

Electronic Supplementary Material # 1 - Questionnaire

For each prescription the following aspects were verified:

- Did you actually use the medication prescribed?
 - No
 - Yes
 - Do not remember

- Did you start with the medication direct after the date of prescription?
 - No, ... days/weeks/months later
 - Yes
 - Do not remember

- Was the daily dose used conform prescription?
 - No, the daily dose used was higher/ lower than prescribed
 - Yes
 - Do not remember

- Was the duration conform prescription?
 - No, the medication was used shorter/longer than prescribed
 - Yes
 - Do not remember

- Did you stop the use of the medication for a while and continued later on in pregnancy?
 - No
 - Yes
 - When?
 - For how long?
 - Do not remember