

Topic	Items	12-16 wks GA	28-32 wks GA	6-10 wks PP
Demographic info and family characteristics	Date of Birth	X		
	Marital Status	X	X	X
	Details about father	X		
	Mother's siblings	X		
	Adopted	X		
	Education	X		
Anthropometry	Right/Left-Handed	X		
	Ability to Stand	X		
	Height	X	X	X
	Weight (current and usual)	X	X	
	Weight loss and control	X	X	X
Health Status	Self Reported Health	X	X	X
	Last check-up and Dental	X		
	Sexual orientation	X		
	Sexual partners		X	
	Bowel movement	X		
Oral Health	Last dental visit, gum disease & dental problems during pregnancy		X	
Menstrual History	Age at first period	X		
Women's Health History	Contraceptive Use	X		
	Sexual activity	X		
	Uterine fibroids or defect	X		
Screening	Mammogram	X		
	Pap Smear, cervical biopsy	X	X	
	Colorectal cancer screening			
Current Pregnancy	Last menstrual period	X		
	When did you know	X		
	Feelings about pregnancy	X		
	Intention to raise child	X		
Fertility Treatment	Drugs, procedures, cost, elapsed time	X		
Health During Pregnancy	Bleeding, nausea, swelling	X	X	
	Fever & other infections		X	
	Pregnancy conditions		X	
	Progesterone		X	
	X-rays, vaccines		X	
	Hospitalization		X	
	Bed rest		X	
Previous Pregnancies	Mother's age, father, fertility treatments, multiples, pregnancy conditions, outcome, birthweight, gestational age, delivery type, child death, breastfeeding	X		
Other Children	Adopted, foster, other	X		
Personal Medical History	List of conditions from OHS	X		

Family Health History	List of conditions for parents, siblings, and previous children	X		
Mother's own Birth	Birth weight, gestational age		X	
Medication	Prescription and non-prescription	X	X	
Vitamins/Supplements	Before and during pregnancy	X	X	X
	Fiber supplements	X	X	
Smoking and tobacco products	Before pregnancy, during pregnancy, other tobacco products	X	X	X
Environmental Tobacco Exposure	Before and during pregnancy at home, work and social		X	X
Physical Activity	Vigorous and moderate activity before and during pregnancy	X	X	
	Sedentary activity	X	X	
Sleep	Duration at night and day, disrupted breathing, snoring	X		X
	Infant sleep			X
Sunlight & Skin Type	Skin response to sun	X		
	Sunbed use	X	X	
Alcohol	Before and during pregnancy, type of alcohol, binge drinking	X	X	X
Food Intake	Vegetables, fruit, juice	X		
	Food insecurity		X	
	Dietary Restrictions		X	
Emotional Health	Depression (DHQ-2 item)	X	X	X
	Anxiety (GAD-2 item)	X	X	X
	Depressions (EDPS)		X	X
	Anxiety (STAI-SF)		X	X
	Perceived stress (4-item)	X	X	X
	Attachment (Bartholomew Horowitz)		X	X
	Intimate partner violence (WAST)	X	X	
	Adverse Childhood Experiences (ACE)			X
	Childbearing Attitudes	X	X	X
	Pregnancy Experiences Scale		X	
Background	Ethnicity and Country	X		
Work	Work status, job description	X	X	X
Occupational Exposures	Shift work	X	X	
	Chemical exposures		X	
Residence	Length of time lived	X		
Income	Household Income	X		
	Number of people in home	X	X	X
	Number of rooms	X	X	
	Owning house and car		X	
Environmental Exposures	Pets, pesticides, proximity to farm, busy roads, chemical dump		X	
Questions about the baby's biological father	Age, siblings/twins, adopted, education, height, weight, alcohol, smoking, ethnicity,		X	

	left/right-handed, restricted diet, sexual partners & infections			
Other Questions	Permission to contact family members (mothers and baby's father)	X	X	
	Name of pediatrician or family doctor	X	X	
Labour and Delivery	Type of delivery, hospitalization			X
Infant Health	Medication Use			X
	Circumcision			X
	Jaundice			X
	Hospitalization			X
	General Health			X
Infant Feeding	Intention to breastfeed		X	
	Breastfeeding			X
	Formula type			X
	Vitamin Use			X
Crying	Crying Patterns Questionnaire			X
COVID-19	COVID-19 Testing	X	X	X
	COVID-19 Infection within household	X	X	X
	Economic impact of pandemic on household	X	X	X
	Occupational impact of pandemic on mother	X	X	X
	COVID-19 Vaccination			
	COVID-19 vaccine type	X	X	X
	Social contact information			
		X	X	X
		X	X	X