Questions documentation

Kvinnehelse hos MoBa mødre
Women's Health questionnaire to MoBa mothers

The Norwegian Mother and Child Cohort Study (MoBa)

Recipients: MoBa mothers, 1. generation

Version	Date	Performed by	Description
1.0	September 2024	Siri Håberg (FHI)	Original version

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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	HM11
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	HM12
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	HM13
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	HM14
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	HM15
6	**How many times have you been pregnant?**		
	[Pull down menu]	1. 1 2. 2 3. 3 4. 4 ……. 10. 10 or more times 11. Not relevant	HM16
6.1	**Are you currently pregnant?**		
	[Radio buttons]	1. Yes 2. No	HM17
7	**How many of these pregnancies ended in a live birth?**		
	[Pull down menu]	1. 0 2. 1 3. 2 4. 3 ……. 10. 9 11. 10 or more times	HM18

8	**How many of these pregnancies ended in a stillbirth?**		
	[Pull down menu]	1. 0 2. 1 3. 2 4. 3 ……. 10. 9 11. 10 or more times	HM19
9	**How many of these pregnancies ended in miscarriage?**		
	[Pull down menu]	1. 0 2. 1 3. 2 4. 3 ……. 10. 9 11. 10 or more times	HM20
10	**How many of these pregnancies ended in you having an abortion (termination of pregnancy)?**		
	[Pull down menu]	1. 0 2. 1 3. 2 4. 3 ……. 10. 9 11. 10 or more times	HM21
11	**Have you ever tried together with a partner for more than 12 months to get pregnant?**		
	[Radio buttons]	1. Yes 2. No 3. Not sure	HM22
12	**Have you ever undergone fertility treatment?**		
	[*Multiple choice]*	No	HM23
		Yes, only hormone therapy to stimulate ovulation	HM24
		Yes, artificial insemination (IUI)	HM25
		Yes, in vitro fertilization without microinjection (IVF)	HM26
		Yes, in vitro fertilization with microinjection treatment/injection of the sperm into the egg (ICSI)	HM27
		Not sure	HM28
12.1	**What was the reason for the fertility treatment?**		
	[*Multiple choice]* *Based on Q12: If "Yes, artificial insemination (IUI)", "Yes, in vitro fertilization without microinjection (IVF)" or "Yes, in vitro fertilization with microinjection treatment/injection of the sperm into the egg (ICSI)" was selected*	The reason was with me	HM29
		The reason was with my partner	HM30
		The cause was unknown	HM31
		The reason was with both	HM32
		I have a partner of the same sex	HM33
		Other reasons	HM34
12.2	**How many times have you had fertility treatment?**		
	[Pull down menu] *Based on Q12: If "Yes, artificial insemination (IUI)", "Yes, in vitro fertilization without microinjection (IVF)" or "Yes, in vitro fertilization with microinjection treatment/injection of the sperm into the egg (ICSI)" was selected*	1. 0 2. 1 3. 2 4. 3 ……. 10. 9 11. 10 times or more	HM35

12.2.1.1	**Fill in the year for when the <u>first</u> treatment started:** **When did you receive fertility treatment? Include the first 7 treatments.**		
	Based on Q12.2: If "1", "2", "3", "4", "5", "6", "7", "8", "9" or "10 or more" was selected	Number box - Year (min:1950, max 2030)	HM36
12.2.1.2	**Fill in the year for when the <u>second</u> treatment started:**		
	Based on Q12.2: If "2", "3", "4", "5", "6", "7", "8", "9" or "10 or more" was selected	Number box - Year (min:1950, max 2030)	HM37
12.2.1.3	**Fill in the year for when the <u>third</u> treatment started:**		
	Based on Q12.2: If "3", "4", "5", "6", "7", "8", "9" or "10 or more" was selected	Number box - Year (min:1950, max 2030)	HM38
12.2.1.4	**Fill in the year for when the <u>fourth</u> treatment started:**		
	Based on Q12.2: If "4", "5", "6", "7", "8", "9" or "10 or more" was selected	Number box - Year (min:1950, max 2030)	HM39
12.2.1.5	**Fill in the year for when the <u>fifth</u> treatment started:**		
	Based on Q12.2: If "5", "6", "7", "8", "9" or "10 or more" was selected	Number box - Year (min:1950, max 2030)	HM40
12.2.1.6	**Fill in the year for when the <u>sixth</u> treatment started:**		
	Based on Q12.2: If "6", "7", "8", "9" or "10 or more" was selected	Number box - Year (min:1950, max 2030)	HM41
12.2.1.6	**Fill in the year for when the <u>seventh</u> treatment started:**		
	Based on Q12.2: If "7", "8", "9" or "10 or more" was selected	Number box - Year (min:1950, max 2030)	HM42
12.3	**If you have undergone IVF, did you use donor eggs or donor sperm?**		
	[Multiple choice] *Based on Q12: If "Yes, artificial insemination (IUI)", "Yes, in vitro fertilization without microinjection (IVF)" or "Yes, in vitro fertilization with microinjection treatment/injection of the sperm into the egg (ICSI)" was selected*	No, we used our own eggs and sperm	HM43
		We used donor eggs and our own sperm	HM44
		We used donor sperm and our own egg	HM45
		We used both donor eggs and donor sperm	HM46
13	**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	HM47
14	**Have you undergone any surgical procedures that prevent you from becoming pregnant again?**		
	[Radio buttons] *Such as removal of uterus or ovaries, sterilization, etc.*	1. Yes 2. No 3. Don't know 4. Don't remember	HM48
14.1	**What year was this operation performed?**		
	Based on Q14: If "Yes" was selected	Number box - Year (min:1950, max 2030)	HM49
15	**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	HM50
16	**Did you experience a miscarriage <u>after you had your youngest child?</u>**		
	[Radio buttons]	1. Yes 2. No 3. Don't know 4. Don't want to answer	HM51
17	**Have you had an abortion (induced abortion) <u>after you had your youngest child?</u>**		
	[Radio buttons]	1. Yes 2. No 3. Don't know 4. Don't want to answer	HM52
18	**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	HM53
	Raising children was/is more taxing or stressful than I expected		HM54

	Having children has brought more meaning and joy than I expected	2. No 3. Unsure	HM55
19	**Think back to when you 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	HM56
20	**What would you say are the most important reason(s) why you do not have more children today?**		
	[*Multiple choice]*	I don't want/didn't want to have more children	HM57
		My partner doesn't want/didn't want to have more children	HM58
		I did not have a partner at the time when it was relevant to have more children	HM59
		I/my partner tried to have children but did not get pregnant / knew it was not physically possible for us to get pregnant	HM60
		I plan/want to have more children	HM61
		Other	HM62
20.1	**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?**		
	[Radio buttons] *Based on Q20: If "I don't want/wouldn't have more children", "My partner doesn't want/didn't want to have more children" or "I did not have a partner as it could be relevant to have more children" was selected*	1. Very negative 2. Slightly negative 3. No meaning 4. Slightly positive 5. Very positive	HM63
20.2	**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 Q:20 If : 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	HM64
	Another child would negatively affect career and job opportunities		HM65
	Another child would have left less time for leisure activities and friendship		HM66
	Another child would require a larger home		HM67
	Another child would adversely affect my health		HM68
	Another child would be difficult due to lack of sleep when the child is small		HM69
	Another child would affect older siblings negatively		HM70
	Another child would be difficult, since at least one of my children has challenges related to health and development		HM71
	One more child would be a burden on the environment/climate		HM72
	Previous pregnancies/births have been difficult		HM73
21	**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	HM74
	Longer overall paid parental leave		HM75
	Freer distribution of paid parental leave between parents		HM76
	Better income and leave rights for students		HM77
	Doubling of child benefit		HM78
	Free nursery school/school after-school program		HM79

	Better quality in kindergarten and after-school arrangements		HM80
	Kindergarten place from the month the child turns one		HM81

Description of original question/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
- Comment to 20.2: the response option "Another child would have meant that there were many other things we could not have afforded, or we would have had to work more" should have been included but is missing from the questionnaire due to an error. It is however included in the equivalent question in the Q Health MoBa-fathers.
- 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 questions: the data generated will enable research on the impact of children and family on women's health and wellbeing.

Modifications:

No revisions have been made

Menstruation, menopause and contraception

Q		Response options	Variable name
22	**Have you had a period in the <u>last twelve months</u>?**		
	[Radio buttons]	1. Yes, I have had regular periods 2. Yes, I have had irregular periods 3. No, I have not had a period in the last 12 months 4. Don't know 5. Don't remember	HM82
22.2	**If no, what is the reason why you have not had a period?**		
	[Radio buttons] *Based on Q22: If "No, I have not had a period in the last 12 months" was selected*	1. Menopause 2. Pregnancy/breastfeeding 3. Use of contraception 4. Removed uterus and none or only one of the ovaries 5. Removed uterus and both ovaries 6. Removed both ovaries but not the uterus 7. Chemotherapy/radiotherapy in connection with cancer treatment 8. Other drugs (not chemotherapy/radiotherapy) used in connection with or after cancer treatment 9. Burning/removal of the lining of the uterus 10. Underlying hormone-disrupting conditions such as PCOS 11. Other 12. Unknown cause	HM83
22.2.2	**How old were you when you had your uterus removed?**		
	Based on Q22.1: If "Removed uterus and none or only one of the ovaries" or "Removed uterus and both ovaries" was selected	Number box - Age (min:0, max:100)	HM84
22.2.3	**How old were you when you had both ovaries removed?**		
	Based on Q22.1: If "Removed both ovaries but not the uterus" or "Removed uterus and both ovaries" was selected	Number box - Age (min:0, max:100)	HM85
22.3	**How many times have you had your period in the last 12 months?**		
	[Pull down menu] *Based on Q22: If "Yes, I have had regular periods" or "Yes, I have had irregular periods" was selected*	1. 0 2. 1 3. 2 4. 3 ……. 15. 14 16. 15 or more times 17. Don't know	HM86
23	**When was your last period?**		
	Fill in year *[Pull down menu]*	1. 1999 2. 2000 3. 2001 4. 2002 ……. 40. 2038 41. 2039 42. 2040 43. Don't know/ Don't remember	HM87
23.1	**When was your last period?**		
	Fill in month *[Pull down menu]*	1. January 2. February 3. March 4. April ……. 11. November 12. December 13. Don't know/ Don't remember	HM88
24	**How many days did you bleed the last time you had your period?**		

		Number box - Days (min:0, max:300)	HM89
	[Radio button]	1. Don't remember	HM90
25	**How often have you been bothered by night sweats in the last two weeks?**		
	[Radio buttons]	1. Not at all 2. 1-5 nights 3. 6-8 nights 4. 9-13 nights 5. Every night	HM91
26	**How often have you been bothered by hot flushes (where you suddenly feel hot and red in the face for no reason) in the last two weeks?**		
	[Radio buttons]	1. Not at all 2. 1-5 days 3. 6-8 days 4. 9-13 days 5. Every day	HM92
27	**Have you ever used hormonal contraception, including birth control pills, minipills, birth control ring, birth control patch, hormonal IUD, implant, or Depo-Provera injection?**		
	[Radio buttons]	1. No 2. Yes 3. Don't remember	HM93
27.1	**If so, what kind of hormonal contraception have you used?**		
	[*Multiple choice]* *Based on Q27: If "Yes" was selected*	Hormonal contraceptive pill (combined pill)	HM94
		The mini pill (progestogen-only pill)	HM95
		Contraceptive vaginal ring	HM96
		Contraceptive patch	HM97
		Hormonal IUD	HM98
		Contraceptive implant	HM99
		Contraceptive injection	HM100
27.2	**If yes, how many years <u>in total</u> have you used hormonal contraception?**		
	[Radio buttons]	1. Less than 1 year 2. 1-5 years 3. 6-10 years 4. 11-15 years 5. 16-20 years 6. More than 20 years	HM101
28	**Are you currently using any form of contraception?**		
	[Radio buttons]	1. No 2. Yes	HM102
28.1	**If so, what type of birth control do you use?**		
	[*Multiple choice]*	The mini pill (progestogen-only pill)	HM103
		Hormonal contraceptive pill (combined pill)	HM104
		Hormonal IUD	HM105
		Copper IUD	HM106
		Contraceptive implant	HM107
		Contraceptive injection	HM108
		Contraceptive patch	HM109
		Contraceptive vaginal ring	HM110
		Contraceptive pessary	HM111
		Condom	HM112
		Female condom (internal condom)	HM113
		"Safe periods"	HM114
		Interrupted intercourse	HM115
		I am sterilized	HM116
		My partner is sterilized	HM117
		None	HM118
		Other type of contraception	HM119
		Don't know	HM120

29	**Have you ever used hormone therapy (estrogen tablets, patches, sprays, gels or similar) in connection with symptoms related to menopause?**		
	[Radio buttons]	1. Yes 2. No 3. Not relevant	HM121
29.1	**If yes, how many years have you used hormone therapy for menopause symptoms?**		
	[Radio buttons] *Based on Q29: If "Yes" was selected*	1. Less than 1 year 2. 1-2 years 3. 3-4 years 4. 5-6 years 5. More than 6 years	HM122
29.2	**Do you still use hormone therapy for menopause symptoms?**		
	[Radio buttons] *Based on Q29: If "Yes" was selected*	1. Yes 2. No	HM123
29.3	**If so, what type of hormone therapy have you used?**		
	[Multiple choice] *Based on Q29: If "Yes" was selected*	Estrogen tablets	HM124
		Estrogen patch	HM125
		Estrogen spray	HM126
		Estrogen gel	HM127
		Combination tablets	HM128
		Combination patch	HM129
		Hormonal IUD	HM130
		Progestogen tablet	HM131
		Vaginal (tablets/-cream/-vagitorie/-ring/-gel)	HM132
		Other	HM133
		Don't know	HM134
30	**How bothered have you been by the following symptoms in the last week?** *On a scale from 0-6, where 0 is not bothered at all and 6 is very bothered*		
	Hot flashes	*[Radio buttons]* 1. *Not bothered at all* 2. 1 3. 2 4. 3 5. 4 6. 5 7. *Very bothered*	HM135
	Sweating at night		HM136
	Sweating during the day		HM137
	Dissatisfied with privacy		HM138
	Feeling of anxiety or nervousness		HM139
	Bad memory		HM140
	Accomplished less than usual/what I am used to		HM141
	Feeling of being depressed or down		HM142
	Having little patience with others		HM143
	The desire to be alone		HM144
	Farting or air pain in the stomach		HM145
	Pain in muscles or joints		HM146
	Feeling of being tired and fatigued		HM147
	Problems with sleep		HM148
	Pain in the neck or head		HM149
	Reduced physical strength		HM150
	Reduced Endurance/Stamina		HM151
	Low energy		HM152
	Dry skin		HM153
	Weight gain		HM154
	More facial hair		HM155
	Changes in skin appearance/texture/color		HM156
	Feeling of being bloated		HM157
	Pain in lower back		HM158
	Frequent urination		HM159
	Leakage of urine when laughing/coughing		HM160
	Reduced sex drive		HM161
	Vaginal dryness		HM162
	Desire to avoid intimacy		HM163

31	**Have you ever been diagnosed with endometriosis or adenomyosis by a doctor?**		
	[Radio buttons]	1. No 2. Yes, endometriosis 3. Yes, adenomyosis 4. Yes, both	HM164
31.1	**If yes, was the condition confirmed with laparoscopy (peephole surgery), ultrasound or MRI examination?**		
	[Multiple choice] *Based on Q31: If "Yes, endometriosis" or "Yes, adenomyosis" was selected*	No	HM165
		Yes, laparoscopy	HM166
		Yes, ultrasound	HM167
		Yes, MR	HM168
		Unsure	HM169
32	**Have you had pre-eclampsia, high blood pressure or gestational diabetes in any of your pregnancies?**		
	[Radio buttons]	1. No 2. Yes, preeclampsia or high blood pressure 3. Yes, gestational diabetes 4. Yes, both gestational diabetes and either preeclampsia or high blood pressure 5. Don't know	HM170
32.1	**Did you receive any follow-up of the pre-eclampsia or the high blood pressure from your GP or medical specialist after the pregnancy?**		
	[Radio buttons] *Based on Q32: If "Pre-eclampsia or high blood pressure" or "Yes, both gestational diabetes and either pre-eclampsia or high blood pressure" was selected*	1. No 2. Yes, 1 time 3. Yes, 2 or more times 4. Yes, and I am still followed up regularly 5. Don't remember	HM171
32.1.1	**How satisfied are you with the follow-up for pre-eclampsia or high blood pressure after pregnancy?** *On a scale from 0 – 10, where 0 is not satisfied, and 10 is very satisfied*		
	[Linear scale] *Based on Q32.1: If "Yes, 1 time", "Yes, 2 or more times" or "Yes, and I am still followed up regularly" was selected*	0 - not satisfied 1 2 ……. 8 9 10 - very satisfied	HM172
32.2	**Did you get information about the risk of later illness due to the pregnancy complications and advice about lifestyle changes after your pregnancy?**		
	[Radio buttons] *Based on Q32: If "Pre-eclampsia or high blood pressure" or "Yes, both gestational diabetes and either pre-eclampsia or high blood pressure" was selected*	1. No, neither 2. Yes, information 3. Yes, lifestyle advice 4. Yes, both 5. Don't remember	HM173
32.3	**Did you have any follow-up of your gestational diabetes/blood sugar at your GP or medical specialist after the pregnancy?**		
	[Radio buttons] *Based on Q32: If "Yes, gestational diabetes" or or "Yes, both gestational diabetes and either pre-eclampsia or high blood pressure" was selected*	1. No 2. Yes, 1 time 3. Yes, 2 or more times 4. Yes, and I am still followed up regularly 5. Don't remember	HM174
32.3.1	**How satisfied are you with the follow-up of the gestational diabetes/blood sugar after the birth?** *On a scale from 0 – 10, where 0 is not satisfied, and 10 is very satisfied*		
	[Linear scale] *Based on Q32.3: If "Yes, 1 time", "Yes, 2 or more times" or "Yes, and I am still followed up regularly" was selected*	0 - not satisfied 1 2 ……. 8 9 10 - very satisfied	HM175

32.4	**Did you get information about the risk of later disease due to gestational diabetes and advice about lifestyle changes after your pregnancy?**		
	[Radio buttons] *Based on Q32: If "Yes, gestational diabetes" or "Yes, both gestational diabetes and either pre-eclampsia or high blood pressure" was selected*	1. No, neither 2. Yes, information 3. Yes, lifestyle advice 4. Yes, both 5. Don't remember	HM176

Description of original question/scale or selection of items used:

- Q 22-27.2, 29.0, 29.2 are collected from the MoBa questionnaire Parents 45 and older (which in turn was based on Moba Q1, the Avon Longitudinal Study of Parents and Children, and UK Biobank). Wording of some questions have been adapted to clarify the meaning of the questions. Q 29.1 and 29.3 are new additions in this current questionnaire. Added in order to provide more detailed responses.
- Q 28.0, 28.1 + 30-23.4: New questions developed by researchers, added in order to provide more detailed responses on the topics women's health, including menopause, endometriosis, and health during and after pregnancy.

Rationale for choosing the questions:

The data generated enables research on relevant topics related to women's health.

Modifications: No revisions have been made.

Incontinence and pelvic floor dysfunction

Q		Response options	Variable name
33	**Do you often feel or see something bulging or falling out of the vagina?**		
	[Radio buttons]	1. Yes 2. No 3. Don't know	HM177
33.1	**How much does it bother you?**		
	[Radio buttons] *Based on Q33: If "Yes" was selected*	1. Not at all 2. A little 3. To some extent 4. Quite a lot	HM178
34	**Do you experience such a strong urge to urinate that you cannot reach the toilet before you leak?**		
	[Radio buttons]	1. Yes 2. No	HM179
34.1	**How much does it bother you?**		
	[Radio buttons] *Based on Q34: If "Yes" was selected*	1. Not at all 2. A little 3. To some extent 4. Quite a lot	HM180
35	**Do you often leak urine when you cough, sneeze or laugh?**		
	[Radio buttons]	1. Yes 2. No	HM181
35.1	**How much does it bother you?**		
	[Radio buttons] *Based on Q35: If "Yes" was selected*	1. Not at all 2. A little 3. To some extent 4. Quite a lot	HM182
36	**Do you often have stool leakage when the stool is solid?**		
	[Radio buttons]	1. Yes 2. No	HM183
36.1	**How much does it bother you?**		
	[Radio buttons] *Based on Q36: If "Yes" was selected*	1. Not at all 2. A little 3. To some extent 4. Quite a lot	HM184
37	**Do you often have involuntary leakage of air from the bowel?**		
	[Radio buttons]	1. Yes 2. No	HM185
37.1	**How much does it bother you?**		
	[Radio buttons] *Based on Q37: If "Yes" was selected*	1. Not at all 2. A little 3. To some extent 4. Quite a lot	HM186
38	**Below are some questions related to pelvic floor problems. We ask you to think about ailments you may have had in the last three months**		
	Do you feel that the vaginal opening is too wide / too large?	*[Radio buttons]* 1. Does not match my experience at alll 2. Does not match my experience 3. Matches my experiences to some extent 4. Matches my experience a lot	HM187
	Do you experience a feeling of wideness deep inside the vagina?		HM188
	Do you have abdominal pain that limits your sexual activity?		HM189
	Do you have abdominal complaints that affect your quality of life?		HM190

39	**Below are some questions related to pelvic floor complaints. We ask you to think about ailments you may have had in the last three months.**		
	Are you bothered by air entering the vagina?	*[Radio buttons]* 1. Never 2. Sometimes 3. Often 4. Always	HM191
	Are you bothered by farting sounds/air sounds from the vagina?		HM192
	Are you bothered by a feeling of heaviness in your abdomen?		HM193
	Are you bothered by stool leakage if the stool is loose/liquid?		HM194
	Do you have to help with your fingers from inside the vagina or around the rectal opening to empty the bowel of stool?		HM195
	Do you have to sit or stand in a certain way to empty your bowels?		HM196
	Are you bothered by pain in your abdomen when you have sex?		HM197
40	**Have you previously undergone an operation for urinary tract leakage or vaginal complaints?**		
	[Multiple choice]	Yes, urinary tract leakage	HM198
		Yes, vaginal complaints	HM199
		No	HM200
40.1	**How have you had surgery for urinary tract leakage?**		
	[Multiple choice] *Based on Q40: If "Yes, urinary tract leakage" was selected*	Sling Operation	HM201
		Other	HM202
40.2	**How have you been operated on for vaginal complaints?**		
	[Multiple choice] *Based on Q40: If "Yes, vaginal complaints" was selected*	Prolapse operation	HM203
		Other	HM204

Description of original question/scale or selection of items used:

- Questions on pelvic floor problems: KAPTAIN score. The Karolinska Symptoms After Perineal Tear Inventory, is a psychometrically valid 11-item patient reported outcome measure for symptoms of deficient perineum more than one year after vaginal birth. Developed by researchers affiliated with the Karolinska Institutet, Stockholm, Sweden and the Karolinska Pelvic Floor Center, and Hospital of Västmanland Västerås, Västerås, Sweden
- Questions on incontinence: These questions are based on the The Pelvic Floor Distress Inventory (PFDI) and the Pelvic Floor Impact Questionnaire (PFIQ) which are validated tools that assess symptoms and the impact of pelvic floor disorders in women.
- They are based on the structure and content of the previously validated questionnaires, the Urinary Distress Inventory (UDI) and the Incontinence Impact Questionnaire (IIQ), with additional questions on pelvic organ prolapse and colorectal dysfunction included.
- To reduce participant burden, shorter versions called PFDI-20 and PFIQ-7 have been validated. Both PFDI-20 and PFIQ-7 effectively evaluate therapy efficacy and differentiate improvement in women undergoing treatment.

Rationale for choosing the questions:

The data generated enables research on relevant topics related to women's health.

Modifications: No revisions have been made.

Sleep

Q		Response options	Variable name
41	**Tick if you are currently experiencing any of the following sleep problems. Multiple crossings are possible.**		
	[Multiple choice]	Difficulty falling asleep	HM205
		Awakenings at night	HM206
		Too early morning awakening	HM207
		Snoring (according to others)	HM208
		Sleep apnea (according to others)	HM209
		Daytime sleepiness (easily nods off)	HM210
		Fatigue during the day (tired/incoherent)	HM211
		None of these	HM212
41.1	**How many nights a week do you experience difficulty falling asleep?**		
	[Pull down menu] *Based on Q41: If "Difficulties falling asleep" was selected*	1. 1 night 2. 2 nights ……. 6. 6 nights 7. 7 nights	HM213
41.2	**How many nights a week do you experience night awakenings?**		
	[Pull down menu] *Based on Q41: If "Awakenings at night" was selected*	1. 1 night 2. 2 nights ……. 6. 6 nights 7. 7 nights	HM214
41.3	**How many times a week do you experience waking up too early in the morning, without getting back to sleep?**		
	[Pull down menu] *Based on Q41: If "Too early morning awakening" was selected*	1. 1 night 2. 2 nights ……. 6. 6 nights 7. 7 nights	HM215
41.4	**How many nights a week do you experience snoring (according to others)?**		
	[Pull down menu] *Based on Q41: If "Snoring (according to others)" was selected*	1. 1 night 2. 2 nights ……. 6. 6 nights 7. 7 nights	HM216
41.5	**How many nights a week do you experience sleep apnea (according to others)?**		
	[Pull down menu] *Based on Q41: If "Sleep apnea (according to others)" was selected*	1. 1 night 2. 2 nights ……. 6. 6 nights 7. 7 nights	HM217
41.6	**How many times a week do you experience sleepiness during the day (nodding off easily)?**		
	[Pull down menu] *Based on Q41: If "Daytime sleepiness" was selected*	1. 1 night 2. 2 nights ……. 6. 6 nights 7. 7 nights	HM218
41.7	**How many times a week do you experience fatigue during the day (are tired/incoherent)?**		
	[Pull down menu] *Based on Q41: If "Fatigue during the day (tired/incoherent)" was selected*	1. 1 night 2. 2 nights ……. 6. 6 nights 7. 7 nights	HM219

41.8	**How long have you had such trouble sleeping?**		
	[Radio buttons] *Based on Q41: If at least one of the options was selected*	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	HM220
41.9	**What are the main factors that you think have caused your sleep difficulties?**		
	[Multiple choice] *Based on Q41: If at least one of the options was selected*	Heredity/genetics	HM221
		Travel/working hours	HM222
		Bad sleeping habits	HM223
		Infection (virus or bacteria)	HM224
		Food intake in the evening	HM225
		Coffee, smoking or alcohol	HM226
		Medications	HM227
		Stress or overwork	HM228
		Noise	HM229
		Mental disorders	HM230
		Other disease	HM231
		Bad luck	HM232
		Night shifts	HM233
		Traffic noise	HM234
		Children	HM235
		Other noise	HM236
		Don't know	HM237
		Other	HM238
42	**How many hours of sleep do you need to feel rested?**		
	[Pull down menu]	1. Less than 4 hours 2. 4.5 hours 3. 5 hours 4. 5.5 hours ……. 17. 12 hours 18. 12.5 hours 19. 13 hours 20. More than 13 hours	HM239
43	**What time do you usually go to sleep <u>on weekdays?</u>**		
	[Pull down menu] *Time of day*	1. Before 20:00 2. 20:00 3. 20:15 4. 20:30 ……. 32. 03:30 33. 03:45 34. 04:00 35. After 04:00	HM240
44	**When do you usually go to sleep <u>at weekends?</u>**		
	[Pull down menu] *Time of day*	1. Before 20:00 2. 20:00 3. 20:15 4. 20:30 ……. 32. 03:30 33. 03:45 34. 04:00 35. After 04:00	HM241

45	**How long does it usually take from when you go to sleep until you actually fall asleep <u>on weekdays?</u>**		
	[Pull down menu] *Minutes*	1. 0 min 2. 5 min 3. 10 min 4. 15 min ……. 8. 1,5 hours 9. 2 hours 10. 2.5 hours 11. More than 3 hours	HM242
46	**How long does it usually take from the time you go to sleep until you fall asleep at <u>the weekends?</u>**		
	[Pull down menu] *Minutes*	1. 0 min 2. 5 min 3. 10 min 4. 15 min ……. 8. 1,5 hours 9. 2 hours 10. 2.5 hours 11. More than 3 hours	**HM243**
47	**How long are you awake during the night (after you first fall asleep) <u>on weekdays?</u>**		
	[Pull down menu] *Minutes*	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	HM244
48	**How long are you awake during the night (after you first fall asleep) <u>on weekends?</u>**		
	[Pull down menu] *Minutes*	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	HM245
49	**What time do you usually get up in the morning <u>on weekdays?</u>**		
	[Pull down menu] *Time of day*	1. Before 05:00 2. 05:00 3. 05:15 4. 05:30 ……. 8. 12:15 9. 12:30 10. 12:45 11. After 13:00	HM246

50	What time do you usually get up in the morning <u>at weekends?</u>		
	[Pull down menu] *Time of day*	1. Before 05:00 2. 05:00 3. 05:15 4. 05:30 ……. 8. 12:15 9. 12:30 10. 12:45 11. After 13:00	HM247

Description of original scale or selection of items used:
Q41 + 41.1-41.8: 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).
Q41.9: 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.
Q42: 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).
Q43-50: 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:
Q41 + 41.1-41.8: 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.
Q41.9: 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.
Q42: 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.
Q43-50: 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
51	**On a typical weekday: Approximately how many hours a day do you sit still together?**		
	[Radio buttons] *Enter the number of hours*	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	HM248
52	**How many hours per week are you physically active (take an average)?**		
	[Radio buttons] *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.*	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	HM249
53	**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?**		
	[Radio buttons] *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.*	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	HM250

Description of original question/scale or selection of items used:

Questions developed in collaboration with 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: No revisions have been made.

Body and food

Q		Response options	Variable name
54	**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	HM251
55	**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	HM252
56	**As a baby - were you round or thin when you started taking your first steps (about 9-12 months of age)?**		
	[Radio buttons] *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.*	1. Thinner 2. Plumper/rounder 3. About average 4. Don't know 5. Don't want to answer	HM253
57	**Decide on the following statements:**		
	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	HM254
	I get full quickly		HM255
	I'm interested in tasting food I haven't tasted before		HM256

Description of original question/scale or selection of items used:

Q 54, 55, 56: Developed by a research group at the University of Bergen led by Stefan Johansson.

Q 57: 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: No revisions have been made.

Body image and body acceptance

Q		Response options	Variable name
58	**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	HM257
59	**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	HM258

Description of original question/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: No revisions have been made.

Lifestyle factors

Q		Response options	Variable name
60	**How tall are you?**		
		Number box – height in cm (min: 90, max: 250)	HM259
61	**How much do you weigh?**		
		Number box – weight in kg (min: 20, max: 500)	HM260
62	**Do you currently smoke?**		
	[Radio buttons]	1. No 2. Yes, daily 3. Yes, occasionally (not every day)	HM261
62.1	**If you smoke daily, how much do you currently smoke per day? Enter the number of cigarettes <u>each day</u>**		
	Based on Q62: If "Yes, daily" was selected	Number box – number of cigarettes (min: 0, max: 500)	HM262
62.2	**If you smoke occasionally, how much do you currently smoke per week? Enter the number of cigarettes <u>each week</u>**		
	Based on Q62: If "Yes, occasionally" was selected	Number box – number of cigarettes (min: 0, max: 500)	HM263
63	**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	HM264
63.1	**How often do you drink 5 or more units of alcohol when you first drink?**		
	[Radio buttons] **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	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	HM265

Description of original question/scale or selection of items used:

Questions 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: No revisions have been made.

Cosmetic surgery

Q		Response options	Variable name
64	**Have you ever had cosmetic surgery (beauty surgery)?**		
	[Radio buttons]	1. No 2. Yes, one cosmetic surgery 3. Yes, two or more cosmetic surgeries	HM266
64.1	**What type of cosmetic surgery have you had?**		
	[Multiple choice] *Based on Q64: If "Yes, one cosmetic surgery" or "Yes, two or more cosmetics surgeries" was selected*	Breast Augmentation	HM267
		Breast Reduction	HM268
		Breast lift	HM269
		Liposuction	HM270
		Nose surgery	HM271
		Eyelid surgery	HM272
		Tummy tuck	HM273
		Face lift	HM274
		Ear surgery	HM275
		Hair transplant	HM276
		Other	HM277
64.2	**How old were you when the (first) surgery was performed?**		
	Age – pull down menu: *Based on Q64: If "Yes, one cosmetic surgery" or "Yes, two or more cosmetics surgeries" was selected*	1. Under 15 2. 15 3. 16 4. 17 ….. 29. 42 30. 43 31. 44 32. 45 years or older	HM278
64.3	**Who paid for the surgery?**		
	[Radio buttons] *Based on Q64: If "Yes, one cosmetic surgery" or "Yes, two or more cosmetics surgeries" was selected*	1. All operations were covered by the public 2. I have paid for at least one of the operations myself	HM279
64.4	**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?**		
	[Radio buttons] *Based on Q64: If "Yes, one cosmetic surgery" or "Yes, two or more cosmetics surgeries" was selected*	1. Yes 2. No	HM280
64.4.1	**Have you experienced the pain as requiring treatment and were measures taken?**		
	[Radio buttons] *Based on Q64.4: If "Yes" was selected*	1. Yes, regularly used painkillers 2. Yes, treatment in public healthcare 3. Yes, treatment in the private sector 4. No	HM281
65	**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	HM282
65.1	**What type of cosmetic treatment have you had?**		
	[Multiple choice] *Based on Q65: If "Yes, once" or "Yes, several times" was selected*	Botox	HM283
		Fillers (Restylan) / collagen injection / lip augmentation	HM284
		Chemical peeling of skin	HM285
		Laser or light-based treatment (facial skin / removal of scars / tattoo / birthmarks for cosmetic reasons)	HM286

		Teeth whitening | Other	HM287
65.2	**How old were you when (the first) non-surgical cosmetic treatment was carried out?**		
	Age – pull down menu: *Based on Q65: If "Yes, once" or "Yes, several times" was selected*	1. Under 15 2. 15 3. 16 4. 17 ….. 29. 42 30. 43 31. 44 32. 45 years or older	HM289

Description of original question/scale or selection of items used:

- Q 64, 64.1, 64.2. 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 64.3 Q developed for this survey, not used in any established surveys previously.

- Q 64.4 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 64.4.1: 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 65, 65.1, 65.2: 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: No revisions have been made.

Tattoos

Q		Response options	Variable name
66	**Do you have one or more tattoos?**		
	[Radio buttons]	1. Yes, one 2. Yes, several 3. No	HM290
66.1	**What type of tattoo do you have?**		
	[*Multiple choice]* *Based on Q66: If "Yes, one" or "Yes, several" was selected*	Regular	HM291
		Medical (from radiotherapy, reconstruction or similar)	HM292
		Permanent make-up (PMU)	HM293
66.2	**How old were you when you got your first tattoo?**		
	Based on Q66: 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	HM294
66.3	**What colors are you tattooed with?**		
	[*Multiple choice]* *Based on Q66: If "Yes, one" or "Yes, several" was selected*	Black	HM295
		Red	HM296
		Blue	HM297
		White	HM298
		Gray	HM299
		Yellow	HM300
		Orange	HM301
		Purple	HM302
		Green	HM303
		Other colors	HM304
66.4	**Approximately how big is your tattoo(s) measured in palms?** **In the case of several tattoos, indicate the total area**		
	[Radio buttons] *Based on Q66: If "Yes, one" or "Yes, several" was selected*	1. Less than 1 palm 2. 1-5 palms 3. More than 5 palms 4. Don't know	HM305
67	**Have you ever removed a tattoo?**		
	[Radio buttons]	1. Yes 2. No	HM306

Description of original question/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: No revisions have been made.