

..... 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*

.....

Age*

.....

Mobile number*

.....

Mother's medical file number*

.....

• 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:

.....

**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?

.....

**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?

.....

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

.....

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

.....

**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?
.....

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

.....

Birth weight

.....

Baby head circumference

.....

Baby height

.....

Fetal distress during labor (bradycardia)

- Yes
- No

Complications during labor?

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