

# Supplementary material

## Treatment Poll

### About your pregnancy

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1. What is your ethnicity? \*

- Asian
- Native Hawaiian or Other Pacific Islander
- Black/African-American
- White
- Hispanic/Latino
- American Indian/Alaska Native
- Other
- Prefer not to answer

2. What is/was your age during your most recent pregnancy? \*

3. How many weeks pregnant are you? \*

Weeks:

I already delivered

4. What was the date of your most recent delivery? \*

5. How many weeks were you at delivery of your most recent pregnancy? \*

6. Where are/were you living for your most recent/current pregnancy? \*

USA  
Europe  
Canada  
Australia  
Africa  
Asia  
Other:  
Afghanistan  
Albania  
Algeria  
Andorra  
Angola  
Antigua and Barbuda  
Argentina  
Armenia  
Australia  
Austria  
Azerbaijan  
Bahamas, The  
Bahrain  
Bangladesh  
Barbados  
Belarus  
Belgium  
Belize  
Benin  
Bermuda,  
Bhutan  
Bolivia  
Bosnia and Herzegovina  
Botswana  
Brazil  
Brunei  
Bulgaria  
Burkina Faso

Burundi  
Cambodia  
Cameroon  
Canada  
Cape Verde  
Central African Republic  
Chad  
Chile  
China  
Colombia  
Comoros  
Congo, Democratic Republic of the  
Congo, Republic of the  
Costa Rica  
Cote d'Ivoire  
Croatia  
Cuba  
Curacao  
Cyprus  
Czech Republic  
Denmark  
Djibouti  
Dominica  
Dominican Republic  
East Timor (see Timor-Leste)  
Ecuador  
Egypt  
El Salvador  
Equatorial Guinea  
Eritrea  
Estonia  
Ethiopia  
Fiji  
Finland  
France  
Gabon  
Gambia, The  
Georgia  
Germany  
Ghana  
Greece  
Grenada  
Guatemala  
Guinea

Guinea-Bissau  
Guyana  
Haiti  
Holy See  
Honduras  
Hong Kong  
Hungary  
Iceland  
India  
Indonesia  
Iran  
Iraq  
Ireland  
Israel  
Italy  
Jamaica  
Japan  
Jordan  
Kazakhstan  
Kenya  
Kiribati  
Kosovo  
Kuwait  
Kyrgyzstan  
Laos  
Latvia  
Lebanon  
Lesotho  
Liberia  
Libya  
Liechtenstein  
Lithuania  
Luxembourg  
Macau  
Macedonia  
Madagascar  
Malawi  
Malaysia  
Maldives  
Mali  
Malta  
Marshall Islands  
Mauritania

Mauritius  
Mexico  
Micronesia  
Moldova  
Monaco  
Mongolia  
Montenegro  
Morocco  
Mozambique  
Myanmar  
Namibia  
Nauru  
Nepal  
Netherlands  
Netherlands Antilles  
New Zealand  
Nicaragua  
Niger  
Nigeria  
North Korea  
Norway  
Oman  
Pakistan  
Palau  
Palestinian Territories  
Panama  
Papua New Guinea  
Paraguay  
Peru  
Philippines  
Poland  
Portugal  
Qatar  
Romania  
Russia  
Rwanda  
Saint Kitts and Nevis  
Saint Lucia  
Saint Vincent and the Grenadines  
Samoa  
San Marino  
Sao Tome and Principe  
Saudi Arabia  
Senegal

Senegal  
Serbia  
Seychelles  
Sierra Leone  
Singapore  
Slovakia  
Slovenia  
Solomon Islands  
Somalia  
South Africa  
South Korea  
South Sudan  
Spain  
Sri Lanka  
Sudan  
Suriname  
Swaziland  
Sweden  
Switzerland  
Syria  
Taiwan  
Tajikistan  
Tanzania  
Thailand  
Timor-Leste  
Togo  
Tonga  
Trinidad and Tobago  
Tunisia  
Turkey  
Turkmenistan  
Tuvalu  
Uganda  
Ukraine  
United Arab Emirates  
United Kingdom  
United States  
Uruguay  
Uzbekistan  
Vanuatu  
Venezuela  
Vietnam

7. How would you characterize where you lived during your most recent pregnancy? \*

- Rural area
- Suburban area
- Urban area
- Other - Write In

8. Do/did you have weight loss due to nausea/vomiting in your most recent pregnancy?  
(Weight loss %=(Amount lost/pre-pregnancy weight)X100

\*

- No weight loss
- About 5% of pre-pregnancy weight
- About 10% of pre-pregnancy weight
- About 15% of pre-pregnancy weight
- >15% of pre-pregnancy weight
- Don't remember

9. Do/did your doctor prescribe medication for nausea/vomiting or HG in your most recent pregnancy? \*

- No
- Yes, but I did not take it/them.
- Yes and I tried it/them.
- Prescribed more than one med, but I did not try all types prescribed.

10. Do/did you find that anti-vomiting or anti-nausea medications helped treat your nausea/vomiting symptoms in your most recent pregnancy? \*

- No
- Yes
- Unsure

11. If you tried prescribed medication, were you able to gain weight (answer for the most effective medication if you tried more than one and write the most effective medication in the comment box)? \*

Type the name of the most effective medication in the comment box.

- No weight gain within the first 2 weeks of medication
- Yes, started gaining weight in the 1st week on medication
- Yes, started gaining weight in 2nd week on medication
- Don't remember
- Not applicable

Comments

12. Do/did you use marijuana/cannabis or marijuana/cannabis-based products for nausea and/or vomiting or HG in your most recent pregnancy? \*

- No
- Yes
- Unsure



13. Do/did you use products with cannabidiol (CBD) and no THC to treat nausea and/or vomiting or HG in your most recent pregnancy? \*

- No
- Yes
- Unsure

14. Do/did you find that marijuana/cannabis products (THC and/or CBD) helped treat your nausea/vomiting symptoms in your most recent pregnancy? \*

- No
- Yes
- Unsure

15. If you tried marijuana/cannabis or marijuana/cannabis-based products, were you able to gain weight (answer for the most effective one if you tried more than one type, and write the most effective type in the comment box)? \*

- No weight gain within the first 2 weeks of trying it.
- Yes, started gaining weight in the 1st week treating with it.
- Yes, started gaining weight in 2nd week treating with it.
- Don't remember/Don't know

Comments

16. Why did you use marijuana/cannabis or marijuana/cannabis-based products for nausea/vomiting in your most recent pregnancy? \*

- Health professional didn't prescribe any medications.
- Health professional prescribed medication(s) but they didn't work well enough.
- Health professional prescribed medication(s) but I didn't want to take prescription medication.
- Health professional recommended it.
- It was my decision to treat my nausea/vomiting with marijuana/cannabis or marijuana/cannabis-based products and I didn't discuss other treatments with my health professional.
- Heard about marijuana/cannabis or marijuana/cannabis-based product use during pregnancy from friend/family member/online.

17.

**When did you start using marijuana/cannabis products (CBD and/or THC)?**

\*

- Prior to pregnancy
- 1st trimester (weeks 1-12)
- 2nd trimester (weeks 13-26)
- 3rd trimester (weeks 27-end of pregnancy)

18. When did you stop using marijuana/cannabis or marijuana/cannabis-based products? \*

- Prior to pregnancy
- 1st trimester (weeks 1-12)
- 2nd trimester (weeks 13-26)
- 3rd trimester (weeks 27-end of pregnancy)
- After birth
- Did not stop
- Still pregnant and have not stopped yet

19. How often did you use marijuana/cannabis or a marijuana/cannabis-based product for nausea and vomiting during pregnancy? \*

- Once or twice (1-2x)
- Monthly (~ 1-3 times per month)
- Weekly (~ 1 time per week)
- 2-6 days per week
- Every day
- Times per day:

20.

**What mode of marijuana/cannabis administration/product type did you use most to manage nausea/vomiting in pregnancy?**

\*

- Smoke it (in a joint, bong, blunt, spliff or pipe)
- Eat it (in baked foods, candy, or pills)
- Drink it (in a tincture, tea, cola, or alcohol)
- Vaporize it (hash oil in an e-cigarette-like vaporizer or plant material in another vaporizing device)
- Dab it (using waxes or concentrates in a dab rig or other device)
- Apply it to skin (lotion, ointment, patch or salve)

21. What type of marijuana/cannabis products did you use the most to manage nausea and vomiting of pregnancy? \*

- THC only
- THC dominant (Mostly THC with some CBD or other ingredients)
- Equal THC and Equal CBD
- CBD Only
- CBD dominant (Mostly CBD with THC or other ingredient)
- I don't know