

..... Pregnancy and Lifestyle Response Number ().....

We are pleased to invite you to participate in this study to learn about some lifestyle behaviors among pregnant women in Al-Madinah and their relationship with pregnancy outcomes.

Name*

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Age*

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Mobile number*

.....

Mother's medical file number*

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• Newborn child's file number.....

**What is the last educational level you completed?*

- ☐ I cannot read or write
- ☐ I can read and write
- ☐ Primary
- ☐ Intermediate
- ☐ Secondary
- ☐ University
- ☐ Postgraduate

**Employment status*

- ☐ Employed
- ☐ Unemployed
- ☐ Student
- ☐ Retired

Monthly income

- ☐ 30,000 – 40,000
- ☐ 20,000 – 30,000
- ☐ 10,000 – 20,000
- ☐ 5,000 – 10,000
- ☐ Less than 5,000
- ☐ Prefer not to answer

**What types of deliveries have you had previously?*

- ☐ Normal vaginal delivery
- ☐ Cesarean delivery

**Have you had a previous difficult labor?*

- ☐ Yes
- ☐ No

**Has any of your children ever been admitted to the neonatal intensive care unit?*

- ☐ Yes
- ☐ No

**Have you ever experienced intrauterine fetal death?*

- ☐ Yes
- ☐ No

What is the average interval between your pregnancies?

- ☐ Less than 1 year
- ☐ 1–2 years
- ☐ More than 2 years

**Did you use any medications or herbs during this pregnancy?*

- ☐ Yes
- ☐ No

If yes, please specify the names of the medications or herbs:

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**Have you ever been diagnosed with any of the following chronic diseases?*

- ☐ Asthma
- ☐ Hypertension
- ☐ Diabetes
- ☐ Heart disease
- ☐ Epilepsy
- ☐ Depression or anxiety
- ☐ Other.....
- ☐ I have no chronic diseases

**Did you have any infections during pregnancy?*

- ☐ Yes
- ☐ No

If yes, what type of infection?

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**Did you use alcohol or tobacco during pregnancy?*

- ☐ Yes
- ☐ No

**Did you face difficulty in gaining or maintaining weight during pregnancy?*

- ☐ Yes
- ☐ No

**Was your pregnancy with twins?*

- ☐ Yes
- ☐ No

**Did you take iron and folic acid supplements during pregnancy?*

- ☐ Yes
- ☐ No

**Current mode of delivery*

- ☐ Vaginal
- ☐ Cesarean

**Time of delivery?*

- ☐ On time (9th month)
- ☐ Preterm delivery
- ☐ Post-term delivery

**Do you currently smoke cigarettes?*

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

**Before pregnancy, did you smoke cigarettes daily, occasionally, or never?*

- ☐ Daily
- ☐ Occasionally
- ☐ Only on weekends
- ☐ Never smoked

**If you smoked before pregnancy, in which month of pregnancy did you quit?*

- ☐ I never smoked
- ☐ Before pregnancy
- ☐ 1st month
- ☐ 2nd month
- ☐ 3rd month
- ☐ 4th month
- ☐ 5th month
- ☐ 6th month
- ☐ 7th month

- ☐ 8th month
- ☐ 9th month
- ☐ I did not quit smoking during pregnancy

**Do you currently smoke shisha (waterpipe)?*

- ☐ Daily
- ☐ Occasionally
- ☐ Never
- ☐ Prefer not to answer

Have you smoked shisha in the past?

- ☐ Daily
- ☐ Occasionally
- ☐ Never

At what age did you first start smoking shisha?

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If you quit, at what age did you stop smoking shisha?

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If you currently smoke shisha, how many shisha sessions do you participate in per week on average?

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**Do you currently use electronic cigarettes or vape?*

- ☐ Daily
- ☐ Occasionally
- ☐ I do not use them now
- ☐ Prefer not to answer

**Have you ever used an e-cigarette or vape, even once, in the past?*

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

For how long have you been using e-cigarettes/vape daily?

- ☐ Less than 1 month
- ☐ 1–3 months
- ☐ More than 3 months

**Does your husband currently smoke cigarettes, shisha, or vape?*

- ☐ No
- ☐ Yes
- ☐ I don't know

If yes, what type does he use?

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Does your husband smoke inside your home?

- ☐ Yes
- ☐ No

**How often did anyone smoke inside your home during your pregnancy?*

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Never
- ☐ I don't know

**Which of the following best describes the smoking rules inside your home?*

- ☐ Smoking is allowed
- ☐ Smoking is never allowed
- ☐ Not allowed, with exceptions
- ☐ No rules

**In the past 30 days, has anyone smoked in enclosed areas at your workplace?*

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I do not work outside the home

**To your knowledge, does secondhand smoke cause serious diseases in non-smokers?*

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Prefer not to answer

**In your opinion, how harmful is smoking during pregnancy to the baby's health?*

- ☐ Not harmful at all
- ☐ Slightly harmful
- ☐ Moderately harmful
- ☐ Very harmful
- ☐ Extremely harmful
- ☐ I don't know

**Which of the following health problems do you think may result from smoking during pregnancy? (Select all that apply)*

- ☐ Low birth weight
- ☐ Preterm delivery
- ☐ Congenital anomalies
- ☐ Sudden Infant Death Syndrome (SIDS)
- ☐ Respiratory problems in the child
- ☐ None of the above
- ☐ I don't know

**During any visit to a doctor or healthcare provider in the past 12 months, were you asked if you smoke tobacco?*

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Birth outcome

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Birth weight

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Baby head circumference

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Baby height

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Fetal distress during labor (bradycardia)

- ☐ Yes
- ☐ No

Complications during labor?

- ☐ Placental abruption
- ☐ Prolonged ICU admission
- ☐ No complications
- ☐ Other.....