

Supplementary Table 1 Evaluation survey

Q1) I found the time needed to complete the PROM and PREM ...	
<input type="checkbox"/>	Too much
<input type="checkbox"/>	A lot
<input type="checkbox"/>	Good
<input type="checkbox"/>	Short

Q2) Were you able to properly complete all PROM and PREM?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, I did not understand all questions
<input type="checkbox"/>	No, the questions were too personal
<input type="checkbox"/>	Other:

Q3) During the next visit, you will discuss the outcomes of the PROM and PREM with you care provider. Do you feel the need to discuss the outcomes?		
<input type="checkbox"/>	Yes	→ Go to question 3b
<input type="checkbox"/>	A little	→ Go to question 3b
<input type="checkbox"/>	Not really	→ Go to question 3c
<input type="checkbox"/>	Not at all	→ Go to question 3c
Q3b) Who do you prefer to discuss your outcomes with?	<input type="checkbox"/>	Community midwife
	<input type="checkbox"/>	Clinical midwife
	<input type="checkbox"/>	Gynaecologist
	<input type="checkbox"/>	Maternity care assistant or nurse
	<input type="checkbox"/>	Preventive Child Healthcare services
	<input type="checkbox"/>	General practitioner
<input type="checkbox"/>	No preference	
Q3c) Can you please explain why you do not prefer to discuss your outcomes?	

Q4) Do you have any remarks regarding the PROM and PREM or suggestions for improvement?	
.....	

Q5) Do you give permission for an evaluation by telephone in the future?	
<input type="checkbox"/>	Yes, my telephone number is:
<input type="checkbox"/>	No

PROM: patient reported outcome measures. PREM: patient reported experience measures