

**Additional file 3. Self-administered questionnaire for pregnant women when they turned in their pregnancy notification form in Suzaka City (English translation)**

To pregnant mother

Congratulation on your pregnancy! Suzaka city supports mothers during their perinatal periods.

Please fill out the following questions only if do not cause you any difficulties.

I. The first few questions are about your life.

Please tick the relevant box inquiring about who you have been living with?

- Husband partner child(ren) [number of your children if any\_\_\_\_\_], biological father biological mother mother-in-law father-in-law
- your brother or sister
- others \_\_\_\_\_

How many people in your family? \_\_\_\_\_

1. Do you smoke?

Not at all; thus far; ceased before this pregnancy; ceased after this pregnancy; smoking now

How many cigarettes do you smoke in a day? \_\_\_\_\_ cigarettes

2. Are there any members in your family that smoke at your home?

Yes ( \_\_\_\_\_ )

No

How many cigarettes does he/she/ they smoke, if any? \_\_\_\_\_ cigarettes

3. Do you drink?

Not at all; thus far; ceased before this pregnancy; ceased after this pregnancy; drinking  
now

4. Have you been taking any medications?

Yes ( \_\_\_\_\_ )

No

5. Please enter your height and weight.

(            ) cm、 (            ) kg

II. This section focuses on your pregnancy, delivery, and child care.

1. How did you feel when you found out that you were pregnant?

I was happy

It was not expected, but I was happy.

It was not expected, so I did not know what to do.

I was at a loss.

I did not feel anything special

2. Do you have someone to help you through your antenatal and postnatal periods?

Yes  No

3. Do you feel free to talk with your partner about what you have gone through?

Yes  No

4. Do you feel free to talk with your biological mother about what you have gone through?

Yes  No

5. Do you have someone besides your partner and biological mother to talk with about

what you have gone through?

Who is he or she? (\_\_\_\_\_)

6. Do you have a difficult time in life or are you financially anxious?

Yes No

7. Have you experienced a stillbirth, misbirth, or your child's death within a year?

Yes No

8. Have you ever seen a psychologist or psychiatrist for any psychological problems?

Yes No

9. Have you ever received treatment for any physical disease?

Yes No

10. Have you ever experienced insomnia, irritability, tearfulness, apathy lasting for at least two weeks within a year?

Yes No

11. Do you have any concerns about your pregnancy or delivery?