

Supplementary Table S1 Questions assessing perceived pregnancy-related risk

Some women may say that their risk for having *birth complications* like an early delivery, low birth weight, or pregnancy complications (not birth defects) is low, average, or high. Think about yourself compared with most other pregnant women of your age and rate your risk on the following scale: No risk at all; Much lower than average; Somewhat lower than average, Average, Somewhat higher than average; Much higher than average.

Some women may say that their risk for having a baby with *birth defects* is low, average, or high. Think about yourself compared with most other pregnant women of your age and rate your risk on the following scale: No risk at all; Much lower than average; Somewhat lower than average, Average, Somewhat higher than average; Much higher than average.

Supplementary Table S2 Items from the Dhabhar Quick-Assessment Questionnaire for Stress and Psychosocial Factors™ (DQAQ-SPF)™

Copyright (2020) Firdaus S. Dhabhar and the University of Miami, jointly with Stanford University. All rights reserved. This questionnaire may not be used fully or partially, reproduced, displayed, modified, or distributed without the express prior written permission from Dr. Dhabhar (dhabhar@gmail.com).

Chronic stress:

How stressful has the past 1 y been for you?

How stressful have the past 3 y been for you?

How stressful were the first 10 y of your life?

How stressful was your life between the ages of 11–20, 21–30, 31–40, 41–50 (each decade queried as a separate question, answer if age is relevant).

How stressful has your life been after the age of 50 (answer if relevant)?

Emotions and personality-related factors:

How sad/angry/depressed/tired/lonely (each queried separately) have you been for most of the time during the past 3 y?

How anxious would you say you generally are as you go about your day-to-day activities?

How shy are you?

How optimistic are you?

How pessimistic are you?

Life events stress:

Have you experienced any of the following and if “yes” state age range when experienced (each event queried as a separate question): death of loved one, serious accident, bullying, physical abuse, emotional abuse, sexual abuse, saw abuse, parents divorced, self-divorced,

loss of parents' home, loss of own home, loss of parents' job, loss of own job, major illness, other 1, other 2 (asked to specify “other”).

Protective, stress-buffering, factors:

How *happy* have you been for most of the time during the past 3 y?

How *supportive* have your parents and siblings been during the past 3 y?

How *supportive* has the baby's father been during the past 1 y?

Please state the number of individuals you could absolutely count on in times of trouble.

Sleep:

How many hours of sleep did you get last night?

How many hours of sleep do you get on average?

How many hours of sleep do you need to feel rested in the morning?

At what time do you generally go to bed?

At what time would you prefer to go to bed if you had a choice?

At what time do you generally have to wake up?

At what time would you prefer to wake up if you had a choice?

Generally, how good is your quality of sleep the night before working days?

Generally, how good is your quality of sleep the night before weekends and holidays?

Supplementary Table S2 (Continued)

| |
|--|
| Pain: |
| How often do you experience pain (headache, backache, soreness, etc.)? |
| How intense is the pain? |
| Where do you feel the pain (list all)? |
| <i>Self-perceived health</i> (modified from the “general health” question in the 36-Item Short-Form Health Survey [SF-36], Ware & Sherbourne, 1992): |
| How healthy have you felt for most of the time during the past 3 y? |
| How healthy do you feel at this moment? |
| Satisfaction with appearance: |
| How satisfied have you generally been with your body weight since your late teenage years? |
| How satisfied have you generally been with your height since your late teenage years? |
| How satisfied have you generally been with your overall appearance since your late teenage years? |
| Additional factors: |
| Before kindergarten, did you go to: preschool, daycare, neither. |
| Relationship status: single (1), in relationship (2), married (3), divorced (4), remarried (5) |
| If relevant, please state your approximate number of friends on Facebook. |
| How religious are you? |
| How spiritual are you? |
| Do you write with your right or left hand? |
| Do you use glasses/contact for: reading, distance, both? |