

Supplementary 1

Questionnaire protocol GE-CIP study (S62388)

Patient ID:

Date:.....

1. Do you smoke or have you ever smoked?

- Never
- I quit smoking before I got pregnant
- I smoked during my pregnancy; amount: cigarettes/week

2. Did you or someone else smoke indoors during your pregnancy?

- No
- Yes

**3. Did you take any medication/supplements/vitamins during your pregnancy?
(E.g. folic acid, vitamin D, zinc supplements)**

- No
- Yes

If yes, please enter the details in the table below:

Medication/vitamin/supplement	Pregnancy timeframe
	week..... up to week

4. Do you drink or have you drunk alcohol during your pregnancy?

- Never
- Very occasionally
- More frequently, in particular units/week

5. Have you been ill (other than cancer) during your pregnancy?

- No
- Yes, in particular:

**6. Have you gone through a major change during your pregnancy (other than the cancer diagnosis),
such as divorce, moving house, passing of someone close to you...**

- No
- Yes, in particular:

7. What is the highest level of education you and your partner attained? (a completed course with degree or certificate)

Mother	Father
<input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Master degree <input type="checkbox"/> Other:	<input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Master degree <input type="checkbox"/> Other:

8. In which country were you and your partner born?

Mother:

Father:

Mother

Age: years

Height: cm

Weight before getting pregnant: kg

Father

Age: years

Child

This is my first second third child

Your baby's sex: girl boy

Delivery: spontaneous and vaginal induced (vaginal) planned caesarean section emergency caesarean

Season in which the baby was delivered: winter spring summer autumn

Gestation at the time of delivery: weeks and days