Questions Documentation

8-year Questionnaire
when the child was 8 years old

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

Mother Questionnaire

Version 1.0 March 2016 by Fufen Jin

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

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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:
Q-8year has 4 versions (A, B, C and a short version). The short version only contains questions about the child; the questions about the mother as found in other versions are not included. 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.

About the child

1-5. Child's Friends and Leisure Time

1. Name of original questions: Questions about the child's friends and leisure time

Q		Response options	Variable name
1	**What grade is your child in?**		
		1) 2nd grade 2) 3rd grade 3) 4th grade	NN12
2	**Outside school hours: Approximately how many hours per week is your child physically active / takes part in sports** (football, handball, skiing, gymnastics / dance, etc.)? (Also include hours of physical activity in afterschool (SFO)) (Please mark for both summer and winter)		
	Summer	1) Less than 1 hour per week 2) 1-2 hours per week 3) 3-4 hours per week 4) 5-7 hours per week 5) 8-10 hours per week 6) 11 hours or more per week	NN13
	Winter		NN14
3	**Approximately how many close friends does your child have (not including siblings)?**		
		1) None 2) 1 friend 3) 2-3 friends 4) 4 + friends	NN15
4	**Outside of school / afterschool (SFO) – approximately how many days per week ...**		
	... does your child participate in various organized activities (including sports/music /drama group/other)?	1) Never /seldom 2)1 day 3) 2-3 days 4) 4-5 days 5) 6-7 day	NN16
	... does the child spend with friends /peers (outside organized activities)?		NN17
5	**How many hours on a typical weekday ...**		
	…does the child watch TV / DVD movies?	1) Never / seldom 2) Less than 1 hour 3) 1-2 hours 4) 3-4 hours 5) 5 hours or more	NN18
	…does the child play video games, computer games, or handheld video games?		NN19

2. Description of original scale: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the instrument:
These questions were developed to get information about the child's friends and leisure time.

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

6. Bullying and Physical Abuse

1. Name of original questions: Questions about bullying, being bullied and exposure to physical abuse

Q		Response options	Variable name
6	**In the course of the past 12 months…**		
	…has your child been teased or bullied by other children?	1) Never 2) Seldom 3) 2-3 times per month 4) Once a week 5) Many times per week	NN20
	…has your child teased or bullied other children?		NN21
	…has your child been subjected to beating, kicking or other violence by other children?		NN22
	…has your child been subjected to beating, kicking or other violence by adults?		NN23

2. Description of original scale: MoBa specific single questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the instrument:
These questions were developed to survey the incidences of the child's being bullied, bullying others and exposure to physical abuse.

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

Your child's health

7. Height and Weight

1. **Name of original questions:** Questions about the child's height and weight nowadays

Q		Response options	Variable name
7	**What is your child's height and weight now at 8 years of age?**		
	Height	_ _ _cm	NN24
	Weight	_ _ , _ kg	NN25

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:**
By using measures of weight and length, Body Mass Index (BMI) can be estimated. BMI is a reliable indicator of body fatness for most children and teens (cf. Center for Disease Control and Prevention: **http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html#How%20is%20BMI%20used%20with%20children%20and%20tGGns**).

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

8-9. Health Problems

1. Name of original questions: Questions about the child's illness or health problems

Q		Response options		Variable name	
8	**Has your child ever had any of the following diseases or conditions?**				
	Rheumatoid arthritis/chronic joint inflammation			NN26	
	Diabetes			NN27	
	Chronic fatigue syndrome/ ME			NN28	
	Epilepsy			NN29	
	Cancer			NN30	
	Coeliac disease			NN31	
	Accidental injury with subsequent medical treatment			NN32	
	Cerebral palsy			NN33	
	Other conditions/congenital syndromes,			NN34	
	Other conditions, describe:			NN	
9	**Has your child ever had any of the following health problems?**				
		No	Yes, currently	Yes, in the past	*If yes, has your child been referred to a specialist?* 1-No 2-Yes
	1. Delayed psychomotor development	NN36	NN37	NN38	NN39
	2. Delayed or abnormal language development	NN40	NN41	NN42	NN43
	3. Hyperactivity	NN44	NN45	NN46	NN47
	4. Concentration or attention difficulties	NN48	NN49	NN50	NN51
	5. Autistic traits /autism/Asperger's Syndrome	NN52	NN53	NN54	NN55
	6. Behavioural problems (difficult and unruly)	NN56	NN57	NN58	NN59
	7. Emotional difficulties (sad or anxious)	NN60	NN61	NN62	NN63
	8. Other	NN64	NN65	NN66	NN67
	Other, describe:	NN			

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 occurrence of illness, health problems, and traumas among 8-year-old children. Whether the child has been referred to a specialist is meant as an indicator of reliability of the mothers' response.

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

Your child's behaviour

10. Short Mood and Feelings Questionnaire (SMFQ)

1. **Name of original scale:** Short Mood and Feelings Questionnaire (SMFQ)

Q		Response options	Variable name
10	**The questions below concern how your child has felt or behaved recently.** Mark how true each item has been for your child during the two last weeks.		
	1. Felt miserable or unhappy	1-Not true 2- Sometimes true 3-True	NN68
	2. Felt so tired that s/he just sat around and did nothing		NN69
	3. Was very restless		NN70
	4. Didn't enjoy anything at all		NN71
	5. Felt s/he was no good anymore		NN72
	6. Cried a lot		NN73
	7. Hated him/herself		NN74
	8. Thought s/he could never be as good as other kids		NN75
	9. Felt lonely		NN76
	10. Thought nobody really loved him/her		NN77
	11. Felt s/he was a bad person		NN78
	12. Felt s/he did everything wrong		NN79
	13. Found it hard to think/concentrate		NN80

2. **Description of original scale**: **Short Mood and Feelings Questionnaire (SMFQ)**
The Mood and Feelings Quesionnaire (MFQ Angold & Costello, 1987) is a 32-item questionnaire based on DSM-III-R criteria for depression. The MFQ consists of a series of descriptive phrases regarding how the subject has been feeling or acting recently. A 13-item short form was developed, based on the discriminating ability between the depressed and non-depressed (Angold, et al., 1995). Both parent and child-report forms are available. The parent version is used in the MoBa 8-year questionnaire.

Psychometric Information:
The internal reliability coefficient for the parent version of is .87. The parent-version of SMFQ was found to be a better predictor of depression than was the child self-report of this measure (Angold, et al., 1995). Its scaling properties as a potential dimensional measure of symptom severity of childhood depression was confirmed in community samples (Sharp, et al., 2006).

Base References/Primary Citations:
Angold A, & Costello EJ. (1987). *Mood and Feelings Questionnaire* (MFQ). Durham Duke University Developmental Epidemiology Program.

Angold, A., Costello, E. J., Messer, S. C., & Pickles, A., Winder, F., & Silver, D. (1995). The development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. *International Journal of Methods in Psychiatric Research* 5: 237 - 249.

Sharp, C., Goodyer, IM., & Croudace, TJ. (2006). The short mood and feelings questionnaire (SMFQ): A unidimensional item response theory and categorical data factor analysis of self-report ratings from a community sample of 7-through 11-year old children. *Journal of abnormal child psychology* 34 (3): 379-391.

3. **Rationale for choosing the instrument:**
The SMFQ is a brief, easy-to-administer measure of childhood and adolescent depression, designed for the rapid evaluation of core depressive symptomatology or for use in epidemiological studies.

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

11. Short Norwegian Hierarchical Personality Inventory for Children (NHiPIC-30)

1. **Name of original scale:** Short Norwegian Hierarchical Inventory for the Assessment of Personality in Children (NHiPIC-30)

Q		Response options	Variable name
11	**Think back over the last year. How well do these statements apply to your child's behavior over the past year?**		
	1. Is easily caught up in problems(*)	1-Not typical 2- Not very typical 3-Quite typical 4-Typical 5-Very typical	NN81
	2. Has a broad range of interests		NN82
	3. Makes an all-out effort		NN83
	4. Obeys without protests		NN84
	5. Takes himself/herself into consideration first		NN85
	6. Is quick to worry about things		NN86
	7. Forgets anything and everything		NN87
	8. Is constantly on the move		NN88
	9. Prefers to leave work to others		NN89
	10. Talks to people easily		NN90
	11. Does everything to get his/her own way		NN91
	12. Derives pleasure from creating things		NN92
	13. Is not very thorough**(*)**		NN93
	14. Doubt himself/herself		NN94
	15. Finishes tasks to the very end		NN95
	16. Imposes her or his will		NN96
	17. Is readily discouraged by imminent failure		NN97
	18. Is chatty **(*)**		NN98
	19. Enjoys life		NN99
	20. Is quick to understands things		NN100
	21. Is easily incensed by things		NN101
	22. Is quick to doubt his/her own capacities		NN102
	23. Has an infectious laugh **(*)**		NN103
	24. Has a rich imagination		NN104
	25. Talks about own feelings		NN105
	26. Carries out work to the last detail		NN106
	27. Has confidence in own abilities		NN107
	28. Doesn't envy others **(*)**		NN108
	29. Is interested in all that is new (is interested in anything)		NN109
	30. Can express himself/herself well		NN110

In version A, the five items below differ from those in versions B & C

Q		Response options	Variable name
11	**Think back over the last year. How well do these statements apply to your child's behavior over the past year?**		
	1.Become easily panic	1-Not typical 2- Not very typical 3-Quite typical 4-Typical 5-Very typical	NN368
	2. Will get to the bottom of things		NN369
	8. Have energy to spare		NN370
	10. Seeking contact with new classmates		NN371
	27. Feel at ease with him/herself		NN372

2. **Description of original scale: The Hierarchical Personality Inventory for Children (HiPIC)**
The HiPIC (Mervielde & De Fruyt, 1999, Mervielde & De Fruyt, 2002) is a questionnaire measuring the Big Five personality factors in children and adolescents. By means of 144 items, the HiPIC assesses five broad personality traits: Extraversion, Benevolence, Neuroticism, Conscientiousness, and Imagination. Each HiPIC item refers to a specific overt behaviour and is formulated in the third-person singular. Items are rated on a five-point Likert scale ranging from 'not typical' (1) to very typical (5). This section used the 30-item short form, also referred to as NHiPIC-30 (Vollrath, Hampson and Torgersen, submitted 2013). It contains five domain scales with 6 items each: Extraversion (items 8, 10, 18, 19, 23, 25), Benevolence (items 4, 5, 11, 16, 21, 28), Conscientiousness (items 3, 7, 9, 13, 15, 26), Neuroticism (items 1, 6, 14, 17, 22, 27), Imagination (2, 12, 20, 24, 29, 30). Both the full and the short scale have been validated in Norwegian samples.

Psychometric Information:
For the Norwegian translation of the HiPIC full scale (NHiPIC), Cronbach's alphas for the broad trait scales were .90 for extraversion, .98 for benevolence, .87 for conscientiousness, .86 for neuroticism, and .86 for imagination (Vollratha, et al. 2012). The NHiPIC reproduced five reliable and valid factors with excellent correspondence to the original measure, a hierarchical structure similar to that found for other Big Five assessment instruments for children and meaningful correlations with scales of the CBCL. The short form (NHiPIC-30) correlated .90 with its longer counterpart (Vollrath, Hampson and Torgersen, submitted 2013).

Base References/Primary Citations:
Mervielde, I., & De Fruyt, F. (1999). Construction of the hierarchical personality inventory for children (HiPIC). In I. J. Deary, F. De Fruyt & F. Ostendorf (Eds.), *Personality Psychology in Europe* (Vol. 7, pp. 107-127). Tilburg: Tilburg University Press.

Mervielde, I., & De Fruyt, F. (2002). Assessing children's traits with the hierarchial personality inventory for children. In B. De Raad & M. Perugini (Eds.), *Big five assessment* (pp. 129-142). Ashland, OH, US: Hogrefe & Huber.

Vollratha ME, Hampsonc SE, & Júlíussond, PB. (2012). Children and eating. Personality and gender are associated with obesogenic food consumption and overweight in 6- to 12-year-olds. *Appetite* 58: 1113 -1117.

Vollrath, M., Hampson, S., & Torgersen, S. (submitted November 2013). A Norwegian Long and Short Form of the Hierarchical Personality Inventory for Children: The NH*i*PIC and the NH*i*PIC-30. *Sage Open*.

Modifications:
The following five items (marked with a * in the table above) deviate from the original NH*i*PIC-30.

Items used in MoBa	Original NHiPIC
1. Is easily caught up in problems **(*)**	Is easily depressed
13. Is not very thorough **(*)**	Plays fast and loose
18. Is chatty **(*)**	Talks the whole day long
23. Has an infectious laugh **(*)**	Can make companions laugh
28. Doesn't envy others **(*)**	Grants also something to others

3. Rationale for choosing the questions:
The NH*i*PIC-30 is a reliable and valid measure of Norwegian children's Big Five personality domains (Vollrath, Hampson and Torgersen, submitted 2013).

4. Revision during the data collection period:
Five items were exchanged from version A to B & C (see tables above) after examining their item-total correlations (Personal communication with Margarete Vollrath, Sept. 2014)

12-13. Parent/Teacher Rating Scale for Disruptive Behaviour Disorders (RS-DBD)

1. Name of original scale: Parent/Teacher Rating Scale for Disruptive Behaviour Disorders (RS-DBD)

Q		Response options	Variable name
12	**Mark the box that best describes your child's behaviour during the last 12 months/last year.**		
	1. Bullies, threatens or intimidates others	1-Never/rarely 2-Sometimes 3-Often 4-Very often	NN111
	2. Initiates physical fights		NN112
	3. Has been physically cruel to others		NN113
	4. Has harassed or injured animals physically		NN114
	5. Has stolen items of nontrivial value without confronting a victim (e.g. shoplifting)		NN115
	6. Has deliberately destroyed other's property		NN116
	7. Has been truant from school		NN117
	8. Has used an object that can cause serious physical harm to others (e.g. a bat, stone, knife, heavy toy)		NN118
13	**Mark the box that best describes your child's behaviour over the past 6 months.**		
	1. Fails to give close attention to details or makes careless mistakes in schoolwork	1-Never/rarely 2-Sometimes 3-Often 4-Very often	NN119
	2. Has difficulty sustaining attention in tasks or play activities		NN120
	3. Does not seem to listen when spoken to directly		NN121
	4. Does not follow through on instructions and fails to finish school work, chores or duties (not due to oppositional behaviour or failure to understand instructions)		NN122
	5. Has difficulty organizing tasks and activities		NN123
	6. Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)		NN124
	7. Loses things necessary for tasks or activities (pencils, books, toys)		NN125
	8. Is easily distracted		NN126
	9. Is forgetful in daily activities		NN127
	10. Fidgets with hands or feet or squirms in seat (sits uneasily)		NN128
	11. Leaves seat in classroom or in other situations in which remaining seated is expected (e.g. at the table or in group gathering)		NN129
	12. Runs about or climbs excessively in situations in which it is inappropriate		NN130
	13. Has difficulty playing or engaging in leisure activities quietly		NN131
	14. Is "on the go" or acts as if "driven by a motor"		NN132
	15. Talks excessively		NN133
	16. Blurts out answers before questions have been completed		NN134
	17. Has difficulty awaiting turn		NN135
	18. Interrupts or intrudes on others, such as in conversation or play		NN136
	19. Loses temper (tantrums)		NN137
	20. Argues with adults		NN138
	21. Actively defies or refuses to comply with adults' requests or rules		NN139
	22. Deliberately annoys people		NN140
	23. Blames others for his/her mistakes or misbehaviour		NN141
	24. Is touchy or easily annoyed by others		NN142
	25. Is angry and resentful		NN143
	26. Is spiteful or vindictive		NN144

2. **Description of original scale**: **Parent/Teacher Rating Scale for Disruptive Behaviour Disorders (RS-DBD)**

Parent/Teacher Rating Scale for Disruptive Behavior Disorders (RS-DBD; Silva et al., 2005) consists of 41 DSM-IV items; with 18 items related to ADHD, 8 items related to Oppositional Defiant (OD), and 15 items to Conduct Disorder (CD). The 18 items (items 1-18 of section 13) related to ADHD, the 8 items related to OD (items 19-26 of section 13), and 8 items to CD were selected into use in this section. Each item is rated on a four-point scale (1 = never/rarely, 2 = sometimes, 3 = often, 4 = very often*)*.

Psychometric Information

There was a significant correlation between parent and teacher ratings for each of the three subscales (ADHD, OD and CD), ADHD: r=.33, OD: r=.34, CD: r=.61. The alphas ranged from .78 to .96. The RS-DBD shows construct and instrument validity when compared to the relevant factors of the parent and teachers Conners' scale (Silva et al., 2005).

Base References/Primary Citations:
Silva RR, Alpert M, Pouget E, Silva V, Trosper S, Reyes K, & Dummit S. (2005). A rating scale for disruptive behaviour disorders, based on the DSM-IV item pool. *Psychiatric Quarterly 76:* 327-339.

3. **Rationale for choosing the instrument:**
The RS-DBD is one of the few rating scales that is keyed from the DSM and evaluates for all three DBDs.

Modifications
Some questions (e.g. 'has forced someone into sexual activity', 'has deliberately engaged in fire setting with the intention of causing serious damage') which are not age-appropriate were removed.

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

14. Screen for Child Anxiety Related Disorders (SCARED)

1. Name of original scale: Screen for Child Anxiety Related Disorders (SCARED)

Q		Response options	Variable name
14	**The questions below are about how your child have felt or behaved recently**		
	1. My child gets really frightened for no reason at all	1-Not true 2- Sometimes true 3-True	NN145
	2. My child is afraid to be alone in the house		NN146
	3. People tell my child that he/she worries too much		NN147
	4. My child is scared to go to school		NN148
	5. My child is shy		NN149

2. Description of original scale: **Screen for Child Anxiety Related Disorders (SCARED)**

The SCARED (Birmaher et al., 1997) is a multidimensional questionnaire that purports to measure DSM-defined anxiety symptom. It contains 41 items which can be allocated to five separate anxiety subscales. Four of these subscales represent anxiety disorders that correspond with DSM categories, namely panic disorder, generalized anxiety disorder, social phobia, and separation anxiety. The fifth subscale is school phobia. The SCARED comes in two versions: a parent version and a child version. The 5-item short version, as used in the MoBa, was developed in Birmaher et al. (1999). Mothers rate how true the statements describe their children using a 3-point scale (i.e. 1= Not true, 2=Sometimes true, 3=True).

Psychometric Information:

The SCARED has good internal consistency, assessed by means of Cronbach's Alpha (.70-.90), as well as good test–retest reliability (p=0.6-0.9). It has shown good discriminant validity, differentiating between youths with and without anxiety disorders, and good the convergent validity. The 5-item version of the SCARED showed similar psychometrics to the full scale (Birmaher et al., 1999).

Base References/Primary Citations:

Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999) Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. *Journal of the American Academy of Child and Adolescent Psychiatry* 38(10): 1230–1236.

Birmaher, B., Khetarpal, S., Brent, D., Cully, M., Balach, L., Kaufman, J., et al. (1997). The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry* 36: 545–553.

3. Rationale for choosing the instrument:

The 5-item SCARED is a valid screening instrument to rate anxiety symptoms of children and adolescents.

4. Revision during the data collection period:

No revisions have been made.

Your child's ability to communicate and interest in others

15-17. Social Communication Questionnaire (SCQ)

1. Name of original scale: Social Communication Questionnaire (SCQ)

Q		Response options	Variable name
15	**Your child's use of language with others** *(Mark one box per question, whether you think it applies for your child or not)*		
	1. Is he/she now able to talk using short phrases or sentences?	1- Yes 2- No	NN150
	2. Do you have a to and fro "conversation" with her/him that involves taking turns or building on what you have said?		NN151
	3. Does she/he ever use odd phrases or say the same thing over and over in almost exactly the same way (either phrases that she/he hears other people use or ones that she/he makes up)?		NN152
	4. Does your child ever use socially inappropriate questions or statements? For example, does your child ever regularly ask personal questions or make personal comments at awkward times?		NN153
	5. Does your child ever get his/her pronouns mixed up (e.g., saying *you* or *he/she* for *I*)?		NN154
	6. Does your child ever use words that he/she seems to have invented or made up her/himself; put things in odd, indirect ways; or use metaphorical ways of saying things (e.g., saying *hot rain* for *steam*)?		NN155
	7. Does your child ever say the same thing over and over in exactly the same way or insist that you say the same thing over and over again?		NN156
16	**Your child's behaviour** *(Mark one box per question, whether you think it applies for your child or not)*	**Response options**	**Variable name**
	8. Does your child ever have things that he/she seems to have to do in a very particular way or order or rituals that the child insists that you go through?	1- Yes 2- No	NN157
	9. Does your child's facial expression usually seem appropriate to the particular situation, as far as you can tell?		NN158
	10. Does your child ever use your hand like a tool or as if it were part of his/her own body (e.g., pointing with your finger or putting your hand on a doorknob to get you to open the door)?		NN159
	11. Does your child ever have any interests that preoccupy him/her and might seem odd to other people (e.g., traffic lights, drainpipes, or timetables)?		NN160
	12. Does your child ever seem to be more interested in parts of a toy or an object (e.g., spinning the wheels of a car), rather than in using the object as it was intended?		NN161
	13. Does your child ever have any special interests that are unusual in their intensity, but otherwise appropriate for his/her age and peer group (e.g., trains or dinosaurs)?		NN162
	14. Does your child ever seem to be *unusually* interested in the sight, feel, sound, taste, or smell of things or people?		NN163
	15. Does your child ever have any mannerisms or odd ways of moving his/her hands or fingers, such as flapping or moving his/her fingers in front of his/her eyes?		NN164
	16. Does your child ever have any complicated movements of his/her whole body, such as spinning or repeatedly bouncing up and down?		NN165
	17. Does your child ever injure himself/herself deliberately, such as by biting his/her arm or banging his/her head?		NN166
	18. Does your child ever have any objects (other than a soft toy or comfort blanket) that he/she has to carry around?		NN167
17	**About social development and interest in others** *(Mark one box per question, whether you think it applies for your child or not)*	**Response options**	Variable name
	19. Does your child have any particular friends or a best friend?	1- Yes 2- No	NN168
	20. Does your child ever talk with you just to be friendly (rather than to get something)?		NN169
	21. Does your child ever spontaneously copy you (or other people) or what you are doing (such as vacuuming, gardening, or mending things)?		NN170
	22. Does your child ever spontaneously point at things around him/her just to show you things (not because he/she wants them)?		NN171
	23. Does your child ever use gestures, other than pointing or pulling your hand, to let you know what he/she wants?		NN172
	24. Does your child nod his/her head to indicate *yes*?		NN173
	25. Does your child shake his/her head to indicate *no*?		NN174
	26. Does your child usually look at you directly in the face when doing things with you or talking with you?		NN175
	27. Does your child smile back if someone smiles at him/her?		NN176
	28. Does your child ever show you things that interest him/her to engage your attention?		NN177

	29. Does your child ever offer to share things other than food with you?		NN178
	30. Does your child ever seem to want you to join in his/her enjoyment of something?		NN179
	31. Does your child ever try to comfort you when you are sad or hurt?		NN180
	32. If your child wants something or wants help, does he/she look at you and use gestures with sounds or words to get your attention?		NN181
	33. Does your child show a normal range of facial expressions?		NN182
	34. Does your child ever spontaneously join in and try to copy the actions in social games, such as *The Mulberry Bush* or *London Bridge Is Falling Down*?		NN183
	35. Does your child play any pretend or make-believe games?		NN184
	36. Does your child seem interested in other children of approximately the same age whom he/she does not know?		NN185
	37. Does your child respond positively when another child approaches him/her?		NN186
	38. If you come into a room and start talking to your child without calling his/her name, does he/she usually look up and pay attention to you?		NN187
	39. Does your child ever play imaginative games with another child in such a way that you can tell that each child understands what the other is pretending?		NN188
	40. Does your child play cooperatively in games that need some form of joining in with a group of other children, such as hide-and-seek or ball games?		NN189

2. **Description of original instrument**: **Social Communication Questionnaire (SCQ)**
The SCQ (Ritter, et al., 2003) is a parental-report Autism screening tool developed to serve as a practical piece of early childhood developmental screenings which parallels the Autism Diagnostic Interview-Revised (ADI-R; Lord, et al., 1994). It is a 40-question screening form designed for children with an age of 4.0 years (and a mental age of 2.0) which takes less than 10 minutes to complete and score. The items are administered in a yes/no response format.

Psychometric Information:
Internal consistency measurements on a total number of 214 cases range from .81 to .93. The agreement between the SCQ and the ADI-R at both Total Score and Domain Score level is high, with the agreements being substantially unaffected by age, gender, language level, and performance IQ. Agreement is, however, only moderate at the individual item level (Rutter, et al., 2003). Eaves, et al. (2006) described the use of the SCQ in 151 children aged 36-82 months and reported sensitivity and specificity estimates of .71 and .79 respectively, with lower estimates for children with high verbal IQs.

Base References/Primary Citations:
Eaves L, Wingert H, Ho H. (2006). Screening for autism spectrum disorders with the social communication questionnaire. *Journal of Developmental Behavioral Pediatrics* 27：95-103.

Lord C, Rutter M. & Le Couteur A. (1994). Autism Diagnostic Interview-Revised: a revised version of a diagnostic interview for caregivers of individuals with possible pervasive developmental disorders. *The Journal of Autism and Developmental Disorders* 24 (5): 659–685.

Rutter, M., Bailey, A., & Lord, C. (2003). *SCQ The Social Communication Questionnaire: Manual*. Los Angeles: Western Psychological Services.

3. **Rationale for choosing the questions:**
The SCQ provides a dimensional measure of ASD symptomatology, with a cutoff score that can be used to indicate the likelihood of an individual having ASD. The instrument can be used as a screening device, or to indicate approximate level of severity of ASD symptomatology, across groups or with respect to changes over time.

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

Your child's eating habits

18. The Children's Eating Behaviour Questionnaire (CEBQ)

1. **Name of original scale:** The Children's Eating Behaviour Questionnaire (CEBQ)

Q		Response options	Variable name
18	**How well does this apply to your child?**		
	1. My child enjoys tasting new foods	1-Never 2- Seldom 3-Sometimes 4-Often 5-Always	NN190
	2. My child gets full up easily		NN191
	3. My child eats more when she is happy		NN192
	4. Given the choice, my child would eat most of the time		NN193
	5. My child eats slowly		NN194
	6. My child eats more when worried		NN195
	7. My child takes more than 30 minutes to finish a meal		NN196
	8. My child gets full before his/her meal is finished		NN197
	9. My child enjoys a wide variety of foods		NN198
	10. My child is interested in tasting food s/he hasn't tasted before		NN199
	11. If given the chance, my child would always have food in his/her mouth		NN200
	12. My child eats more when anxious		NN201
	13. If allowed to, my child would eat too much		NN202
	14. My child eats less when upset		NN203
	15. My child leaves food on his/her plate at the end of a meal		NN204
	16. My child eats less when angry		NN205
	17. My child eats more and more slowly during the course of a meal		NN206
	18. My child eats more when annoyed		NN207

2. **Description of original scale**: **Children's Eating Behaviour Questionnaire (CEBQ)**
   The CEBQ (Wardle, et al., 2001) is a 35-item parent-report questionnaire assessing eating style in children. Eating style is assessed on 8 scales (food responsiveness, emotional overeating, satiety responsiveness, slowness in eating, emotional undereating, fussiness, enjoyment of food, and desire to drink). The items in the MoBa were selected from the first 5 subscales. Mothers rate the frequency of their child's behaviours and experiences on a 5-point scale (1-never, 2-rarely, 3-sometimes, 4-often, 5-always).

   Psychometric Information:
   The CEBQ scale has been shown to have good internal consistency (Cronbach's alphas ranging from .72 to .91), adequate two-week test-retest reliability (correlation coefficients ranging from .52 to .87) (Wardle, et al., 2001) and construct validity (Carnell, et al., 2007).

   Base References/Primary Citations:
   Carnell S & Wardle J. (2007). Measuring behavioural susceptibility to obesity: validation of the child eating behaviour questionnaire. *Appetite* 48:104-113.

   Wardle, J., Guthrie, C. A., Sanderson, S., & Rapoport, L. (2001). Development of the children's eating behaviour questionnaire. *Journal of Child Psychology and Psychiatry* 42(7): 963-970.

3. **Rationale for choosing the instrument:**
   The CEBQ is a psychometrically sound tool for assessing children's eating behaviours.

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

19. Questionnaire of Eating and Weight Patterns-Parent Report (QEWP-P)

1. Name of original scale: Questionnaire of Eating and Weight Patterns-Parent report (QEWP-P)

Q		Response options	Variable name
19	**Consider whether this applies to your child during the last 6 months.**		
	1. Did your child ever eat what most people would think was a really big amount of food?	1- No 2- Yes	NN208
	2. Did you have the impression that your child could not stop eating or that he/she could not control what or how much he/she was eating?		NN209
	3. How often did your child eat a really big amount of food when you had the impression that his/her eating was out of control?	1-Twice a week or more 2- Once a week 3- More rarely 4- Never	NN210

2. Description of original instrument: **Questionnaire of Eating and Weight Patterns-Parent report (QEWP-P)**

The QEWP-P (Johnson, et al., 1999) is a modified version of the Questionnaire of Eating and Weight Patterns (QEWP; Spitzer et al., 1992), which was developed to assess aspects of binge eating disorder which was introduced as a diagnostic category in the DSM-IV. The QEWP-P comprises 12 stem items of which several are followed up with detailed items. The first three items were selected into use in this section.

Psychometric Information:

Test-retest reliability assessed with a phi coefficient was .42 across a 3-week interval. The stability of diagnostic categories was higher for males than for females, who changed in 33% of the cases from the nonclinical binging to the no diagnosis category. Children in the binge eating disorder category had significantly higher scores on self-reported depression and self-reported behaviours associated with eating disorders than children in the no diagnosis and nonclinical binging categories.

Base References/Primary Citations:

Johnson, W. G., Grieve, F. G., Adams, C. D., & Sandy, J. (1999). Measuring binge eating in adolescents: Adolescent and parent 152 versions of the Questionnaire of Eating and Weight Patterns. *International Journal of Eating Disorders* 26(3): 301–314.

Johnson, W. G., Kirk, A. A., & Reed, AE. (2000). Adolescent version of the Questionnaire of Eating and Weight Patterns: Reliability and gender differences. *International Journal of Eating Disorders* 26(3): 301–314.

Spitzer, RL, Devlin M, Walsh BT, Hassin D, Wing R, Marcus M, Stunkard A, Wadden T, Yanovski S, Agras, S, Mitchell J, & Jonas C. (1992). Binge eating disorder: A multi-site field trial of the diagnostic criteria. *International Journal of Eating Disorders* 11: 191–203.

3. Rationale for choosing the questions:

These items from the QEWP-P are the most developmentally appropriate parent-report measures of both binge eating episodes and loss of control over eating (personal communication with Leila Torgersen, August 2012).

4. Revision during the data collection period:

No revisions have been made.

About language and school

20. Children's Communication Checklist-2 (CCC-2)

1. Name of original scale: The Children's Communication Checklist-2 (CCC-2)

Q		Response options	Variable name
20	**How often do you think this is typical for your child?**		
	1. Forgets words s/he knows – e.g. instead of "rhinoceros" may say "you know, the animal with the horn on its nose…"	1- Never or rarely 2- Sometimes 3- Often 4- Very often	NN211
	2. Uses terms like "he" or "it" without making it clear what s/he is talking about. For instance, when talking about a film, might say "he was really great" without explaining who "he" is.		NN212
	3. Misses the point of jokes and puns (though may be amused by nonverbal humour such as slapstick).		NN213
	4. Can be hard to tell if s/he is talking about something real or make-believe.		NN214
	5. Leaves out past tense *–ed* endings on words. May for instance say "John kick the ball" instead of "John kicked the ball", or "Eva buy soda" instead of "Eva bought soda".		NN215
	6. Takes in just 1-2 words in a sentence, and so misinterprets what has been said. E.g. if someone says "I want to go skating next week", s/he may think they've been skating, or want to go now.		NN216
	7. Gets sequence of events muddled up when telling a story or describing event. E.g. if describing a film, might talk about the end before the beginning.		NN217
	8. Doesn't explain what s/he is talking about to someone who doesn't share his/her experiences; for instance, might talk about "Jon" without explaining who he is.		NN218
	9. It is hard to make sense of what s/he is saying, even though the words are clearly spoken.		NN219
	10. Uses appropriate language to talk about what s/he plans to do in the future (e.g. what s/he will do tomorrow, or plans for going on holiday).		NN220
	11. You can have an enjoyable, interesting conversation with him/her.		NN221
	12. Produces long and complicated sentences such as: "When we went to the park I had a go on the swings"; "I saw this man standing on the corner".		NN222
	13. Uses words that refer to whole classes of objects, rather than a specific item. E.g. refers to a table, chair and drawers as "furniture", or to apples, bananas and pears as "fruit".		NN223
	14. Speaks fluently and clearly, producing all speech sounds accurately and without hesitation.		NN224
	15. Explains a past event clearly (e.g. what s/he did at school or what happened at a football game).		NN225
	16. When answering a question, provides enough information without being over-precise.		NN226

2. Description of original scale: The Children's Communication Checklist-2 (CCC-2)

CCC-2 (Bishop 2003, 2006) is a measure designed to assess the communication skills of children 4 to 16.11 years of age. Initially developed in the United Kingdom, the CCC-2 has been adapted for use in the United States (Bishop, 2006). The purposes of the CCC-2 are the identification of pragmatic language impairment, screening of receptive and expressive language skills, and assistance in screening for ASD. The CCC-2 consists of 70 items that are divided into 10 scales (Speech, Syntax, Semantics, Coherence, Initiation, Scripted Language, Context, and Nonverbal Communication, Social Relations and Interests), each with 7 items. Five items on each subscale tap into communicative deficits, and two items target communicative strengths. A 13-item short scale (CCC-S) was developed by Norbury, Nash, Baird, & Bishop (2004) as a brief screening instrument to help identify children with potential speech, language and communication needs. The CCC-S plus 3 items (items 4, 8, and 9) were selected in Q-8yr.

Psychometric Information:

The U.S. Edition of the CCC-2 was standardized on 950 American children. Internal consistency reliability coefficients ranged from .94 to .96 across age groups. Validity was assessed by calculating classification rates for a variety of matched clinical groups based on GCC scores at 1, 1.5, and 2.0

SDs below the mean. For the group with ASD, 89% of the children were identified as such based on a GCC 1.0 SD below the mean. Based on these results, the CCC-2 demonstrates good reliability and validity (Bishop, 2006). Cronbach's alpha for CCC-S is .87; correlation with GCC: r= -.88 (Bishop & Norbury 2004).

Base References/Primary Citations:

Bishop, D.V.M. (2003). *Children's Communication Checklist-2*. London: Pearson.

Bishop, D. V.M. (2006). *Children's Communication Checklist-2* (U.S. Edition). New York, NY: The Psychological Corporation.

Norbury, C.F., Nash, M., Baird, G., & Bishop, D. V.M. (2004). Using a parental checklist to identify diagnostic groups in children with communication impairment: A validation of Children's Communication Checklist-2. *International Journal of Language & Communication Disorders* 39: 345-364.

3. **Rationale for choosing the instrument:**
   The CCC-2 appears to be a well-constructed instrument that has both face validity and reliability to achieve its stated purpose of assisting in identifying children with language and communication problems, especially in the area of pragmatic communication skills.

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

21. Checklist of 20 Statements about Language-Related Difficulties (Språk20)

1. **Name of original scale:** The checklist of 20 Statements about Language-Related Difficulties (Språk 20)

Q		Response options	Variable name
21	**How do these statements fit the child?**		
	1. Confuses words with similar meaning (e.g. shirt, sweater, jacket)	1- Doesn't fit the child, absolutely wrong 2- 2 3- Both yes and no 4- 4 5- Fits well with the child, absolutely right	NN227
	2. Has difficulty understanding the meaning of common words		NN228
	3. Has difficulty answering questions as quickly as other children		NN229
	4. Is often searching for the right words		NN230
	5. Uses incomplete sentences		NN231
	6. Uses short sentences when s/he answers questions		NN232
	7. Has difficulty retelling a story s/he has heard		NN233
	8. Forgets words s/he knows the meaning of		NN374

2. **Description of original scale**: **20 Statements about Language-Related Difficulties (Språk 20)**
Språk 20 is a checklist developed by Ottem (2009), a Norwegian psychologist at Bredvet Competence Centre, to identify children with risk for language impairment. The checklist consists of 20 statements describing language-related difficulties, which can be further divided into three subscales: Semantics (items 1-8), Receptive (items 9-14) and Expressive language (items 15-20). All answers are scored on a 5-point Likert scale from '1-Doesn't fit the child, absolutely wrong' to '5-fits fine with the child, absolutely right.'

Psychometric Information:
Internal consistency (Cronbach's alpha) for full scale and the Semantic subscale are .97 and .95. Specificity rates for full scale and the Semantic subscale are .87 and .88. Sensitivity rates are: .83 for the full scale and .81 for the Semantic subscale. The Språk20 has also demonstrated concurrent validity (Ottem, 2009).

Base References/Primary Citations:
Ottem, E. (2009). 20 spørsmål om språkferdigheter – en analyse av sammenhengen mellom observasjonsdata og testdata. *Skolepsykologi* 1: 11-27.

3. **Rationale for choosing the instrument:**
The checklist is a well-used Norwegian instrument to identify children with language impairment in terms of semantics, receptive and expressive language.

4. **Revision during the data collection period:**
Only 7 items (items 1-7) were included in version A and B; Version C included all the 8 items from the Semantic subscale.

22-24. School and after School Program

1. **Name of original questions:** One question about the child's satisfaction with school; one question about the current school organization; two questions about the child's participation of after school arrangement

Q		Response options	Variable name
22	**How is your child enjoying school?**		
		1- Very poor 2- Poor 3- Ok 4- Well 5- Very well	NN234
23	**How is the school organized?**		
		1- Open classroom 2- Set classroom	NN235
	How many students are there in the child's class?	Number 0-99	NN236
24	**Does your child have a place in an afterschool program?**		
		1- No 2- Yes	NN237
	If yes: the child spends approximately _ _hours per week at an afterschool program	Number 0-99	NN238

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 get information about the child's satisfaction with school, the current school organisation (in Norway, there are two types of organization; base and classroom) and participation of afterschool program. In Norway, the afterschool arrangement at school is before school starts in the morning, and after school ends in the afternoon (opening hours from 07.30-16.30).

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

25. School Assessment

1. Name of original questions: Three questions about school results on national exams

Q		Response options	Variable name
25	**All children take mandatory tests at school: reading in 1st grade and reading and arithmetic in 2nd grade.** Parents are usually informed of the results during parent-teacher discussions. What feedback have you gotten about your child?		
	…Reading skills in 1st grade	1-Has mastered subject well 2-Must work more but teacher is not concerned 3-Teacher is concerned 4-Don't know/not discussed with teacher	NN239
	…Reading skills in 2nd grade		NN240
	…Arithmetic skills in 2nd grade		NN241

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 get information about the child's school result on national exams (reading skills and math).

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

26. Special Education

1. **Name of original questions:** Three questions about special education in Norwegian, Math, other subjects, and two questions about other forms for support or assistant.

Q		Response options / Variable name		
26	**Is an administrative decision made about your child being eligible for special education?**			
			1-No 2-Yes	*If yes, how much help has been allocated?* 1-Minimal (less than 3 h/week) 2-Some (3-5 h/week) 3-Maximal (6h/week or more)
	In Norwegian language?		NN242	NN243
	In arithmetic?		NN244	NN245
	In other subjects?		NN246	NN247
	Does your child receive any other educational support?		NN248	NN249
	Does your child get extra help (e.g. an assistant) at school because of a disability or a developmental problem?		NN250	NN??

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 get information about child's need for special education and the time that has been allocated.

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

27. Homework

1. **Name of original questions:** Three questions about homework, help with homework at home and at school

Q		Response options	Variable name
27	**Approximately how many hours per week ….**		
	……does your child spend doing homework at home?	1) No homework 2) 0 hour 3)1-2 hours 4) 3-4 hours 5) 5-6 hours 6) 7 hours or more	NN251
	… does your child get help doing homework at home?		NN252
	… does your child get help doing homework at school or afterschool?		NN253

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 get information about the time the child spend doing homework and the help the child get at home and at school.

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

28. Reading and Writing Skills

1. Name of original questions: 5 questions about skills in reading and writing

Q		Response options	Variable name
28	**Enter a cross indicating what your child masters:**		
In version C	1. Reads simple stories aloud, with ease, when asked	1- Yes 2- Partially 3-Not yet	NN380
	2. Identifies all lowercase printed letters (i.e. a, b, c) and uppercase (i.e. A, B, C) of the alphabet		NN381
	3. Reads (aloud or covertly) and understands texts suitable for 7-8 year olds (e.g. simple children's books, cartoon strips).		NN382
	4. Writes simple information/messages at least three sentences long (for example, notes, e-mail, SMS etc.)		NN383
	5. Writes reports, papers, or essays at least one page long; may use computer. May make small errors in spelling or sentence structure		NN384
In version A & B	1. Is the child able to read simple words (e.g. name of an animal or a thing)?	1- No 2- Yes 3-Don't know	NN254
	2. Is the child able to read simple sentences (e.g. sentences with 4-6 words)?		NN255
	3. Is the child able to write simple words (e.g. name of an animal or a thing)?		NN256
	4. Is the child able to write simple sentences (e.g. sentences with 4-6 words)?		NN257

2. Description of original questions:

The items in version C were selected from the written sub-scale of the Vineland Adaptive Behaviour Scale-II (Sparrow, et al., 2005); the items in version A & B were selected and adapted from The Early Development Instrument (EDI; Janus and Offord, 2007)

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Janus, M. & Offord, D. (2007): Development and Psychometric Properties of the Early Development Instrument (EDI): A measure of children's school readiness. *Canadian Journal of Behavioural Science* 39 (1):1-22.

Sparrow, S.S., Cicchetti, D.V. and Balla, D.A. (2005). *Vineland Adaptive Behaviour Scale-II*. Minnesota, USA: American Guidance Service.

3. Rationale for choosing the questions:

The selected items are used as a brief measure of children's literacy skills at age 8.

4. Revision during the data collection period:

Due to lack of variability, the items in version A & B have been replaced with the items in version C (see table above).

29. The Child's Pronunciation

1. **Name of original questions:** 2 questions about understandability of the child's speech; 2 questions about the child's narrative skills

Q		Response options	Variable name
29	**About the child's pronunciation**		
	1. How easy it is for you to understand what your child is saying?	1-Very difficult 2-2 3-3 4-4 5-Very easy	NN258
	2. How easy it is for strangers to understand what your child is saying?		NN259
	3. How do you rate your child's ability to tell a story?	1-Very poor 2-Poor 3-Average 4-Good 5-Very good	NN260
	4. How would you rate your child's ability to communicate his/her own needs in a way understandable to adults and friends?		NN261

2. **Description of original questions:**
   Questions were selected and adapted from the Early Language in Victoria Study (ELVS; http://www.mcri.edu.au/research/research-projects/elvs/), which is a prospective study of the language of 1900 infants born in Melbourne.

   Psychometric Information:
   Not relevant.

   Base References/Primary Citations:
   Not relevant.

3. **Rationale for choosing the questions:**
   The first two questions can form an index for the child's pronunciation difficulties. The four questions are meant to give an index of whether the child struggles with speech. Understandable speech influences communication and interaction with others. Ability to tell a continuous story is a central predictor for later reading and writing disabilities.

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

30-31. Home Reading and Self-reading

1. **Name of original questions:** 2 questions about home reading to children; 2 questions about children's self-reading

Q		Response options	Variable name
30	**How often do you read to your child?**		
All versions		1) Never 2) 1-2 times a week 3) 3-4 times a week 4) 5-6 times a week 5) Every day	NN262
31a	**How long does your child like to sit still and be read for?**		
Version A & B		1) Does not like to be read at all 2) 5 minutes or less 3) 6-15 minutes 4)16-45 minutes 5) More than 45 minutes 6) Is never read to	NN263
Version C		1) Is never read to 2) 5 minutes or less 3) 6-15 minutes 4)16-45 minutes 5) More than 45 minutes	NN385
31b	**How long does your child sit still and read by him/herself?**		
Version A & B		1) Does not like read by him/herself at all 2) 5 minutes or less 3) 6-15 minutes 4)16-45 minutes 5) More than 45 minutes 6) Never reads by him/herself	NN264
Version C		1) Never reads by him/herself 2) 5 minutes or less 3) 6-15 minutes 4)16-45 minutes 5) More than 45 minutes	NN386
31c	**What types of books does your child like to read by him/herself?**		
All versions		1) Does not like to read by him/herself 2) Picture books 3) Simple stories, both images and text on each page 4) Books with chapters (almost text only) 5) Do not know	NN265

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

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. **Rationale for choosing the questions:**
The questions are used as a brief measure about home reading to children, and children's reading by him/herself.

4. **Revision during the data collection period:**
Some revisions have been made in the response categories to items 31a and 31b. The items have six response categories in versions A and B; in version C they have only five, with one response category (Does not like to be read/read by him/herself) being deleted.

32. Cooperation School - Home

1. **Name of original questions:** 4 statements about the information exchange between school and home concerning teaching, wellbeing, academic and social achievement

Q		Response options	Variable name
32	**Consider these statements about cooperation and communication between parents and school**		
	1. I/we are well informed about our child's curriculum at school	1- Very true 2- Quite true 3- Not very true 4-Not true at all	NN266
	2. I/we get sufficient information about how our child is enjoying and coping at school		NN267
	3. I/we are not well included in discussions about our child's social development		NN268
	4. I/we get little information about how our child learns his/her subjects at school		NN269

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

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. **Rationale for choosing the questions:**
These questions were used as a brief measure of information exchange between school and home concerning teaching, wellbeing, academic and social achievement.

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

33. Sleeping at Night

1. Name of original questions: One question about time the child spent sleeping per night on weekdays.

Q		Response options	Variable name
33	**About how many hours does the child usually sleep on weeknights?**		
		1) 8 hours or less 2) 9 hours 3) 10 hours 4) 11 hours 5) 12 hours or more	NN387

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

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
The question was developed to get information about the child's sleeping habit at night.

4. Revision during the data collection period:
The question was only included in version C. No further revisions have been made.

34. Difficulties, Impairment and Impact

1. **Name of the original question**: Individual questions related to impact/impairments based on The Strengths and Difficulties Questionnaires (SDQ)

Q		Response options	Variable name
34	**On the whole, do you think the child currently has problems in one or more of the following areas?**		
	1. Concentration	1-No 2-Yes	NN388
	2. Behaviour		NN389
	3. Emotions		NN390
	4. Getting along with others		NN391
	5. Language		NN392
	If yes, is the child disturbed or bothered by these problems?	1-No 2-Yes, a little 3- Yes, a lot	NN393
	Does these problems affect the child's daily life in any of the following areas?		
	At home/with the family	1-No 2-Yes, a little 3- Yes, a lot	NN394
	In relationship with friends		NN395
	Learning at school		NN396

2. Description of original question:

Individual questions related to impact/impairments based on the Strengths and Difficulties Questionnaires (SDQ)**.** Only the impact/impairment questions based on SDQ are included (i.e. the last part of the original questionnaire)

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:

The questions were developed to survey children's difficulties in concentration, behavior, feelings, getting along with others and language, and the impact related to the problem - for the child, for the family, child's relationship with friends, and in relation to learning in school.

4. Revision during the data collection period:

The question was only included in version C. No further revisions have been made.

About you

35. Work

1. Name of original questions: question about the mother's current employment status

Q		Response options	Variable name
35	**Are you currently in paid employment?**		
		1) Yes 2) Yes, but I am on partial sick leave 3) Yes, but I am on full sick leave 4) No	NN270

2. Description of original instrument: MoBa specific questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
The question was developed to get information about the mother's current employment status.

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

36. Education

1. Name of original questions: question about the mother's education

Q		Response options	Variable name
36	**What is your highest level of completed education?**		
		1) 9-year elementary education 2) 1-2 years in high school 3) Vocational high school 4) General studies, 3-year high school 5) College, university up to 4 years 6) College, university more than 4 years	NN271

2. Description of original instrument: MoBa specific questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant.

3. Rationale for choosing the questions:
The question was developed to get information about the mother's highest education level.

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

37-39. Family Household

1. Name of original questions: 3 questions about family household

Q		Response options	Variable name
37	**How many children (under 20) live in your household?**		
	Number of children	Number 0-99	NN272
38	**Who do you live with, other than your own child?**		
	Spouse		NN273
	Partner		NN274
	Other children		NN275
	Other people		NN276
	No one		NN277
39	**Do you live with the child's father?**		
		1-Yes 2-No, we have separated 3-No, I have never lived with the child's father	NN278
	If you have separated, how old was your child when you split up?	Number 0-99	NN279

2. Description of original questions: MoBa specific questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
No relevant.

3. Rationale for choosing the questions:
The questions were developed to get information about who the woman lives with, and if the women and the child's father have moved apart, the child's age when that happened.

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

About exercise, weight and eating

40. Physical Activity

1. Name of original questions: Questions about frequency of physical activity leading the woman to get out of breath or sweat.

Q		Response options	Variable name
40	**How physically active are you? Here we ask about how long you do activities in which you become short of breath or sweat. Include activities both at home and at work.**		
	Less than 30 minutes	1) Never 2) Less than once per week 3) Once per week 4) 2 times per week 5) 3-4 times per week 6) 5 times or more per week	NN280
	Between 30-60 minutes		NN281
	More than 60 minutes		NN282

2. Description of original instrument: MoBa specific questions

These questions were adapted from a scale in Sagatun, et al. (2007).

Psychometric Information:

Not relevant.

Base References/Primary Citations:

Sagatun A. Søgaard AJ. Bjertness, E. Selmer, R. & Heyerdahl, S. 2007. The association between weekly hours of physical activity and mental health: A three-year follow-up study of 15-16-year-old students in the city of Oslo, Norway. *BMC Public Health* 7:155.

3. Rationale for choosing the questions:

The questions were developed for MoBa to survey the mother's physical activities when the child was 8 years old.

4. Revision during the data collection period:

No revisions have been made.

41. Height and Weight

1. Name of original questions: Questions about the mother's current height and weight

Q		Response options	Variable name
41	**What is your current height and weight?**		
	Height	_ _ _ cm	NN283
	Weight	_ _ _, _ kg	NN284

2. Description of original questions: MoBa specific questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant

3. Rationale for choosing the questions:
The questions are used to get information about the mother's current height and weight.

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

42-45. Eating Disorder

1. Name of original questions: Questions on eating disorders and behaviours

Q		Response options	Variable name
42	**Have you ever had a period of time where you weighed much less than others thought you should?**		
		1-No (go to question 43) 2-Yes	NN285
	Yes, I was _____years old	Number 0-99	NN286
	weighed _____kg	Number 0-999	NN287
	was ____cm high	Number 0-999	NN288
	1. During the time, did you feel fat?	1-Not at all 2-A little 3-Very much	NN289
	2. During the time, were you afraid that you might gain weight or become fat?		NN290
	3. When was the last time you weighed so little, and yet felt fat and/or were afraid about gaining weight?	_____years old	NN291
	Is this still the case?	1-No 2-Yes	NN292
43	**During the last year, have you ever had eating binges when you ate what most people would regard as an unusually large amount of food in a short period of time?**		
Version A&C		1-No (go to question 44) 2-Yes	NN293
Version B		1- Yes, at least once a week 2-Yes, but seldom 3- No	NN367
Version C	**If you answered yes…**		
	In the period when you had the most number of eating binges, how many times did this happen in the course of one month?	Number 0-99	
All versions	Did you feel that your eating was out of control?	1-No 2-Yes, somewhat out of control 3-Yes, absolutely out of control	NN294
All versions	How upset or distressed did binge eating usually make you feel?	1-Not at all 2-Somewhat 3-Very much	NN295
44	**During the last year, have you used any of the following methods to control your shape or weight?**		
	Make yourself vomit	1-Never 2-Sometimes 3-Weekly 4-Several times per week	NN296
	Use laxatives or diuretic pills		NN297
	Fast or not eat for 24 hours or more		NN298
	Use diet pills		NN299
	Exercise more than two hours per day		NN300
45	**In general, how important is shape and weight for your self-esteem?**		
		1-Not important at all 2- 2 3-3 4-4 5-The most important thing	NN301

2. Description of original questions: Questions on eating disorders and behaviors

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).

4. Revision during the data collection period:

Some revisions have been made in question 43 (see table above).

46-47. Pregnancy and Birth

1. Name of original questions: One question about pregnancy now, one about having born a child last year

Q		Response options	Variable name
46	**Are you pregnant now?**		
		1-No 2-Yes	NN302
47	**Have you given birth in the past year?**		
		1-No 2-Yes	NN303

2. Description of original questions: MoBa specific questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant

3. Rationale for choosing the questions:
The questions are used to get information about the mother's pregnancy status and whether she has given birth last year.

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

48. Health Problems/Illnesses

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

Q		Response options	Variable name	
48	**Do you have/ have you had any of the following disorders/illnesses?**			
	Disorder/illness		1-No, never 2-Not now, but in the past 3-Yes, now	Have you been treated for the problem/illness? 1-No 2-Yes
	1. ADHD		NN304	NN305
	2. Reading and writing difficulties		NN306	NN307
	3. Anorexia		NN308	NN309
	4. Bulimia		NN310	NN311
	Do you have or have you had any other serious illness or health problem?			
		1-No 2-Yes		NN312
	If yes, what was the name of the illness (es)?			NN313 (txt.)

2. Description of original questions: MoBa specific questions

Psychometric Information:
Not relevant.

Base References/Primary Citations:
Not relevant

3. Rationale for choosing the questions:
The questions were developed to survey whether the mother is suffering/had suffered from ADHD, reading/writing problems, anorexia, bulimia, and other severe illnesses or health problems.

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

A little more about how you are now

49. Social Phobia

1. Name of original scale: Mini Social Phobia Inventory (miniSPIN)

Q		Response options	Variable name
49	**How much have the following problems bothered you during the past week?**		
	1. Fear of embarrassment cause me to avoid doing things or speaking to people	1-Not at all 2-A little bit 3-Somewhat 4-Very much 5-Extremely	NN314
	2. I avoid activities in which I am the centre of attention		NN315
	3. Being embarrassed or looking stupid are among my worst fears		NN316

2. Description of original instrument: Mini Social Phobia Inventory (miniSPIN)

The Mini-SPIN (Connor, et al., 2001) is 3-item self-rated scale derived from the Social Phobia Inventory (SPIN; Connor, et al., 2000). The questions are constructed to measure the level of fear, embarrassment and avoidance in the context of social situations. Each item is evaluated on a 5-point Likert scale (1-5 points for replies from "not at all" to "extremely").

Psychometric Information:

With a cutoff of 6 or more points, its sensitivity and specificity reaches 88.7% and 90.0% respectively (Connor et al. 2001). The miniSPIN showed good test-retest reliability, $r = 0.70$, and excellent internal consistency, $\alpha = .91$ (Seeley-Wait, et al., 2009). The miniSPIN also demonstrated adequate concurrent, convergent and divergent validity, and satisfactory discriminative validity in a Swedish sample (Ek & Ostlund, 2013).

Base References/Primary Citations:

Connor, K.M., Davidson, J.R.T, Churchill, L.E., Sherwood, A., E., Foa, E. & Weisler, R.H. 2000. Psychometric properties of the Social Phobia Inventory (SPIN): New self-rating scale. *British Journal of Psychiatry*, 176: 379–386.

Connor K.M., Kobak K.A., Churchill L.E., Katzelnick D., & Davidson J.R. 2001. Mini-SPIN: a brief screening assessment for generalized social anxiety disorder. *Depression and Anxiety* 14:137-140.

Ek, A. & Ostland, P. 2013. Internet validation and psychometric evaluation of the Mini Social Phobia Inventory applied to one clinical and two nonclinical samples. Retrieved on 25. 04.2014 from http://www.diva-portal.org/smash/get/diva2:632130/FULLTEXT01.pdf.

Seeley-Wait E., Abbott M.J., & Rapee R.M. 2009. Psychometric properties of the Mini-Social Phobia Inventory. *Primary Care Companion to the Journal of Clinical Psychiatry* 11: 231-236.

3. Rationale for choosing the questions:

Mini-SPIN is a compact screening instrument for social anxiety disorder.

4. Revision during the data collection period:

No revisions have been made.

50. Satisfaction with Life Scale (SWLS)

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

Q		Response options	Variable name
50	**How much do you agree with the these descriptions?**		
	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	NN317
	2. The conditions of my life are excellent		NN318
	3. I am satisfied with my life		NN319
	4. So far I have gotten the important things I want in life		NN320
	5. If I could live my life over, I would change almost nothing		NN321

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.

51. The Autonomic Nervous System Questionnaire (ANS)

1. Name of original scale: The Autonomic Nervous System Questionnaire (ANS)

Q		Response options	Variable name
51	**In the past 6 months have you experienced the following?**		
	1. A spell or attack when all of sudden you felt frightened, anxious or very uneasy?	1-Yes 2-No	NN322
	2. A spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath?		NN323
	3. If you have had such attacks, did they ever happen in a situation where you were not in danger or not the center of attention?		NN324

2. Description of original instrument: The Autonomic Nervous System Questionnaire (ANS)

The Autonomic Nervous System Questionnaire (ANS; Stein, et al., 1999) is a self-report short instrument developed to screen for panic disorder. There are three versions of the ANS, with two, three or five items. The three item version is included in MoBa. Two "gating" questions ask about the occurrence of anxiety attacks or unexplained paroxysms of physical symptoms (tachycardia, dizziness or shortness of breath) in the prior 6 months. The last item has as purpose to exclude scoring panic in situations where anxiety may have a natural cause. All the items are administered in a yes/no response format. Panic is scored when all questions are answered with a "yes".

Psychometric Information:

According to the developer, the screening capacity for the three item version is almost as good as for the five item version, with sensitivity ranging from 0.78 to 0.88 in three different samples and specificity ranging from 0.43 to 0.70 (Stein, et al., 1999). The sensitivity was estimated at 0.88 and specificity at 0.77 in Finnish primary care study (Tilli, et al., 2013).

Base References/Primary Citations:

Stein, M.B., Roy-Byrne, P.P., McQuaid, J. R., Laffaye, C., Russo, J., McCahill, M.E et al. 1999. Development of a brief diagnostic screen for panic disorder in primary care. *Psychosomatic Medicine*, 61: 359–364.

Tilli, V. Suominen, K. & Karlsson, H. 2013. The autonomic Nervous System Questionnaire and the Brief Patient Health Questionnaire as screening instruments for panic disorder in Finnish primary care. *European Psychiatry*, 28 (7):442-447.

4. Revision during the data collection period:

No revisions have been made.

52. Depression/Anxiety

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

Q		Response options	Variable name
52	**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	NN325
	2. Nervousness or shakiness inside		NN326
	3. Feeling hopeless about the future		NN327
	4. Felling blue		NN328
	5. Worrying too much about things		NN329
	6. Feeling everything is an effort		NN330
	7. Feeling tense or keyed up		NN331
	8. Suddenly scared for no reason		NN332

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:**
   No revisions have been made.

53-54. Social support

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

Q		Response options	Variable name
53	**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	NN333
54	**How often do you see or talk on the telephone with your family (other than your husband/partner and children) or close friends?**		
		1) Several times per week 2) 1-4 times per month 3) Less often	NN334

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:
In father questionnaire, the word 'husband' in the first 2 items has been replaced with 'wife'. The last item 'Do you often feel lonely?' is not included in Q-8year. No further 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.

55. Short Form of the Alabama Parenting Questionnaire (APQ-9)

1. Name of original scale: Short form of the Alabama Parenting Questionnaire (APQ-9)

Q		Response options	Variable name
55	**Below are a number of statements about your family. The statements may not describe how you are in your family. Nonetheless, please rate each item according to how often it typically occurs in your home**		
	1. You let your child know when he/she is doing a good job with something	1-Never 2-Almost never 3-Sometimes 4-Often 5-Always	NN335
	2. You threaten to punish your child and then do not actually punish him/her		NN336
	3. Your child fails to leave a note or let you know where he/she is going		NN337
	4. Your child talks you out of being punished after he/she has done something wrong		NN338
	5. Your child stays out in the evening after the time he/she is supposed to be home		NN339
	6. You compliment your child when he/she has done something well		NN340
	7. You praise your child if he/she behaves well		NN341
	8. Your child is out with friends you don't know		NN342
	9. You let your child out of a punishment early (E.g. Lift restrictions earlier than you originally said)		NN343

2. Description of original instrument: Alabama Parenting Questionnaire (APQ)

The APQ is a 42-item scale developed by Frick (1991) to assess parenting practices in clinical and research settings. The APQ measures five dimensions of parenting that are relevant to the etiology and treatment of child externalizing problems: (1) Positive Involvement with children, (2) Supervision and Monitoring, (3) Use of Positive Discipline techniques, (4) Consistency in the Use of Such Discipline and (5) Corporal Punishment. There is both a parent form and a child from. The 9 items from the parent form are selected into use in the MoBa. The 9 items that are selected into use in this section constitute the short form of the APQ (APQ-9; Elgar et al., 2006), with three supported factors: Positive Parenting, Inconsistent Discipline, and Poor Supervision. All answers are scored on a 5-point scale from 'never' (1) to 'always' (5).

Psychometric Information:

The average reliability across the APQ scales is .68. The APQ has good psychometric properties including criterion validity in differentiating clinical and nonclinical groups (Dadds, Maujean, & Fraser, 2003; Frick et al., 1999; Shelton et al., 1996). Frick et al. (1999) reported a mean R^2 across its five scales of 0.24 for predicting child symptoms of oppositional defiant disorder and conduct disorder. The 9-item short scale showed good fit to a three-factor model and good convergent validity by differentiating parents of children with disruptive behavioral disorders and parents of children without such disorders. Internal consistency of the short scale is .44; the mean correlation between the APQ and the short scale is r=.85 (Elgar et al., 2006).

Base References/Primary Citations:

Elgar, F.J., Waschbusch, D.A, Dadds, M.R., Sigvaldason, N. (2006). Development and validation of a Short Form of the Alabama Parenting Questionnaire. *Journal of Child Family Study* 16: 243-259.

Frick, P. J. (1991). *Alabama Parenting Questionnaire*. University of Alabama.

Frick, P. J., Christian, R. E.,& Wooton, J. M. (1999). Age trends in the association between parenting practices and conduct problems. *Behavior Modification 23:* 106–128.

Shelton, K. K., Frick, P. J., &Wooton, J. (1996). Assessment of parenting practices in families of elementary school-age children. *Journal of Clinical Child Psychology 25:* 317–329.

3. Rationale for choosing the questions:

The APQ is useful for studying how parenting practices influence children's social and psychological development.

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

Alcohol and smoking

56-57. Smoking

1. **Name of original questions:** Questions about maternal and paternal smoking habits

Q		Response options	Variable name
56	**Do you smoke now? If yes, how many cigarettes?**		
		1-Do not smoke 2- Smoke sometimes 3- Smoke daily	NN344
	If smoke sometimes, number of cigarettes per week	Number 0-99	NN345
	If smoke daily, number of cigarettes daily	Number 0-99	NN346
57	**Does the child's father smoke? If yes, how many cigarettes?**		
		1-Do not smoke 2- Smokes sometimes 3- Smokes daily	NN347
	If smokes sometimes, number of cigarettes per week	Number 0-99	NN348
	If smokes daily, number of cigarettes daily	Number 0-99	NN349

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 maternal and paternal smoking habits.

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

58-60. Alcohol Use

1. Name of original scale: Alcohol Use Disorders Identification Test (AUDIT)

Q		Response options	Variable name
58	**How often do you drink alcohol now?**		
		1-About 6-7 times per week 2-About 4-5 times per week 3-About 2-3 times per week 4-About once per week 5-About 1-3 times per month 6-Less than once a month 7-Never	NN350
59	**How many alcohol units do you have on a typical day when you are drinking?**		
		1) 10 or more 2) 7-9 3) 5-6 4) 3-4 5) 1-2 6) Less than 1	NN351
60	**How often during the last year…**		
	1. …have you had 6 or more drinks on one occasion?	1-Never 2-Almost never 3-Sometimes 4-Often 5-Always	NN352
	2. …have you found that you were not able to stop drinking once you had started?		NN353
	3. …have you failed to do what was normally expected from you because of drinking?		NN354
	4. …have you needed a first drink in the morning to get yourself going after a heavy drinking session?		NN355
	5. …have you had a feeling of guilt or remorse after drinking alcohol?		NN356
	6. …have you been unable to remember what happened the night before because you had been drinking alcohol?		NN357
	7. Have you or someone else been injured as a result of your drinking?	1-No 2-Yes, but not in the last year 3-Yes, during the last year	NN358
	8. Has a relative, friend or doctor (or other health worker) been concerned about your drinking or suggested that you cut down?		NN359

2. Description of original instrument: **Alcohol Use Disorders Identification Test (AUDIT)**

The Alcohol Use Disorders Identification Test (AUDIT; Saunders, et al., 1993) has been developed from a six-country WHO collaborative project as a screening instrument for hazardous and harmful alcohol consumption. It is a 10-item questionnaire which covers the domains of alcohol consumption, drinking behaviour, and alcohol-related problems.

Psychometric Information:

The average reliability across the AUDIT scales is .65. Using the lower cut-off point of 8, the overall sensitivity for hazardous and harmful alcohol use was 87% to 96%, with an overall value of 94%. The corresponding specificity was 81% to 98%, with an overall value of 94%. When the cut-off point of 10 was taken, the overall value of sensitivity was 80%, and the corresponding specificity was 98%. The AUDIT also has the ability to discriminate between alcoholics and non-drinkers (Saunders, et al., 1993).

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.

Modifications:

The response categories for the question ‘How often do you drink alcohol now?’ have been altered. The original response categories are: four or more times a week, two to three times a week, two to four times a month, monthly or less, never.
The second question was rephrased as ‘How many alcohol units do you have on a typical day when you are drinking?’; the original questions is ‘How many drinks containing alcohol do you have on a typical day when you are drinking?’

3. **Rationale for choosing the questions:**
   The AUDIT provides a simple method of early detection of hazardous and harmful alcohol use in primary health care settings and is the first instrument of its type to be derived on the basis of a cross-national study.

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