Questions documentation

Helse hos MoBa fedre
Health questionnaire to MoBa fathers

The Norwegian Mother and Child Cohort Study (MoBa)

Recipients: MoBa fathers, 1. Generation

Version	Date	Performed by	Description
1.0	29.10.24	Siri Håberg (FHI)	Original version

LIST OF CONTENTS

Children and family life

Q		Response options	Variable name
1	**How many children do you have?**		
	[Pull down menu]	1. 0 children 2. 1 child 3. 2 children 4. 3 children ……. 10. 9 children 11. 10 or more children	HF11
2	**How many biological children do you have?**		
	[Pull down menu]	1. 0 children 2. 1 child 3. 2 children 4. 3 children ……. 10. 9 children 11. 10 or more children	HF12
3	**How many adopted children do you have?**		
	[Pull down menu]	1. 0 children 2. 1 child 3. 2 children 4. 3 children ……. 10. 9 children 11. 10 or more children	HF13
4	**How many stepchildren (bonus children) do you have?**		
	[Pull down menu]	1. 0 children 2. 1 child 3. 2 children 4. 3 children ……. 10. 9 children 11. 10 or more children	HF14
5	**How many foster children do you have now?**		
	[Pull down menu]	1. 0 children 2. 1 child 3. 2 children 4. 3 children ……. 10. 9 children 11. 10 or more children	HF15
6	**Think back to when your partner became pregnant with your youngest child. Which description best fits your situation at the time?**		
	[Radio buttons]	1. I didn't want a child 2. I wasn't sure if I wanted a child 3. I wanted a child, and the timing was good 4. I wanted a child, but had hoped to have it earlier 5. I wanted a child but had hoped to have it later 6. Not relevant 7. Don't remember	HF16
7	**Did you live with the other parent of your youngest child when the child was 5 years old?**		
	[Radio buttons]	1. Yes 2. No 3. Don’t remember 4. Not relevant 5. My youngest child is under 5 years old	HF17

8	**Have you undergone any surgical procedures that make it impossible for you to have children again?**		
	Such as vasectomy (sterilization), etc. *[Radio buttons]*	1. Yes 2. No 3. Don't know 4. Not relevant	HF18
8.1	**What year was this operation performed?**		
	Based on Q8: If "Yes" was selected	Year – number box: (min:1940, max:2030)	HF19
9	**Do you know of any other health conditions that would make it difficult or impossible for you to have another child after your last child?**		
	[Radio buttons]	1. Yes 2. No 3. Don't know	HF20
10	**Below are three statements about the experience of raising children. Do they describe what you yourself feel?**		
	Raising children was/is how I expected	*[Radio buttons]* 1. Yes 2. No 3. Unsure	HF21
	Raising children was/is more taxing or stressful than I expected		HF22
	Having children has brought more meaning and joy than I expected		HF23
11	**What would you say are the most important reason(s) why you do not have more children today?**		
	[*Multiple choice]*	I don't want/wouldn't have more children	HF24
		My partner doesn't want/didn't want to have more children	HF25
		I did not have a partner as it could be relevant to have more children	HF26
		I/my partner tried to have children but did not get pregnant / knew it was not physically possible for us to get pregnant	HF27
		I plan/want to have more children	HF28
		Other	HF29
11.1	**Imagine, completely hypothetically, that you had actually had another child. How do you think it would have affected your quality of life up to today?**		
	Based on Q11: If "I don't want/wouldn't have more children", "My partner doesn't want/didn't want to have more children", "I did not have a partner as it could be relevant to have more children" or "I plan/want to have more children" was selected *[Radio buttons]*	1. Very negative 2. Slightly negative 3. No meaning 4. Slightly positive 5. Very positive	HF30
11.2	**Below we mention some possible reasons for not wanting another child. We ask you to consider how important each of these reasons was to you in the decision not to have more children.** *Based on Q11: If "I don't want/wouldn't have more children" was selected*		
	Another child would affect my relationship negatively	*[Radio buttons]* 1. Not important 2. Somewhat important **3.** Very important	HF31
	Another child would negatively affect career and job opportunities		HF32
	Another child would have left less time for leisure activities and friendship		HF33
	Another child would require a larger home		HF34
	Another child would have meant that there were many other things we could not have afforded, or we would have had to work more		HF35
	Another child would adversely affect my health		HF36
	Another child would be difficult due to lack of sleep when the child is small		HF37

	Another child would affect older siblings negatively		HF38
	Another child would be difficult, since at least one of my children has challenges related to health and development		HF39
	One more child would be a burden on the environment/climate		HF40
	Previous pregnancies/births have been difficult		HF41
12	**Here we list some family policy measures. We wonder if these could have influenced you to have more children than you have now?**		
	20% shorter working week with full pay for parents	*[Radio buttons]* 1. Could affect me 2. Not relevant	HF42
	Longer overall paid parental leave		HF43
	Freer distribution of paid parental leave between parents		HF44
	Better income and leave rights for students		HF45
	Doubling of child benefit		HF46
	Free nursery school/school after-school program		HF47
	Better quality in kindergarten and after-school arrangements		HF48
	Kindergarten place from the month the child turns one		HF49

Description of original scale or selection of items used

- Qs 1-5: Standard questions on number of children, available in many demographic questionnaires. See e.g. the recent round of the Norwegian Gender and Generations Survey (Lappegård 2019:91-92)
- Q 6-12 + 16-17: Q developed based on prior questions asked to MoBa mothers when they were pregnant with the index offspring (Q1), in addition to questions asked in the Avon Longitudinal Study of parents and Children, and UK Biobank. Most of these questions were included in the MoBa questionnaire "Parents 45 years and over", and some have been added including Q 5 and 6.1.
- Q19: This question is adapted from a question of the intendedness of the last pregnancy in the Norwegian GGS (Lappegård 2019: 694-5)
- Q13, 14 + 14.1, 15, 18: Similar questions are found in the Norwegian GGS (Lappegård 2019)
- Q20.0: A simplified version of a question on reasons to not have more children, presented in Cools and Strøm (2020:70-75)
- Q20.1 and 20.2 Based on questions on the costs and benefits of children, commonly asked in demographic surveys. See Cools & Strøm (2020) p. 65 and Lappegård (2019:734-741) for recent examples
- Q21: Abbreviated and adapted from Cools & Strøm p. 48. A similar battery is also included in the 2019 GGS (Lappegård 2019:741-748)

References:

- Cools, S. and M. Strøm (2020): Ønsker om barn – en spørreundersøkelse om fertilitet, arbeidsliv og familiepolitikk (unit.no). ISF rapport 2020:5
- Lappegård, T. (2019): Generations and Gender Survey Norway Wave 1

Rationale for choosing the instrument: The data generated will enable research on the impact of children and family on men's health and wellbeing.

Modifications: This is a first-time distribution of the questionnaire, revisions are not relevant.

Fertility and sexuality

Q		Response options	Variable name
13	**Have you ever tried together with a partner for more than 12 months to get pregnant?**		
	[Radio buttons]	1. Yes 2. No 3. Don't know	HF50
14	**Have you ever sought help from the healthcare system for involuntary childlessness?**		
	[Radio buttons]	1. Yes 2. No	HF51
15	**Have you ever had confirmation that you have reduced sperm quality?**		
	[Radio buttons]	1. Yes 2. No 3. Unsure	HF52
15.1	**If you have had reduced sperm quality confirmed, what was the main reason?**		
	Based on Q15: If "Yes" was selected *[Multiple choice]*	Hormonal disorders	HF53
		Semen deficiency (azoospermia)	HF54
		Varicocele	HF55
		Blockage of the vas deferens	HF56
		Genetic causes	HF57
		Other causes	HF58
		Uncertain cause	HF59
		Don't know	HF60
16	**Have you and a partner ever undergone treatment for involuntary childlessness?**		
	[Multiple choice]	No	HF61
		Yes, only hormone therapy to stimulate ovulation	HF62
		Yes, artificial insemination (IUI)	HF63
		Yes, in vitro fertilization without microinjection (IVF)	HF64
		Yes, in vitro fertilization with microinjection treatment/injection of the sperm inside the egg cell (ICSI)	HF65
		Yes, not sure which method	HF66
16.1	**If you have undergone IVF, did you use donor eggs or donor sperm?**		
	Based on Q16: If "Yes, artificial insemination (IUI)", "Yes, in vitro fertilization without microinjection (IVF)" or "Yes, in vitro fertilization with microinjection treatment (ICSI)" was selected *[Radio buttons]*	1. No, we used our own eggs and sperm 2. We used donor eggs and our own sperm 3. We used donor sperm and our own egg 4. We used both donor eggs and donor sperm	HF67

Description of original scale or selection of items used:
The questions were included in the MoBa questionnaire "45 years of age and over". Q developed based on prior questions asked in MoBa and in the Avon Longitudinal Study of parents and Children, and UK Biobank.

Rationale for choosing the instrument: The data generated enables research on the interplay between fertility and men's health.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.

Questions about erectile dysfunction, formerly called impotence

Q		Response options	Variable name
	It is about how this has been for you in the last 6 months. By "a few times" is meant here well under half. By "sometimes" here is meant around half of the times. By "most times", here is meant well over half.		
17	**How do you rate your confidence in achieving and maintaining an erection?**		
	[Radio buttons]	1. Very low 2. Low 3. Moderate 4. High 5. Very high	HF68
18	**When you have had erections with sexual stimulation, how often were the erections hard enough for penetration?**		
	[Radio buttons]	1. (Almost) never 2. A few times 3. Sometimes 4. Most times 5. (Almost) always	HF69
19	**When you tried to have intercourse, how often were you able to maintain an erection after penetration (insertion) by your partner?**		
	[Radio buttons]	1. (Almost) never 2. A few times 3. Sometimes 4. Most times 5. Often (always)	HF70
20	**When you attempted intercourse, how difficult was it to maintain your erection until complete intercourse?**		
	[Radio buttons]	1. Major difficulties 2. Very difficult 3. Difficult 4. A bit difficult 5. Not difficult	HF71
21	**When you attempted intercourse, how often was it satisfactory for you?**		
	[Radio buttons]	1. (Almost) never 2. A few times 3. Sometimes 4. Most times 5. Often (always)	HF72

Description of original scale or selection of items used:
The questions are collected from the Norwegian translation of the short-version of IHEF-5 (International Index on Erectile Dysfunction), which is similar to The Sexual Health Inventory for men.

Rationale for choosing the instrument: the data generated enables research on the interplay between erectile dysfunction and men's health.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.

Sleep

Q		Response options	Variable name
22	**Tick if you are currently experiencing any of the following sleep problems. Multiple crossings are possible.**		
	[Multiple choice]	Difficulty falling asleep	HF73
		Awakenings at night	HF74
		Too early morning awakening	HF75
		Snoring (according to others)	HF76
		Sleep apnea (according to others)	HF77
		Daytime sleepiness (easily nods off)	HF78
		Fatigue during the day (tired/incoherent)	HF79
		None of these	HF80
22.1	**How many nights a week do you experience difficulty falling asleep?**		
	Based on Q22: If "Difficulties falling asleep" was selected. *Number of nights* *[Pull down menu]*	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	HF81
22.2	**How many nights a week do you experience night awakenings?**		
	Based on Q22: If "Awakenings at night" was selected *Number of nights* *[Pull down menu]*	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	HF82
22.3	**How many times a week do you experience waking up too early in the morning, without getting back to sleep?**		
	Based on Q22: If "Too early morning awakening" was selected *Number of nights* *[Pull down menu]*	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7	HF83
22.4	**How many nights a week do you experience snoring (according to others)?**		
	Based on Q22: If "Snoring (according to others)" was selected *Number of nights* *[Pull down menu]*	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 **7.** 7	HF84
22.5	**How many nights a week do you experience sleep apnea (according to others)?**		
	Based on Q22: If "Sleep apnea (according to others)" was selected *Number of nights* *[Pull down menu]*	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 **7.** 7	HF85

22.6	**How many times a week do you experience sleepiness during the day (nodding off easily)?**		
	Based on Q22: If "Daytime sleepiness" was selected *Number of nights* *[Pull down menu]*	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 **7.** 7	HF86
22.7	**How many times a week do you experience fatigue during the day (are tired/incoherent)?**		
	Based on Q22: If "Fatigue during the day (tired/incoherent)" was selected *Number of nights* *[Pull down menu]*	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 **7.** 7	HF87
22.8	**How long have you had such trouble sleeping?**		
	Based on Q22: If at least one of the options was selected *[Radio buttons]*	1. Less than 1 month 2. 1 - 2 months 3. 3 - 6 months 4. 7 - 11 months 5. 1 - 3 years **6.** More than 3 years	HF88
22.9	**What are the main factors that you think have caused your sleep difficulties?**		
	Based on Q22: If at least one of the options was selected ***[****Multiple choice]*	Heredity/genetics	HF89
		Travel/working hours	HF90
		Bad sleeping habits	HF91
		Infection (virus or bacteria)	HF92
		Food intake in the evening	HF93
		Coffee, smoking or alcohol	HF94
		Medications	HF95
		Stress or overwork	HF96
		Noise	HF97
		Mental disorders	HF98
		Other disease	HF99
		Bad luck	HF100
		Night shifts	HF101
		Traffic noise	HF102
		Children	HF103
		Other noise	HF104
		Don't know	HF105
		Other	HF106
23	**How many hours of sleep do you need to feel rested?**		
	Hours *[Pull down menu]*	1. Less than 4 hours 2. 4.5 hours 3. 5 hours 4. 5.5 hours 5. 6 hours ……. 16. 11.5 hours 17. 12 hours 18. 12.5 hours 19. 13 hours 20. More than 13 hours	HF107

24	**What time do you usually go to sleep <u>on weekdays?</u>**		
	Time of day *[Pull down menu]*	1. Before 20:00 2. 20:00 3. 20:15 4. 20:30 5. 20:45 ……. 31. 03:15 32. 03:30 33. 03:45 34. 04:00 35. After 04:00	HF108
25	**When do you usually go to sleep <u>at weekends?</u>**		
	Time of day *[Pull down menu]*	1. Before 20:00 2. 20:00 3. 20:15 4. 20:30 5. 20:45 …… 31. 03:15 32. 03:30 33. 03:45 34. 04:00 35. After 04:00	HF109
26	**How long does it usually take from when you go to sleep until you actually fall asleep <u>on weekdays?</u>**		
	Minutes *[Pull down menu]*	1. 0 min 2. 5 min 3. 10 min 4. 15 min 5. 30 minutes 6. 45 min 7. 1 hour 8. 1.5 hours 9. 2 hours 10. 2.5 hours 11. More than 3 hours	HF110
27	**How long does it usually take from the time you go to sleep until you fall asleep at <u>the weekends?</u>**		
	Minutes *[Pull down menu]*	1. 0 min 2. 5 min 3. 10 min 4. 15 min 5. 30 minutes 6. 45 min 7. 1 hour 8. 1.5 hours 9. 2 hours 10. 2.5 hours **11.** More than 3 hours	HF111
28	**How long are you awake during the night (after you first fall asleep) <u>on weekdays?</u>**		
	Minutes *[Pull down menu]*	1. 0 min 2. 5 min 3. 10 min 4. 15 min 5. 30 minutes 6. 45 min 7. 1 hour 8. 1,5 hours 9. 2 hours 10. 2,5 hours 11. 3 hours 12. 4 hours 13. 5 hours 14. 6 hours 15. 7 hours 16. More than 7 hours	HF112

29	**How long are you awake during the night (after you first fall asleep) <u>on weekends?</u>**		
	Minutes *[Pull down menu]*	1. 0 min 2. 5 min 3. 10 min 4. 15 min 5. 30 minutes 6. 45 min 7. 1 hour 8. 1.5 hours 9. 2 hours 10. 2.5 hours 11. 3 hours 12. 4 hours 13. 5 hours 14. 6 hours 15. 7 hours **16.** More than 7 hours	HF113
30	**What time do you usually get up in the morning <u>on weekdays?</u>**		
	Time of day *[Pull down menu]*	1. Before 05:00 2. 05:00 3. 05:15 4. 05:30 5. 05:45 …….. 31. 12:15 32. 12:30 33. 12:45 34. 13:00 35. After 13:00	HF114
31	**What time do you usually get up in the morning <u>at weekends?</u>**		
	Time of day *[Pull down menu]*	1. Before 05:00 2. 05:00 3. 05:15 4. 05:30 5. 05:45 ……. 31. 12:15 32. 12:30 33. 12:45 34. 13:00 35. After 13:00	HF115

Description of original scale or selection of items used:

Q22 + 22.1-22.8: Items adapted for MoBa from the Karolinska Sleep Questionnaire (Kecklund & Åkerstedt, 1992), modified to assess the frequency and duration of specific sleep problems over the past three months with an expanded response scale. These items align with DSM-5 criteria for diagnosing insomnia disorder and were first implemented in the SHOT study (Sivertsen et al., 2019).
Q22.9: MoBa-specific question with a tailored list of potential causes reflecting the respondents' life situations to enable analysis of environmental and lifestyle factors affecting sleep.
Q23: MoBa specific question included to assess the respondents' subjective sleep need, enabling the calculation of sleep deficit. This item was inspired by the sleep questionnaire used in the SHOT study (Sivertsen et al., 2019).
Q24-31: MoBa specific questions adapted for epidemiological studies to capture sleep patterns, including sleep length, time in bed, and variability between weekdays and weekends. These items were first implemented in the SHOT study (Sivertsen et al., 2019) and were inspired by the Consensus Sleep Diary (Carney et al., 2012).

References:

- Kecklund G, Åkerstedt T: The psychometric properties of the Karolinska Sleep Questionnaire. J Sleep Res. 1992, 1: 113

- Carney CE, Buysse DJ, Ancoli-Israel S, Edinger JD, Krystal AD, Lichstein KL, Morin CM. The consensus sleep diary: standardizing prospective sleep self-monitoring. Sleep. 2012 Feb 1;35(2):287-302.
- Sivertsen B, Vedaa Ø, Harvey AG, Glozier N, Pallesen S, Aarø LE, Lønning KJ, Hysing M. Sleep patterns and insomnia in young adults: A national survey of Norwegian university students. J Sleep Res. 2019 Apr;28(2):e12790.

Rationale for choosing the instrument:

Q22 + 22.1-22.8: These questions provide a foundation for estimating the prevalence of insomnia based on DSM-5 criteria by covering specific sleep problems (Q22), their frequency (Q22.1–Q22.7), and duration (Q22.8). The inclusion of snoring and sleep apnea items enables approximation of obstructive sleep apnea (OSA). The frequency intervals for Q22.8 align with the DSM-5, which requires a sleep problem to persist for at least three months for an insomnia diagnosis.

Q22.9: Designed to identify respondents' attributions for their sleep difficulties. The list of potential causes has been tailored to reflect the respondents' life situations, enabling an analysis of perceived reasons for sleep problems, such as lifestyle factors, environmental conditions, and health-related issues.

Q23: Captures respondents' subjective experience of how much sleep they need to feel rested, enabling calculations of sleep deficit by comparing perceived need and reported sleep duration.

Q24-31: These items facilitate detailed analysis of sleep length, time in bed, and variability between weekdays and weekends, providing valuable insights into sleep patterns.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.

Activities and leisure

Q		Response options	Variable name
32	**On a typical weekday: Approximately how many hours a day do you sit still together? Enter the number of hours**		
	[Radio buttons]	1. Less than 1 hour 2. 1-2 hours 3. 3-4 hours 4. 5-7 hours 5. 8-10 hours 6. 11 hours or more	HF116
33	**How many hours per week are you physically active (take an average)?**		
	By physically active we mean all physical activity, e.g. that you go for a walk, ski, cycle, swim, dance or do exercise/sports. Also includes transport to school and work. *[Radio buttons]*	1. Less than 1 hour 2. 1-2 hours 3. 3-4 hours 4. 5-7 hours 5. 8-10 hours 6. 11 hours or more	HF117
34	**How many hours per week is this activity of such intensity that you become visibly sweaty, short of breath and have a high heart rate?**		
	Here we are thinking of training with a certain intensity, e.g. football, handball, interval training, jogging, skiing, swimming as training / at a pace or strength training with intensity so that you sweat and are out of breath etc. *[Radio buttons]*	1. Less than 1 hour 2. 1-2 hours 3. 3-4 hours 4. 5-7 hours 5. 8-10 hours 6. 11 hours or more	HF118

Description of original scale or selection of items used:

Questions developed by researchers affiliated with Norwegian School of Sport Sciences (NIH).

Rationale for choosing the questions: the data generated enables research on the interplay between physical activities and health.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.

Body and food

Q		Response options	Variable name
35	**Think back to when you were 10 years old. Compared to the average, would you describe yourself as:**		
	[Radio buttons]	1. Thinner 2. Thicker 3. About average 4. Don't know 5. Don't want to answer	HF119
36	**When you were 10 years old, how tall were you compared to the average for your gender?**		
	[Radio buttons]	1. Lower 2. Higher 3. About average 4. Don't know 5. Don't want to answer	HF120
37	**As a baby - were you round or thin when you started taking your first steps (about 9-12 months of age)?**		
	Perhaps you have seen a picture or heard someone say something about your size as a baby? Compared to the average of babies aged 9-12 months, how would you describe yourself as a baby. *[Radio buttons]*	1. Thinner 2. Plumper/rounder 3. About average 4. Don't know 5. Don't want to answer	HF121
38	**Decide on the following statements:**		
38.1	When I see or smell food I like, I want to eat	*[Radio buttons]* 1. Strongly Disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree	HF122
38.2	I get full quickly		HF123
38.3	I'm interested in tasting food I haven't tasted before		HF124

Description of original scale or selection of items used:

Q 35, 36, 37: Developed by a research group at the University of Bergen led by Stefan Johansson.

Q 38: three questions collected from a bigger set of questions included in the Adult Eating Behaviour Questionnaire.

Rationale for choosing the questions: the data generated enables research on topics related to BMI and appetite.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.

Body image and body acceptance

Q		Response options	Variable name
39	**To what extent do you experience dissatisfaction with your own body and/or appearance?**		
	[Radio buttons]	1. No Dissatisfaction 2. Very little dissatisfaction 3. A good deal of dissatisfaction 4. A lot of dissatisfaction	HF125
40	**To what extent do you feel that you can accept and be satisfied with your body as it is, despite any uncertainties, discomfort and dissatisfaction you may have?**		
	[Radio buttons]	1. Not at all 2. To some extent 3. Mostly, I accept my body the way it is	HF126

Description of original scale or selection of items used: Questions developed by researchers affiliated with Norwegian School of Sport Sciences (NIH).

Rationale for choosing the questions: the data generated enables research on the topics of body image and body acceptance.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.

Lifestyle factors

Q		Response options	Variable name
41	**How tall are you?**		
		Number box – height in cm (min: 90, max: 250)	HF127
42	**How much do you weigh?**		
		Number box – weight in kg (min: 20, max: 500)	HF128
43	**Do you currently smoke?**		
	[Radio buttons]	1. No 2. Yes, daily 3. Yes, occasionally (not every day)	HF129
43.1	**If you smoke daily, how much do you currently smoke per day?** **Enter the number of cigarettes <u>each day</u>**		
	Based on Q43: If "Yes, daily" was selected	Number box – number of cigarettes (min: 0, max: 500)	HF130
43.2	**If you smoke occasionally, how much do you currently smoke per week?** **Enter the number of cigarettes <u>each week</u>**		
	Based on Q43: If "Yes, occasionally" was selected	Number box – number of cigarettes (min: 0, max: 500)	HF131
44	**How often do you drink alcohol these days?**		
	[Radio buttons]	1. Never 2. Monthly or less often 3. Two to four times a month 4. Two to three times a week **5.** Four times a week or more	HF132
44.1	**How often do you drink 5 or more units of alcohol when you first drink?** **By a unit we define:**		
	1 glass (1/3 litre) of beer = 1 unit 1 wine glass of red or white wine = 1 unit 1 glass of mulled wine, sherry or other mulled wine = 1 unit 1 dram glass of spirits or liqueur = 1 unit 1 bottle of soft drink/cider = 1 unit	*[Radio buttons]* 1. Never 2. Monthly or less often 3. Two to four times a month 4. Two to three times a week **5.** Four times a week or more	HF133

Description of original scale or selection of items used:

These questions were developed based on prior questions asked to MoBa parents when they were pregnant with the index offspring (Q1 and Q3 to MoBa mothers and the first paternal questionnaire)

Rationale for choosing the questions: repetition of questions from previous MoBa questionnaires enables a long-term follow-up of lifestyle factors in the MoBa cohort.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.

Cosmetic surgery

Q		Response options	Variable name
45	**Have you ever had cosmetic surgery (beauty surgery)?**		
	[Radio buttons]	1. No 2. Yes, one cosmetic surgery 3. Yes, two or more cosmetic surgeries	HF134
45.1	**What type of cosmetic surgery have you had?**		
	Based on Q45: If "Yes, one cosmetic surgery" or "Yes, two or more cosmetics surgeries" was selected *[Multiple choice]*	Breast Augmentation	HF135
		Breast Reduction	HF136
		Breast lift	HF137
		Liposuction	HF138
		Nose surgery	HF139
		Eyelid surgery	HF140
		Tummy tuck	HF141
		Face lift	HF142
		Ear surgery	HF143
		Hair transplant	HF144
		Other	HF145
45.2	**How old were you when the (first) surgery was performed?**		
	Based on Q45: If "Yes, one cosmetic surgery" or "Yes, two or more cosmetics surgeries" was selected *[Pull down menu]*	1. Under 15 2. 15 3. 16 4. 17 ….. 29. 42 30. 43 31. 44 32. 45 years or older	HF146
45.3	**Who paid for the surgery?**		
	Based on Q45: If "Yes, one cosmetic surgery" or "Yes, two or more cosmetics surgeries" was selected *[Radio buttons]*	1. All operations were covered by the public 2. I have paid for at least one of the operations myself	HF147
45.4	**Have you been suffering from persistent or recurring pain that you associate with the cosmetic surgery and that has been present for more than 3 months?**		
	Based on Q45: If "Yes, one cosmetic surgery" or "Yes, two or more cosmetics surgeries" was selected *[Radio buttons]*	1. Yes 2. No	HF148
45.4.1	**Have you experienced the pain as requiring treatment and were measures taken?**		
	Based on Q45.4: If "Yes" was selected *[Radio buttons]*	1. Yes, regularly used painkillers 2. Yes, treatment in public healthcare 3. Yes, treatment in the private sector 4. No	HF149
46	**Have you ever had a non-surgical cosmetic treatment (eg Botox, collagen injection, medical peel, teeth whitening)?**		
	[Radio buttons]	1. No 2. Yes, once 3. Yes, several times	HF150

46.1	**What type of cosmetic treatment have you had?**		
	[Multiple choice] *Based on Q46: If "Yes, once" or "Yes, several times" was selected*	Botox	HF151
		Fillers (Restylan) / collagen injection / lip augmentation	HF152
		Chemical peeling of skin	HF153
		Laser or light-based treatment (facial skin / removal of scars / tattoo / birthmarks for cosmetic reasons)	HF154
		Teeth whitening	HF155
		Other	HF156
46.2	**How old were you when (the first) non-surgical cosmetic treatment was carried out?**		
	Based on Q46: If "Yes, once" or "Yes, several times" was selected *[Pull down menu]*	1. Under 15 2. 15 3. 16 4. 17 ….. 29. 42 30. 43 31. 44 32. 45 years or older	HF157

Description of original scale or selection of items used:

- Q 45, 45.1, 45.2. A similar question was included in the MoBa 14-year-old questionnaire to mothers. Response options are revised. The formulation of the questions and response options included in this questionnaire have been used in surveys on cosmetic surgery in Norway, references:
- von Soest, T., Kvalem, I. L., Roald, H. E., & Skolleborg, K. C. (2004). Kosmetisk kirurgi blant norske kvinner. Tidsskrift for Den Norske Legeforening, 124, 1776-1778.
- von Soest, T., Kvalem, I. L., Skolleborg, K. C., & Roald, H. E. (2006). Psychosocial factors predicting the motivation to undergo cosmetic surgery. Plastic and Reconstructive Surgery, 117(1), 51-62.
- von Soest, T., Kvalem, I. L., & Wichstrøm, L. (2012). Predictors of cosmetic surgery and its effects on psychological factors and mental health: a population-based follow-up study among Norwegian females. Psychological Medicine, 42(3), 617-626. https://doi.org/10.1017/s0033291711001267
- Q 45.3 Q developed for this survey, not used in any established surveys previously.
- Q 45.4 developed by Reme & Jacobsen. Formulated according to the definition of chronic post-operative pain (Macrae 2008). The question is previously used in a Norwegian survey in 2022. References: Engel S, Jacobsen HB and Reme SE (2024). "Cosmetic surgery and associated chronic postsurgical pain: A cross-sectional study from Norway." 24(1). https://pubmed.ncbi.nlm.nih.gov/38452288/
- Q 45.4.1: developed by Reme & Jacobsen, a modified version (more response option other than yes/no) of the question that was included in the above-mention survey (Engel et al 2024).
- Q 46, 46.1, 46.2: the questions are collected from a survey developed by Ingela Lundin Kvalem.

Rationale for choosing the questions: the data generated enables research on the interplay between cosmetic surgery on health.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.

Tattoos

Q		Response options	Variable name
47	**Do you have one or more tattoos?**		
	[Radio buttons]	1. Yes, one 2. Yes, several 3. No	HF158
47.1	**What type of tattoo do you have?**		
	Based on Q47: If "Yes, one" or "Yes, several" was selected *[Multiple choice]*	Regular	HF159
		Medical (from radiotherapy, reconstruction or similar)	HF160
		Permanent make-up (PMU)	HF161
47.2	**How old were you when you got your first tattoo?**		
	[Pull down menu] *Based on Q47: If "Yes, one" or "Yes, several" was selected*	1. Under 15 2. 15 3. 16 4. 17 ….. 29. 42 30. 43 31. 44 32. 45 years or older	HF162
47.3	**What colors are you tattooed with?**		
	Based on Q47: If "Yes, one" or "Yes, several" was selected *[Multiple choice]*	Black	HF163
		Red	HF164
		Blue	HF165
		White	HF166
		Gray	HF167
		Yellow	HF168
		Orange	HF169
		Purple	HF170
		Green	HF171
		Other colors	HF172
47.4	**Approximately how big is your tattoo(s) measured in palms?** **In the case of several tattoos, indicate the total area**		
	Based on Q47: If "Yes, one" or "Yes, several" was selected *[Radio buttons]*	1. Less than 1 palm 2. 1-5 palms 3. More than 5 palms 4. Don't know	HF173
48	**Have you ever removed a tattoo?**		
	[Radio buttons]	1. Yes 2. No	HF174

Description of original scale or selection of items used:

All questions are collected from a previous questionnaire (Risikofaktorer for visse typer af kræftsygdomme) developed and distributed by Syddansk Universitet. Institut for Sundhedstjenesteforskning, Dansk Center for Tvillingforskning,

Rationale for choosing the questions:

The data generated enables research on the interplay between tattoos on health.

Modifications: This is a first-time distribution of the questionnaire, so revisions are not relevant.