**Appendix S1.** Smoking questionnaire.

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| **MATERNAL SMOKING** | | | | | | | | |  | | | |  | | | |  | | | | | |
| **Active smoking** | | | | | | | | |  | | | |  | | | |  | | | | | |
| 1) Have you ever smoked (at least 1 cigarette/day for 6 months)? | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | 🞎 Don’t know | | | | | |
| 2) If yes, in which year did you start smoking? \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | |  | | | |  | | | | | |
| 3) Do you currently smoke? | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | 🞎 Don’t know | | | | | |
| 4) If you quit smoking, when was that (year)? \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | |  | | | |  | | | | | |
| 5) Did you smoke during your pregnancy? | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | 🞎 Don’t know | | | | | |
| If yes, please specify: | | | | | | | | |  | | | |  | | | |  | | | | | |
| 5.1) 1st trimester | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | Cigarettes/day­­\_\_\_\_\_ | | | | | |
| 5.2) 2nd trimester | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | Cigarettes/day\_\_\_\_\_ | | | | | |
| 5.3) 3rd trimester | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | Cigarettes/day\_\_\_\_\_ | | | | | |
| **Secondhand smoke** | | | | | |  | | | |  | | | | | |  | | | | | | |
| 1) During the pregnancy, have you been exposure to secondhand smoke (at least one hour per day)? | | | | | | 🞎 Yes | | | | 🞎 No | | | | | | 🞎 Don’t know | | | | | | |
| 2) If yes, where? | | | | | | 🞎 At home | | | | | | 🞎 At work | | | | | | | 🞎 Other places | | | |
| 3) On average, how many hours per day have you been exposed? | | | | | |  | | | |  | | | | | |  | | | | | | |
| 3.1) During the workweek (Monday-Friday) | | | | | | Hours/day­­\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| 3.2) During the weekend (Saturday-Sunday) | | | | | | Hours/day\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | |
| **PATERNAL SMOKING** | | | | | | | | |  | | | |  | | | |  | | | | | |
| **Active smoking** | | | | | | | | |  | | | |  | | | |  | | | | | |
| 1) Have you ever smoked (at least 1 cigarette/day for 6 months)? | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | 🞎 Don’t know | | | | | |
| 2) If yes, in which year did you start smoking? \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | |  | | | |  | | | | | |
| 3) Do you currently smoke? | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | 🞎 Don’t know | | | | | |
| 4) If you quit smoking, when was that (year)? \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | |  | | | |  | | | | | |
| 5) Did you smoke during the conception period or the pregnancy? | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | 🞎 Don’t know | | | | | |
| If yes, please specify: | | | | | | | | |  | | | |  | | | |  | | | | | |
| 5.1) During the conception period | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | 🞎 Don’t know | | | | | |
| If yes, cigarettes/day­­\_\_\_\_\_ | | | | | | | | |  | | | |  | | | |  | | | | | |
| 5.2) During the pregnancy | | | | | | | | | 🞎 Yes | | | | 🞎 No | | | | 🞎 Don’t know | | | | | |
| If yes, cigarettes/day­­­\_\_\_\_\_ | | | | | | | | |  | | | |  | | | |  | | | | | |
|  | | | | | | | | |  | | | |  | | | |  | | | | | |
| **EXPOSURE OF THE CHILD TO SECONDHAND SMOKE** | | | | | | | | | | | | | | | | | | | | | | |
| Has someone ever smoke in the same room as the child? | | | | | | | 🞎 Yes | | | | | | | 🞎 No | | | | | | 🞎 Don’t know | | |
| If yes, please specify: | | | | | | | | | | | | | | | | | | | | | | |
|  | Age (completed years) | | | | | | | | | | | | | | | | | | | | | |
|  | 0 | 1 | 2 | 3 | 4 | | | 5 | | | 6 | | | | 7 | | | 8 | | | 9 | 10 |
| Never |  |  |  |  |  | | |  | | |  | | | |  | | |  | | |  |  |
| Occasionally (1 cigarette/day) |  |  |  |  |  | | |  | | |  | | | |  | | |  | | |  |  |
| 1-10 cigarettes/day |  |  |  |  |  | | |  | | |  | | | |  | | |  | | |  |  |
| 11+ cigarettes/day |  |  |  |  |  | | |  | | |  | | | |  | | |  | | |  |  |