Supplementary File 2

English Language Questionnaire

Participant information

The following questions aim to provide a brief characterization of your mental health context during pregnancy and after childbirth.

Your responses are anonymous. If the result of the accompanying mental health assessment reaches a score indicating the need for further assessment, you will be referred for an in-person mental health evaluation. This evaluation will take place only with your agreement.

Sociodemographic and perinatal information

1. What is your age?

_____ years

2. What is your nationality?

_____

3. What is your municipality of residence?

Electronic administration: provide a drop-down menu containing all Portuguese municipalities.

_____

4. Are you currently pregnant or in the postpartum period?

☐ Pregnant ☐ Postpartum

5. How many weeks pregnant or postpartum are you?

_____ weeks

6. How many previous pregnancies have you had?

_____

7. How many children do you have?

_____

8. Was your most recent pregnancy planned?

☐ Yes ☐ No

9. Have you previously experienced pregnancy loss?

☐ Yes ☐ No

10. During this pregnancy, have you experienced any complication, health problem, or change in your health?

☐ Yes ☐ No

11. If yes, which complication or health problem did you experience?

☐ Gestational diabetes

☐ Hypertension or hypertensive disorder of pregnancy

☐ Hyperemesis (persistent excessive vomiting)

☐ Urinary tract infection

☐ Anaemia

☐ Other - please specify: _____

Postpartum information

Display Question 12 only if the participant selected 'Postpartum' in Question 4.

12a. What was your baby's birth weight?

_____ grams

12b. What type of delivery did you have?

☐ Caesarean birth

☐ Instrumental vaginal birth (forceps or vacuum extraction)

☐ Non-instrumental vaginal birth

12c. How is your baby currently being fed?

☐ Exclusive breastfeeding

☐ Mixed feeding (breast milk and formula)

☐ Formula feeding

Household education and employment

13. What is your current marital status? Please mark the answer that applies to you.

☐ Single

☐ Married or cohabiting

☐ Widowed

☐ Divorced or separated

☐ Other - please specify: _____

14. Who do you live with?

Electronic administration: present these options in a drop-down menu.

☐ Partner

☐ Partner and children

☐ Family of origin (parents)

☐ Alone

☐ Other - please specify: _____

15. What is the highest level of education you have completed? Please mark the answer that applies to you.

☐ First cycle of basic education (up to Year 4)

☐ Second cycle of basic education (up to Year 6)

☐ Third cycle of basic education (up to Year 9)

☐ Upper secondary education

☐ Bachelor's degree

☐ Master's degree

☐ Doctoral degree

☐ Other - please specify: _____

16. Are you currently on pregnancy-related sick leave or parental leave?

☐ Yes ☐ No

17. What is your current or most recent employment status?

Do not count pregnancy-related sick leave or parental leave when answering this question.

☐ Employed

☐ Unemployed

☐ On sick leave or medically certified leave

☐ Other - please specify: _____

Mental health and smoking history

18. Do you have a history of mental illness, or have you previously been diagnosed with emotional problems?

☐ Yes ☐ No

19. If yes, which condition or problem?

☐ Depression

☐ Anxiety

☐ Panic disorder

☐ Bipolar disorder

☐ Schizophrenia

☐ Other - please specify: _____

20. Does anyone in your family have a mental illness or a diagnosis of emotional problems?

☐ Yes ☐ No

21. Do you smoke?

☐ Yes ☐ No

22. If yes, how many cigarettes do you smoke?

_____ cigarettes per day

Formal postpartum support

23. Will you receive, or are you currently receiving, any formal support after childbirth?

Formal support may include a domestic worker, postpartum nurse, breastfeeding counsellor, doula, or other paid support resources.

☐ Yes ☐ No

24. If yes, what type of formal support will you receive or are you currently receiving?

☐ Postpartum nurse

☐ Breastfeeding counsellor

☐ Domestic worker

☐ Doula

☐ Other paid support resource - please specify: _____

Note on the accompanying mental health measure

The Edinburgh Postnatal Depression Scale (EPDS) was administered alongside this original questionnaire. As the EPDS is a previously published standardized instrument, it is not reproduced as part of this supplementary file and is cited separately in the manuscript (Cox et al., 1987).