# **Additional File 1: Details of variables used in analysis**

**1.1 What is todays date? \_ \_ / \_ \_ / \_ \_**

**1.2 What is your date of birth? \_ \_ / \_ \_ / \_ \_**

**1.3 How many weeks pregnant are you today? \_\_\_\_\_\_\_\_weeks**

**1.4 What date is your baby due? \_ \_ / \_ \_ / \_ \_**

# **2.1** What is your *current* marital status?

**(*Please mark one box only*)**

* Single, not living with partner
* Married/De facto
* Divorced/separated
* Widowed

**2.2 What is the highest level of education you have attained? (*Please mark one box only*)**

* Primary school only
* Secondary school less than year 12
* Secondary school year 12
* Completed an apprenticeship or diploma
* Completed a tertiary degree/ postgraduate studies

**2.3 Are you currently involved in paid work or study?**

* No
* Yes, paid work
* Yes, studying
* Both paid work and study

**2.4 In which country were you born?**

**(*Please mark one box only*)**

* Australia
* New Zealand
* United Kingdom
* South Africa
* Japan
* China
* Philippines
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.5 What is you weekly combined household income**

* Negative income / Nil income
* Less than $299
* $300 - $399
* $400 - $599
* $600 - $799
* $800 - $999
* $1000 - $1249
* $1250 - $1499
* $1500 - $1999
* $2000 - $2499
* $2500 - $2999
* $3000 - $3499
* $3500 - $3999
* $4000 – $4999
* $5000 or more
* I would prefer not to answer

**2.6 Drug use**

**BEFORE YOU WERE PREGNANT how often did you use any prescribed, non-prescribed or herbal drugs?**

* Never
* Monthly or less
* 2-4 times a month
* 2-3 times a week
* 4 or more times a week

**2.7 Tobacco use**

**Are you currently smoking tobacco cigarettes?**

* I have never smoked
* I smoke daily, about the same as before I was pregnant
* I smoke daily now, but I’ve cut down since finding out I was pregnant
* I smoke every once in a while
* I quit smoking since finding out I was pregnant
* I wasn’t smoking around the time I found out I was pregnant – I had smoked within the last 12 months
* Previous smoker, more than 12 months ago

**2.8 Have you given birth before? This includes both vaginal births and caesarean sections. Please do not count miscarriages or births that happened before 20 weeks (5 months) of pregnancy.**

* No
* Yes

**2.9** **How many children have you given birth to ………………….**

**The following questions relate to your *current* pregnancy**

**3.1 BEFORE you got pregnant, did a doctor, midwife, nurse, or other health worker tell you that you had any of the following health conditions? Please mark all that apply.**

* None
* Diabetes
* High blood pressure or hypertension
* A mental health disorder such as depression, anxiety bipolar disorder or schizophrenia

**3.2 Are you pregnant with:**

* One baby
* Two babies (Twins)
* Three or more babies

**3.3 If you have been pregnant before, have you experienced any of the following in previous pregnancies? Please mark all that apply**.

* This is my first pregnancy
* A preterm baby born before 37 weeks
* Bleeding so much during pregnancy, birth, or after giving birth that you needed a blood transfusion
* A caesarean section
* Loss of a pregnancy after 20 weeks (5 months)

**3.4 Have you had any recent stressors, changes or losses in the last 12 months?**

 **E.g. separation, domestic violence, job loss, bereavement, etc**

* Yes
* No

 *If yes, please specify*…………………………………………..

**3.5 Is this a planned pregnancy**

* Yes
* No

The full ICHOM Data Collection Reference Guide can be accessed at <https://www.ichom.org/portfolio/pregnancy-and-childbirth/>

**Now we will ask questions about your general wellbeing in the past few weeks**

**4** **In the past FEW WEEKS ……**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Excellent | Very good | Good | Fair | Poor |
| 1. 4.1
 | In general, would you say your health is…… | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. 4.2
 | In general, would you say your quality of life is……. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.3 | In general, how would you rate your physical health? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.4 | In general, how would you rate your mental health, including your mood and your ability to think? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.5 | In general, how would you rate your satisfaction with your social activities and relationships? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.6 | In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc). | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | **Completely** | **Mostly** | **Moderately** | **A little** | **Not at all** |
| 4.7 | To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | **In the past 7 days……** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 4.8 | How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | **In the past 7 days…..** | **None** | **Mild** | **Moderate** | **Severe** | **Very severe** |
| 4.9 | How would you rate your fatigue on average? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

 |

**4.10 How would you rate your pain on average? (Please circle one)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**No Pain Worst pain imaginable**