenberg Self-Esteem Scale (RSES)

Q		Response options	Variable name
127	**How do you feel about yourself?**		
	1. I have a positive attitude toward myself	1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree	CC1229
	2. I feel completely useless at times		CC1230
	3. I feel that I do not have much to be proud about		CC1231
	4. I feel that I am a valuable person, as good as anyone else		CC1232

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. (1991). Measures of self-esteem. *Measures of personality and social psychological attitudes* 1:115-160.

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.

128. Adverse Life Events

1. Name of original questions: 9 questions about adverse life events

Q		Response options & variable name	
128	**Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?**		
		1-No 2-Yes	*If yes:* 1-Not too bad 2-Painful/difficult 3-Very painful/difficult
	1. Have you had problems at work or where you study?	CC1233	CC1234
	2. Have you had financial problems?	CC1235	CC1236
	3. Have you been divorced, separated or ended the relationship with your partner?	CC1237	CC1238
	4. Have you had any problems or conflicts with your family, friends or neighbors?	CC1239	CC1240
	5. Have you been seriously ill or injured?	CC1241	CC1242
	6. Has anyone close to you been seriously ill or injured?	CC1243	CC1244
	7. Have you been involved in a serious traffic accident, house fire or robbery?	CC1245	CC1246
	8. Have you lost someone close to you?	CC1247	CC1248
	9. Other	CC1249	CC1250

2. Description of original questions: Adverse Life Events

These questions were selected primarily because of their relevance to the population in general, partly due to their relevance to women with small children. The questions are inspired by a list adopted from Coddington (1972), which was directed at children from preschool to senior high school. The questions in this section were adapted to adult respondents.

Psychometric Information:

No relevant psychometric information has been found.

Base Reference/Primary Citation:

Coddington, R.D. 1972. The significance of life events as etiologic factors in the diseases of children II: A study of a normal population. *Journal of Psychosomatic Research* 16: 205-213

3. Rationale for choosing the questions:

The selected questions were chosen because they were believed to address life events that supposedly affect pregnant women and her family.

4. Revision during the data collection period:

No revisions have been made.

129. Experiences of Physical and Sexual Assaults

1. Name of original questions: Questions about experiences of physical and sexual assaults

Q		Response options & variable name						
129	**Have you ever experienced any of the following?**							
		No, never	Yes, as a child (under 18)	Yes, as an adult (over 18)	*Who was responsible for this?* 1-A stranger 2-Family or relative 3-Another known person			*Has this occurred during the last year?* 1-No 2-Yes
	1. Someone has over a long period of time systematically tried to subdue, degrade or humiliate you	CC1251	CC1252	CC1253	CC1254	CC1255	CC1256	CC1257
	2. Someone has threatened to hurt you or someone close to you	CC1258	CC1259	CC1260	CC1261	CC1262	CC1263	CC1264
	3. You have been subjected to physical abuse	CC1265	CC1266	CC1267	CC1268	CC1269	CC1270	CC1271
	4. You have been forced to have sexual intercourse	CC1272	CC1273	CC1274	CC1275	CC1276	CC1277	CC1278

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 experiences of physical and/or sexual assaults. 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:
No revisions have been made.

Miscellaneous

130. Exposure to Illness during Pregnancy

1. Name of original questions: Questions about exposure to illness

Q		Response options & variable name				
130	**Has anyone living with you had any of the following illnesses during this pregnancy?**					
		Having this illness?	*In which week of pregnancy?*			
			0-9	10-19	20-29	30+
	1. Influenza	CC1279	CC1280	CC1281	CC1282	CC1283
	2. Childhood diseases (fever or rash)	CC1284	CC1285	CC1286	CC1287	CC1288
	3. Prolonged cough	CC1289	CC1290	CC1291	CC1292	CC1293
	4. Other infectious disease	CC1294	CC1295	CC1296	CC1297	CC1298

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 illness at home, which can be a risk factor for the developing baby.

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

131-133. Family History of Cot Death

1. Name of original questions: Questions about family history of cot death

Q		Response options & variable name			
131	**Have there been any instances of cot death in your family or your partner's family?**				
	No				CC1299
	Don't know				CC1300
	Yes, in my family				CC1301
	Yes, in the baby's father's family				CC1302
132	**The child that died of cot death in my family was:**				
		The child was…	*Child's sex*		
			Boy	Girl	Unknown
	1. My sister	CC1303	N/A	N/A	N/A
	2. My brother	CC1304			
	3. My sister's child	CC1305	CC1306	CC1307	
	4. My brother's child	CC1308	CC1309	CC1310	
	5. My mother's sibling	CC1311	CC1312	CC1313	CC1314
	6. My father's sibling	CC1315	CC1316	CC1317	CC1318
	7. Other	CC1319	N/A		
133	**The child that died of cot death in the baby's father's family was:**				
		The child was…	*Child's sex*		
			Boy	Girl	Unknown
	1. Baby's father's sister	CC1320	N/A	N/A	N/A
	2. Baby's father's brother	CC1321			
	3. Baby's father's sister's child	CC1322	CC1323	CC1324	
	4. Baby's father's brother's child	CC1325	CC1326	CC1327	
	5. Baby's paternal grandmother's sibling	CC1328	CC1329	CC1330	CC1331
	6. Baby's paternal grandfather's sibling	CC1332	CC1333	CC1334	CC1335
	7. Other	CC1336	N/A		

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 to survey the family history of cot death, both in pregnant women's family and in the family of the baby's father.

4. Revision during the data collection period:
The question about the baby's sex is not asked in version A. No further revisions have been made.

134-139. Experience of Loss of a Child

1. Name of original questions: Questions about experience of loss of a child

Q		Response options	Variable name
134	**Have you ever lost a child?**		
		1- No 2-Yes	CC1337
135	**If yes, what was the cause of death and when did the death occur?**		
	1. Stillbirth (Birth after the 16th week of pregnancy)		CC1338
	2. Cot death		CC1339
	3. Accident		CC1340
	4. Illness/birth defect		CC1341
	5. Which illness/birth defect____		CC1342 CC1425(txt)
	6. Other		CC1343
	The death occurred at year:	Number 0-9999	(1) CC1344 (2)CC1347
	Child age: Year Month	Number 0-99 Number 0-99	(1) CC1345 (2)CC1348 (1) CC1346 (2)CC1349
136	**Did you receive counselling from healthcare staff or other persons after the death? How many sessions did you have with healthcare staff, and/or parent support group, family and friends? How many weeks did you receive support?**		
	No. of meetings with healthcare staff	Number 0-99	CC1350
	No. of meetings with parent support group, family, friends	Number 0-99	CC1351
	No. of sessions via telephone with healthcare staff	Number 0-99	CC1352
	No. of sessions via telephone with parent support group, family, friends	Number 0-99	CC1353
	Weeks of support from healthcare staff	Number 0-99	CC1354
	Weeks of support from parent support group, family, friends	Number 0-99	CC1355
137	**Do you feel that the follow -up you received after your child's death was adequate?**		
		1-No follow-up was provided 2-Very good 3-Good enough 4-Should have been better 5-Bad	CC1356
138	**Has the death made you more anxious during this pregnancy?**		
		1-No, not at all 2-No, not very much 3-Yes, to a fair extent 4-Yes, very much	CC1357
139	**Do you feel that the health care staff at the antenatal clinics took into consideration this painful experience in their contact with you?**		
		1-Yes, very much 2-Yes, to a fair extent 3-No, not at all	CC1358

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 loss of a child is the most devastating experience a parent can face, and may have long-term effect on the women' health.

4. Revision during the data collection period:
Items 1-6 about of question 135 about the cause of death are not included in version A.