

**Supplementary Material 3**  
**Survey 3- Post-partum Questionnaire**

Thank you for your participation in our study on cytomegalovirus (CMV) screening. We kindly request that you complete the survey below to provide us with valuable information about your experience of undergoing CMV testing during 10-14 weeks of gestation. Your participation in this survey is greatly appreciated, and it will aid us in gathering essential data for our research. Please take the time to answer the questions to the best of your ability.

1. **Name:**
  
2. **Date:**
  
3. **Did getting tested for CMV early in pregnancy have any impact on your pregnancy experience?**
  - a. Yes
  - b. No

*Branching logic question if marked "Yes"*

**3a. Please describe, how getting tested for CMV early in pregnancy impacted your pregnancy experience.**

4. **Do you regret your decision to participate in CMV screening early in pregnancy?**
  - a. Yes
  - b. No

*Branching logic question if marked "Yes"*

**4a. Please describe why you regretted getting tested for CMV in the research study.**

**5. Would you recommend participating in the CMV screening program to a pregnant friend or colleague?**

- a. Yes
- b. No
- c. Not sure

*Branching logic question if marked "yes"*

**5a. Please describe why you would recommend CMV screening to a pregnant friend or colleague.**

*Branching logic question if marked "No"*

**5b. Please describe why you would not recommend CMV screening to a pregnant friend or colleague.**

The next part of the survey is a questionnaire that estimates a person's state of anxiety. We are asking you to complete this so that we can measure whether CMV testing reduces or increases anxiety during pregnancy.

**PART 1**

A number of statements which people have used to describe themselves are given below.

Please read each statement and circle the appropriate number to the right of the statement to indicate how you feel *right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	<b>1</b> Not at all	<b>2</b> Somewhat	<b>3</b> Moderately so	<b>4</b> Very much so
1. I feel calm.			1	2 3 4
2. I feel secure.			1	2 3 4
3. I am tense.			1	2 3 4
4. I feel strained.			1	2
	3	4		
5. I feel at ease.			1	2 3 4
6. I feel upset.			1	2 3 4
7. I am presently worrying over possible misfortunes.			1	2 3 4
8. I feel satisfied.			1	2 3 4
9. I feel frightened.			1	2 3 4
10. I feel comfortable.			1	2 3 4
11. I feel self-confident.			1	2 3 4
12. I feel nervous.			1	2 3 4
13. I am jittery.			1	2 3 4
14. I feel indecisive.			1	2 3 4

15. I am relaxed. 1 2 3 4
16. I feel content. 1 2 3 4
17. I am worried. 1 2 3 4
18. I feel confused. 1 2 3 4
19. I feel steady. 1 2 3 4
20. I feel pleasant. 1 2 3 4

**PART 2**

Please think about your decision to participate in the CMV screening program which involved getting tested for CMV at 10-14 weeks of gestation. Please show how you feel about these statements by circling a number from 1 (strongly agree) to 5 (strongly disagree).

		<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1.	It was the right decision.					
2.	I regret the choice I made.					
3.	I would go for the same choice if I had to do it over again.					
4.	The choice did me a lot of harm.					
5.	The decision was a wise one.					

**6. Do you have any final feedback for us on this study?**

**7. I would like a summary of the results of this study emailed to me when they become available.**

Yes

No

Thank you very much for your time and contribution to this research. We greatly appreciate your contribution to improving health outcomes for children, pregnant people and families. If you have any questions or comments about the study, please contact us at [ESE-CMV@unimelb.edu.au](mailto:ESE-CMV@unimelb.edu.au).

-----End of Survey-----

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