

Questionnaire S3. Weight development from childhood to motherhood: Embodied experiences in women with pre-pregnancy obesity- a qualitative study

Date:

First name:

Age:

Place of residence: Rural Semi-urban Urban

Marital status: Married Cohabiting Single

Highest completed level of education: Primary/lower secondary Upper secondary
Vocational qualification Higher education

Work/job:

Full- or part-time (when not on maternity leave):

Full-time Part-time Other

Weight at start of pregnancy:

Who gave you pregnancy check-ups? Midwife Your doctor Combination

Height:

Number of children:

Delivery method: Normal delivery Vacuum/forceps Planned cesarean Unplanned cesarean

Emergency cesarean

How many weeks pregnant were you at delivery?

Feeding: Breast-feeding: Yes No Number of months of breast-feeding _____ Bottle-feeding: Yes No

Combination of breast- and bottle-feeding

Please add any comments here: