**Appendix S1.** Smoking questionnaire.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |  |  |  |  |