

## Questionnaire

### SECTION 1

**Demographics of the study population and smoking habits of their environment.**

**Please choose the correct answer.**

<b>At which of the following age groups do you belong to?</b>
a. 14-18 years
b. 19-23 years
c. 24-28 years
d. 29-33 years
e. 34-38 years
f. $\geq 39$ years
<b>What is your highest educational level?</b>
a. No education
b. Primary school
c. High school
d. Bachelor's degree
<b>What is your annual family income?</b>
a. 0-5,000 euros
b. 5,000-10,000 euros
c. 10,000-15,000 euros
d. Over 15,000 euros
<b>Living conditions</b>
<b>Do you live with a spouse?</b>
a. Yes
b. No
<b>Do you live with your parents?</b>
a. Yes
b. No
<b>Do you live with your parents-in-law?</b>
a. Yes
b. No
<b>Do you live with other relatives?</b>
a. Yes
b. No

<b>Smoking habits in the household</b>
<b>Do your roommates smoke?</b>
a. Yes
b. No
<b>Does your husband smoke?</b>
a. Yes
b. No
<b>Do you parents smoke?</b>
a. Yes
b. No
<b>Do your parents in-law smoke?</b>
a. Yes
b. No
<b>Do other relatives smoke?</b>
a. Yes
b. No

## SECTION 2

### Obstetric and pregnancy details

Please choose the correct answer.

<b>Did you have complications in your previous pregnancy?</b>
a. Yes
b. No
<b>Order of current pregnancy</b>
a. First Child
b. Second Child
c. Third Child
d. Fourth Child or More
<b>Trimester of current pregnancy</b>
a. First Trimester
b. Second Trimester
c. Third Trimester
<b>Di you have spontaneous abortions in the past?</b>
a. Yes
b. No

<b>Do you experience problems during the current pregnancy?</b>
a. Yes
b. No
<b>Do you suffer from increased blood pressure?</b>
a. Yes
b. No
<b>Do you suffer from gestational diabetes?</b>
a. Yes
b. No
<b>Is there a possibility for premature birth?</b>
a. Yes
b. No
<b>Did you have bleeding during current pregnancy?</b>
a. Yes
b. No
<b>Are there any fetal development issues?</b>
a. Yes
b. No
<b>Are you receiving any pharmaceutical treatment during this pregnancy?</b>
a. Yes
b. No
<b>Do you suffer from any of the following psychological conditions?</b>
a. Depression
b. Anxiety
c. Substance Use Other Than Nicotine
d. No mental health problem

### SECTION 3

**Nicotine Dependence and smoking habits: Use of the Fagerström questionnaire and details about the smoking habits before the current pregnancy**

**Please choose the correct answer.**

<b>Are you smoking during the current pregnancy?</b>
a. Yes
b. No
<b>How soon after you wake up do you smoke your first cigarette?</b>

a. <5 min
b. 5-30 min
c. 31-60 min
d. >60 min
<b>Do you find it difficult to refrain from smoking in the places where it is forbidden (e.g., in church, at the library, in cinema)?</b>
a. Yes
b. No
<b>Which cigarette would you hate most to give up?</b>
a. The first cigarette in the morning
b. Any cigarette
<b>How many cigarettes/day do you smoke?</b>
a.<10
b. 11-20
c. 21-30
d. >30
<b>Do you smoke more frequently during the first hours after waking than during the rest of the day?</b>
a. Yes
b. No
<b>Do you smoke if you are so ill that you are in bed most of the day?</b>
a. Yes
b. No
<b>Did you smoke before the current pregnancy?</b>
a. Yes
b. No
<b>How many cigarettes/day did you smoke before the current pregnancy?</b>
a. <10
b. 11-20
c. 21-30
d. >30

**SECTION 4**

**Incentives for cessation and health concerns**

<b>Which was the main reason for starting smoking?</b>
a. I wanted to try it.
b. I believed that I would make more friends.

c. My environment affected me.
d. Anxiety
<b>Are you thinking about quitting smoking in the future?</b>
a. Yes
b. No
<b>Which is the main incentive for quitting smoking?</b>
a. To protect her own health
b. Desire to protect the baby's health
c. Desire to protect my husband and other children
d. Financial savings from not smoking
<b>Which is the main barrier to quitting smoking?</b>
a. Fear
b. Concerns for weight gain
c. Increase in daily stress concerns
d. Increase in depression concerns
e. Fear of experiencing withdrawal symptoms
<b>Rate how important you think quitting smoking is (1–10).</b>
a. 1
b. 2
c. 3
d. 4
e. 5
f. 6
g. 7
h. 8
i. 9
j. 10
<b>Rate your confidence in quitting smoking (1–10).</b>
a. 1
b. 2
c. 3
d. 4
e. 5
f. 6
g. 7

h.8
i. 9
j.10

**SECTION 5**

**Healthcare professionals' role**

Please choose the correct answer.

<b>Healthcare professionals responsible for pregnancy monitoring (You can choose more than one answer)</b>
a. Midwife
b. Not a specific doctor
c. Doctor in a public hospital
d. Private doctor
<b>Discussion of smoking cessation with a health professional (You can choose more than one answer)</b>
a. Midwife
b. Doctor
c. Other
<b>To what extent did your midwife offer support for smoking cessation?</b>
a. Not at all
b. Very slightly
c. Slightly
d. Moderately
e. Very much
f. Extremely