

## Baseline Survey

### Part A: Demographics

1. How old are you today? \* *Numerical free text response*
2. Do you identify as Indigenous; that is First Nation (North American Indian), Métis, or Inuk (Inuit)? \*
  - Yes
  - No
  - I prefer not to answer
3. *If yes to "Do you identify as Indigenous":* Please select the option(s) that best describe(s) you now: \*
  - First Nations
  - Métis
  - Inuk (Inuit)
  - I prefer not to answer
4. Do you identify as a member of a visible minority? \* *Note: Visible minority includes persons who are non-Caucasian in race or non-white in colour and who do not report being Indigenous. Black, Chinese, Filipino, Japanese, Korean, Non-White Latin American (including: indigenous persons from Central and South America, etc.), Non-White West Asian, North African or Arab (including: Egyptian; Libyan; Lebanese; Iranian; etc.), South Asian/East Indian (including: Indian from India; Bangladeshi; Pakistani; East Indian from Guyana, Trinidad, East Africa; etc.), Southeast Asian (including: Burmese; Cambodian; Laotian; Thai; Vietnamese; etc.), Other Visible Minority Groups, Person of Mixed Origin (with one parent in one of the visible minority groups)*
  - Yes
  - No
  - I prefer not to answer
5. Please select the population group(s) with which you identify. \* Please select all that apply.
  - Arab
  - Black
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Latin American
  - South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
  - Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)
  - West Asian (e.g., Iranian, Afghan)
  - White
  - I prefer not to answer

- I prefer to self-describe: *Free text response*

6. How would you describe your gender identity? Select all that apply. \*

- Woman
- Man
- Gender fluid A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity
- Genderqueer Used to describe someone who typically rejects notions of categories and embrace fluid gender identity
- Intersex An umbrella term used to describe bodies that fall outside of male/female categories (e.g., chromosome differences, ambiguous genitalia, internal organ differences)
- Non-binary An umbrella term referring to anyone who is not cis-gendered and is inclusive of identities such as trans-woman and trans-man
- Questioning A term used to describe people who are in the process of exploring their sexual orientation or gender identify
- Transgender An umbrella term for people whose gender identity and/or expression is different from sex assigned at birth
- Two-spirit Refers to a person who identifies as having both a masculine and a feminine spirit, and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity.
- I don't know
- I prefer not to answer
- I prefer to self-describe: *Free text response*

7. How would you describe your sexual orientation? Select all that apply. \*

- Asexual A person who does not experience sexual attraction
- Bisexual A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.
- Gay A sexual orientation towards people of the same sex/gender
- Heterosexual/straight A person whose primary sexual orientation is towards people of the opposite sex/gender
- Lesbian A woman whose primary sexual orientation is towards people of the same sex/gender
- Pansexual Potential for emotional, romantic, or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.
- Queer An inclusive term used to express a spectrum of identities and orientations
- I don't know
- I prefer not to answer
- I prefer to self-describe: *Free text response*

8. What languages do you speak at home? \*
- English
  - French
  - One of the 70+ Indigenous languages spoken in Canada
  - Other, please specify: *Free text response*
  - I prefer not to answer
9. What is your current marital status? \*
- Never married
  - Married/common law
  - Separated
  - Divorced
  - Widowed
  - I prefer not to answer
  - Other, please specify: *Free text response*
10. Do you live with your current partner/significant other? \*
- Yes
  - No
  - Not Applicable - I do not have a partner/significant other
  - I prefer not to answer
11. What are the first three digits of your postal code? \*
- Free text response
  - I prefer not to answer
12. What is the highest level of education you have completed? \*
- Less than high school diploma or equivalency (e.g., GED)
  - High school diploma or equivalency (e.g., GED)
  - Trade certificate, vocational school, or apprenticeship training
  - Non-university certificate or diploma from a community college, CEGEP, or other (excluding trades certificates or diplomas)
  - University Bachelor's degree (e.g., B.A., B.Sc., B.Ed., etc.)
  - University degree, certificate, or diploma above the Bachelor's level
  - I prefer not to answer
13. What is your occupation? If you are a student, write 'student'. If you are currently not working, please write 'not working'. \*

- [Free text response](#)
- I prefer not to answer

14. Which of the following best describes your current employment status or current enrollment status as a student (if applicable)? \*

- Full-time
- Part-time
- Paid or unpaid leave
- Not working
- I prefer not to answer
- Other, please specify: [Free text response](#)

15. What is your total household (between you and your partner/significant other, if applicable) income before taxes? \*

- Less than \$25,000 CAD
- \$25,000 to \$49,999 CAD
- \$50,000 to \$74,999 CAD
- \$75,000 to \$99,999 CAD
- \$100,000 to \$124,999 CAD
- \$125,000 to \$149,999 CAD
- \$150,000 CAD or greater
- I prefer not to answer

#### Part B: Obstetric and health history

16. From which type of healthcare provider are you currently receiving your prenatal care? Select all that apply.

- Obstetrician
- Family physician
- Midwife
- Nurse/nurse practitioner
- Fertility specialist
- I don't have a healthcare provider yet for this pregnancy
- Other, please specify: [Free text response](#)

17. When did you first find out that you were pregnant?

- 1st trimester (<13 weeks gestation)
- 2nd trimester (13-27 weeks gestation)

- 3rd trimester (>27 weeks gestation)

18. To your knowledge, how many babies are you currently carrying?

- 1 (singleton)
- 2 (twins)
- 3 (triplets) or more
- I don't know yet

19. Are you currently breastfeeding/chestfeeding any children while pregnant?

- Yes
- No

20. Have you been diagnosed by a health care provider with any of the following health conditions? Select all that apply.

- Not applicable – I have not been diagnosed with any health conditions
- Allergies
- Skin conditions (e.g., psoriasis, eczema, dermatitis, etc.)
- Breathing or respiratory condition (e.g., asthma, COPD (chronic obstructive pulmonary disease))
- Cancer (current or previous diagnoses)
- Cardiovascular condition (e.g., hypertension, heart disease, etc.)
- Chronic pain (e.g., migraine, arthritis, etc.)
- Diabetes (e.g., Type 1, Type 2, gestational diabetes etc.)
- Gastrointestinal condition(s) (e.g., GERD (acid reflux), Crohn's, irritable bowel disease, etc.)
- Glaucoma
- HIV/AIDS
- Mental health condition(s) (e.g., anxiety, depression, obsessive compulsive disorder, eating disorder, post-traumatic stress disorder, etc.)
- Nausea or vomiting (e.g., hyperemesis gravidarum)
- Neurological condition(s) (e.g., Parkinson's, multiple sclerosis, epilepsy, etc.)
- Sleep disorder (e.g., insomnia)
- Other

21. *If any answer except "Not applicable" to Question "Have you been diagnosed by a physician...":* Please indicate the health condition(s).

- *Free text response*

22. Are you regularly (i.e., at least once per week) taking any prescription or over the counter medications, including natural health products (e.g., vitamins, herbs and other supplements)?

- Yes
- No

23. *If yes to Question "Are you regularly taking any of the following prescription...":* Please list the name(s) of the prescription(s), over the counter medication(s) or natural health products you are regularly taking.

- *Free text response*

24. Have you received any vaccines during your pregnancy?

- Yes
  - o If yes, please select all that apply.
    - Flu shot/Influenza vaccine
      - Please select the trimester of pregnancy that you received the vaccine:
        - o 1st (1-13 weeks)
        - o 2nd (14-27 weeks)
        - o 3rd (28-40 weeks)
    - Tdap/Pertussis/Adacel/Whooping cough vaccine
      - Please select the trimester of pregnancy that you received the vaccine:
        - o 1st (1-13 weeks)
        - o 2nd (14-27 weeks)
        - o 3rd (28-40 weeks)
    - COVID-19 vaccine
      - Please select the trimester of pregnancy that you received the vaccine:
        - o 1st (1-13 weeks)
        - o 2nd (14-27 weeks)
        - o 3rd (28-40 weeks)
      - Which dose(s) of the COVID-19 vaccine did you receive?
        - o First dose
        - o Second dose
        - o Another dose
    - Other – please specify the vaccine and the trimester:
- No
- Unsure

25. What was your pre-pregnancy weight (weight before your current pregnancy)?

- \_\_\_\_\_ pounds (lb); OR
- \_\_\_\_\_ kilograms (kg)

26. What is your height (how tall are you)?

- \_\_\_\_\_ feet (ft) and \_\_\_\_\_ inches (in); OR
- \_\_\_\_\_ centimeters (cm)

### Part C: Cannabis and other substance use

In this survey, we use the term “cannabis” to describe all the different forms (e.g., dry flower, edibles, extracts, etc.) of cannabis-related products. The use of cannabis includes various methods of consuming cannabis (e.g., joint, bong, capsule, tincture, etc.). All uses of the term “THC” refer to delta-9-tetrahydrocannabinol (the main psychoactive component of cannabis). The term “CBD” refer to cannabidiol (the second major component of cannabis).

27. How many people live in your household, **excluding** yourself?

- *Numerical response*

28. How many people in your household **excluding** yourself have used/consumed cannabis products within the last 3 months?

- *Numerical response*

29. Including all household members and regular visitors, does anyone smoke cannabis inside your home regularly, **excluding** yourself?

- Yes
- No

30. During your pregnancy, have you been regularly exposed to second-hand cannabis smoke in a car or other private vehicle?

- Yes
- No

31. During your pregnancy, have you been regularly exposed to second-hand smoke at your workplace?

- Yes
- No

32. How informed do you feel about the potential benefits and harms related to cannabis use in pregnancy?

- Informed
- Somewhat informed

- Neither informed nor uninformed
  - Somewhat uninformed
  - Uninformed
33. Have you and a healthcare provider discussed the subject of cannabis use in pregnancy?
- Yes
  - No
34. *If “Yes” to Question “Have you and your healthcare provider...”*: With which type of healthcare provider(s) have you discussed cannabis use in pregnancy? Select all that apply.
- Obstetrician
  - Family physician
  - Midwife
  - Nurse/nurse practitioner
  - Other, please specify: *Free text response*
35. *If “Yes” to Question “Have you and your healthcare provider...”*: Who initiated the conversation about cannabis use in pregnancy?
- Me
  - My healthcare provider
  - I don't remember
36. *If “Yes” to Question “Have you and your healthcare provider...”*: What recommendations or suggestions did your healthcare provider(s) make about cannabis use in pregnancy?
- Directed me to resources/gave me information
  - Recommended me to increase my cannabis consumption/consumption
  - Recommended me to decrease my cannabis consumption/consumption
  - Recommended me to change my format of cannabis consumption
  - Neither recommended nor discouraged use/consumption
  - Not applicable – I am not using/consuming cannabis products
  - Other, please specify: *Free text response*
37. *If “Yes” to Question “Have you and your healthcare provider...”*: Do you feel satisfied by the discussion you had with your healthcare provider(s)'s about cannabis use in pregnancy?
- Very satisfied

- Somewhat satisfied
- Neither satisfied nor unsatisfied
- Somewhat unsatisfied
- Very unsatisfied

38. Have you sought out or received information about cannabis use in pregnancy from sources other than a healthcare provider(s)? Select all that apply.

- Government issued websites (e.g., Government of Canada, Public Health Ontario, Ottawa Public Health, World Health Organization, etc.)
- News broadcasting (e.g., television, radio, newspaper, magazines, etc.)
- Social media (e.g., Facebook, Twitter, Instagram, etc.)
- Cannabis dispensaries/sources in the cannabis industry
- Friend or family member
- Pregnancy or breastfeeding/chestfeeding professional societies (e.g., Society of Obstetrics and Gynaecologists Canada, American College of Obstetricians and Gynecologists)
- General pregnancy and childbirth/parenting websites
- Online forums (e.g., Reddit, Quora, etc.)
- Other, please specify: *Free text response*

39. Which of the following best describes how often you used/consumed cannabis products before your pregnancy?

- Not applicable - I have never used cannabis before my pregnancy
- A few times in my lifetime
- A few times per year
- Once or twice per month
- 1-3 times per week
- 4-6 times per week
- Daily
- Multiple times a day
- Other, please specify: *Free text response*

40. At what age did you first use/consume cannabis products?

- Not applicable - I have never used cannabis products
- Younger than 10 years
- 10-14 years
- 15-19 years
- 20-24 years
- 25-29 years
- 30-34 years
- 35 years or older

- Other, please specify: *Free text response*

41. When did you last use/consume cannabis products?

- Not applicable - I have never used cannabis products
- Within the past day
- Within the past week
- Within the past month
- Within the past 6 months
- Within the past year
- More than 1 year ago
- Other, please specify: *Free text response*

42. Have you ever used/consumed cannabis during a previous pregnancy?

- Yes
- No
- Not applicable - I have not had a previous pregnancy

43. Are you currently using/consuming or have you used/consumed cannabis products during your current pregnancy?

- Yes
- No

44. *If "Yes" to Question "Are you currently using or have you used/consumed cannabis during your pregnancy":* For which reason(s) are you currently using/consuming cannabis during your pregnancy? Select all that apply.

- To reduce nausea and vomiting (e.g., hyperemesis gravidarum)
- To reduce anxiety/stress
- To help with depression
- To relieve acute pain
- To relieve chronic pain
- To increase appetite
- To help with sleep
- To treat seizures
- To treat headaches/migraines
- To treat muscle spasms
- For recreational purposes/to get high
- To treat another medical condition not listed here (e.g., glaucoma) or another reason, please specify: *free text response*

45. *If Options 1-10, 12 to Question “for which reason(s) are you currently using/consuming cannabis during your pregnancy”*: Did a healthcare professional prescribe you cannabis?

- Yes
- No

46. *If “Yes” to Question “Are you currently using/consuming or have you used/consumed cannabis products during your pregnancy”*: Which of the following best describes your cannabis use/consumption during your current pregnancy?

- Once or twice in this pregnancy
- Once or twice per month in this pregnancy
- 1-3 times per week in this pregnancy
- 4-6 times per week in this pregnancy
- Daily in this pregnancy
- Multiple times a day in this pregnancy
- Other, please specify: *Free text response*

47. *If “Yes” to Question “Are you currently using/consuming or have you used/consumed cannabis products during your pregnancy”*: Did your frequency of consumption or amount used/consumed change after knowing you were pregnant?

- Yes, I use/consume cannabis less often
- Yes, I use/consume cannabis more often
- No, I use/consume the same amount of cannabis as before my pregnancy

Please use the image below to help answer the following question.



48. *If “Yes” to Question “Are you currently using/consuming or have you used/consumed cannabis products during your pregnancy”*: In which form(s) have you used/consumed cannabis products thus far **in your current pregnancy**? Select all that apply.
- Smoked dried herb/flower/leaf/bud (e.g., joint, spliff, etc.)
  - Vaporized dried herb/flower/leaf/bud (e.g., bong, dry herb vaporizer, etc.)
  - Dried herb/flower/leaf/bud mixed with or rolled in tobacco (e.g., blunt)
  - Vaporized liquid form in an e-cigarette/vape pen/cartridge
  - Hashish/hash/kief
  - Concentrates **excluding** tinctures (e.g., hash oil, butane honey oil, shatter, budder, wax, etc.)
  - Tinctures/Ingestible oils (e.g., spray, dropper, capsule, etc.)
  - Cannabis food products (e.g., chocolate, brownies, gummies, etc.)
  - Beverages
  - Topical ointments (e.g., lotions, salves, balms, cream, etc.)
  - Fresh flower/leaf (e.g., for juicing)
  - Other, please specify: *Free text response*
49. *If “Smoked dried herb/flower/leaf/bud” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you smoke dried herb/flower/leaf/bud in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
50. *If “Vaporized dried herb/flower/leaf/bud” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you vaporize dried herb/flower/leaf/bud in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
51. *If “Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products thus far in your current*

**pregnancy? Select all that apply**: How often do you mix or roll dried herb/flower/leaf/bud with tobacco in this pregnancy?

- Less than once a month in this pregnancy
- Monthly in this pregnancy
- Weekly in this pregnancy
- Daily in this pregnancy
- Other, please specify: *Free text response*
- I don't know

52. *If "Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply"*: At each consumption, on average how much dried herb/flower/leaf/bud do you use/consume?

- Less than 1/8 (one eighth) gram
- 1/8 (one eighth) gram
- 1/4 (one quarter) gram
- 1/2 (half) gram
- 3/4 (three quarters) gram
- 1 gram
- 2 grams
- 3 grams
- 1/8 (one eighth) ounce
- 1/4 (one quarter) ounce
- More than 1/4 (one quarter) ounce
- Other, please specify: *Free text response*
- I don't know

53. *If "Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply"*: Do you know the THC level in the dried flower/herb/leaf/bud you usually use/consume?

- Yes
- No
- Not applicable – the dried flower/herb/leaf/bud does not contain THC

54. *If "YES" to Do you know the THC level in the dried flower/herb/leaf/bud you usually use/consume*: What is the usual THC level in the dried herb/flower/leaf/bud?

- \_\_\_\_\_ mg THC **OR**
- \_\_\_\_\_ % THC

55. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the CBD level in the dried flower/herb/leaf/bud you usually use/consume?
- Yes
  - No
  - Not applicable – the dried flower/herb/leaf/bud does not contain CBD
56. *If “YES” to Do you know the CBD level in the dried flower/herb/leaf/bud you usually use/consume:* What is the usual CBD level in the dried herb/flower/leaf/bud?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
57. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the dried herb/flower/leaf/bud products that you have been using in pregnancy showing cannabis content (THC and CBD) details.
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
58. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume vaporized liquids in e-cigarettes/pens/cartridges in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
59. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each consumption, on average how much liquid do you use/consume?
- \_\_\_\_\_ gram(s)

- \_\_\_\_\_ mL
  - \_\_\_\_\_ fl oz
  - \_\_\_\_\_ cartridge(s)
  - Other, please specify: *Free text response*
  - I don't know
60. *If "Vaporized liquid form in e-cigarettes/pens/cartridges" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": Do you know the THC level in the liquid you usually use/consume in the e-cigarettes/pens/cartridges?*
- Yes
  - No
  - Not applicable – the liquid does not contain THC
61. *If "Yes" to Do you know the THC level in the liquid you usually use/consume in the e-cigarettes/pens/cartridges: What is the usual THC level in the liquid?*
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
62. *If "Vaporized liquid form in e-cigarettes/pens/cartridges" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": Do you know the CBD level in the liquid you usually use/consume in the e-cigarettes/pens/cartridge?*
- Yes
  - No
  - Not applicable – the liquid does not contain CBD
63. *If "Yes" to Do you know the CBD level in the liquid you usually use/consume in the e-cigarettes/pens/cartridge: What is the usual CBD level in the liquid product?*
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
64. *If "Vaporized liquid form in e-cigarettes/pens/cartridges" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": If available, please upload any images of the liquid products that you have been using/consuming in pregnancy showing cannabis content (THC and CBD) details.*

65. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you use/consume hashish/hash/kief in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
66. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: At each consumption, on average how much hashish/hash/kief do you use/consume?
- \_\_\_\_\_ gram(s)
  - \_\_\_\_\_ hit(s)
  - \_\_\_\_\_ toke(s)
  - Other, please specify: *Free text response*
  - I don't know
67. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: Do you know the THC level in the hashish/hash/kief you usually use/consume?
- Yes
  - No
  - Not applicable – the hashish/hash/kief does not contain THC
  -
68. *If “Yes” to Do you know the THC level in the hashish/kief you usually use/consume*:  
What is the usual THC level in the hashish/kief?
- \_\_\_\_\_mg THC **OR**
  - \_\_\_\_\_ % THC
69. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: Do you know the CBD level in the hashish/kief you usually use/consume?
- Yes
  - No
  - Not applicable – the hashish/hash/kief does not contain CBD
  -

70. *If “Yes” to Do you know the CBD level in the hashish/hash/kief:* What is the usual CBD level in the hashish/hash/kief?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
71. *“hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the hashish/hash/kief products that you have been using/consuming in pregnancy showing cannabis content (THC and CBD) details.
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
72. *“Concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume concentrate(s) in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
73. *“Concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each consumption, on average how much concentrate do you use/consume?
- \_\_\_\_\_ gram(s)
  - \_\_\_\_\_ hit(s)
  - \_\_\_\_\_ toke(s)
  - \_\_\_\_\_ dab(s)
  - Other, please specify: *Free text response*
  - I don't know
74. *“concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the THC level in the concentrate you usually use/consume?
- Yes
  - No
  - Not applicable – the concentrate does not contain THC

75. *If “Yes” to Do you know the THC level in the concentrate you usually use/consume:*  
What is the usual THC level in the concentrate?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
76. *If “concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the CBD level in the concentrate you usually use/consume?
- Yes
  - No
  - Not applicable – the concentrate does not contain CBD
77. *If “Yes” to Do you know the CBD level in the concentrate:* What is the usual CBD level in the concentrate?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
78. *If “concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the concentrate products that you have been using/consuming in pregnancy showing cannabis content (THC and CBD)
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
79. *If “Tinctures/ingestibles” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume tinctures/ingestible oils in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
80. *If “Tinctures/ingestible oils” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each consumption, on average how much tinctures/ingestible oils do you use/consume?
- \_\_\_\_\_ mL
  - \_\_\_\_\_ drop(s)
  - \_\_\_\_\_ capsule(s)

- \_\_\_\_\_ gram(s)
  - Other, please specify: *Free text response*
  - I don't know
81. *If "tinctures/ingestible oils" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": Do you know the THC level in the tinctures/ingestible oils you usually use/consume?*
- Yes
  - No
  - Not applicable – the tinctures/ingestible oils do not contain THC
82. *If "Yes" to Do you know the THC level in the tinctures/ingestible oils you usually use/consume: What is the usual THC level in the tinctures/ingestible oils?*
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
83. *If "tinctures/ingestible oils" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": Do you know the CBD level in the tinctures/ingestible oils you usually use/consume?*
- Yes
  - No
  - Not applicable – the tinctures/ingestible oils do not contain CBD
84. *If "Yes" to Do you know the CBD level in the tinctures/ingestible oils: What is the usual CBD level in the concentrate?*
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
85. *If "tinctures/ingestible oils" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": If available, please upload any images of the tinctures/ingestible oils products that you have been using in pregnancy showing cannabis content (THC and CBD)*
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
86. *If "Cannabis food products" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": How often do you use/consume cannabis food products in this pregnancy?*
- Less than once a month in this pregnancy
  - Monthly in this pregnancy

- Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
87. *If "Cannabis food products" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* At each consumption, on average how much cannabis food product do you consume?
- \_\_\_\_\_ # of product(s)
  - Other, please specify: *Free text response*
  - I don't know
88. *If "cannabis food product" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* Do you know how much THC is in one standard serving of the cannabis food product?
- Yes
  - No
  - Not applicable – the cannabis food product does not contain THC
89. *If "Yes" to Do you know how much THC is in one standard serving of the cannabis food product?:* What is the usual THC level in one standard serving?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
90. *If "cannabis food product" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* Do you know how much CBD is in one standard serving of the cannabis food product?
- Yes
  - No
  - Not applicable – the cannabis food product does not contain CBD
91. *If "Yes" to Do you know how much CBD is in one standard serving of the cannabis food product?:* What is the usual CBD level in one standard serving?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
92. *If "cannabis food product" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* If available, please upload any images of the cannabis food products that you have been consuming in pregnancy showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

93. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you consume beverages containing cannabis in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
94. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each consumption, on average how many beverages containing cannabis extracts do you consume?
- \_\_\_\_\_ # of product(s)
  - Other, please specify: *Free text response*
  - I don't know
95. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know how much THC is in one standard serving of the beverage?
- Yes
  - No
  - Not applicable – the beverage does not contain THC
96. *If “Yes” to Do you know how much THC is in one standard serving of the beverage?:* What is the usual THC level in one standard serving?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
97. *If “beverage” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know how much CBD is in one standard serving of the beverage?
- Yes
  - No
  - Not applicable – the cannabis food product does not contain CBD

98. *If “Yes” to Do you know how much CBD is in one standard serving of the beverage?:*

What is the usual CBD level in one standard serving?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

99. *If “beverage” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the beverage that you have been using in pregnancy showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

100. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume topical ointment(s) in this pregnancy?

- Less than once a month in this pregnancy
- Monthly in this pregnancy
- Weekly in this pregnancy
- Daily in this pregnancy
- Other, please specify: *Free text response*
- I don't know

101. *If “Topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each use, on average how much topical ointment do you use?

- \_\_\_\_\_ gram(s)
- \_\_\_\_\_ ounce(s)
- \_\_\_\_\_ mL
- \_\_\_\_\_ fingertip(s) (from the tip of your index finger to the first crease of the finger)
- Other, please specify: *Free text response*
- I don't know

102. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the THC level in the topical ointment you usually use?

- Yes
- No
- Not applicable – the topical ointment does not contain THC

103. *If “Yes” to Do you know the THC level in the topical ointment you usually use?:*  
What is the usual THC level?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
104. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the CBD level in the topical ointment you usually use?
- Yes
  - No
  - Not applicable – the topical ointment does not contain CBD
105. *If “Yes” to Do you know the CBD level in the topical ointment you usually use?:*  
What is the usual CBD level?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
106. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the topical ointment that you have been using in pregnancy showing cannabis content (THC and CBD)
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
107. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume fresh flower/leaf in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
108. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each consumption, on average how much fresh flower/leaf do you use/consume?
- \_\_\_\_\_ ounce(s)
  - \_\_\_\_\_ gram(s)
  - \_\_\_\_\_ leave(s)

- Other, please specify: *Free text response*
  - I don't know
109. *If "fresh flower/leaf" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": Do you know the THC level in the fresh flower/leaf you usually use/consume?*
- Yes
  - No
  - Not applicable – the fresh flower/leaf does not contain THC
110. *If "Yes" to Do you know the THC level in the fresh flower/leaf you usually use/consume?: What is the usual THC level?*
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
111. *If "fresh flower/leaf" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": Do you know the CBD level in the fresh flower/leaf you usually use/consume?*
- Yes
  - No
  - Not applicable – the fresh flower/leaf does not contain CBD
112. *If "Yes" to Do you know the CBD level in the fresh flower/leaf you usually use/consume?: What is the usual CBD level?*
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
113. *If "fresh flower/leaf" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply": If available, please upload any images of the fresh flower/leaf that you have been using in pregnancy showing cannabis content (THC and CBD)*
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
114. *If "Other" to Question "In which form(s) do you use/consume cannabis?": On average, how much cannabis do you use/consume each time you use/consume a product you previously listed as "other"?*
- *Free text response*

115. *If “Yes” to Question “Are you currently using or have you used/consumed cannabis during your pregnancy”*: Where do you purchase/receive your cannabis product(s)? Select all that apply. \*
- Licensed store/dispensary
  - Unlicensed store/dispensary
  - Licensed online source
  - Unlicensed online source
  - I made my own (e.g., grow cannabis at home, make my own products)
  - From a friend or family member
  - From someone else I know
  - From a dealer (in person)
  - From a dealer (mail delivery)
  - Other, please specify: *free text response*
  - I prefer not to answer
116. Have you used/consumed alcohol during your pregnancy? \*
- Yes
  - No
  - I prefer not to answer
117. *If “Yes” to Question “Have you used/consumed, or are you currently drinking alcohol during your pregnancy”*: Which of the following best describes how often you currently drink alcohol during your pregnancy?
- Once or twice in total
  - Once or twice per month
  - 1-3 times per week
  - 4-6 times per week
  - Daily
  - Multiple times a day
  - Other, please specify: *Free text response*
118. *If “Yes” to Question “Have you used/consumed, or are you currently drinking alcohol during your pregnancy”*: On average when you are drinking, how many drinks do you consume? A drink refers to 1 regular sized bottle, can, or draft of beer or cooler; 1 glass of wine; 1 shot of liquor (rum, whiskey, vodka, tequila, etc.) with or without mix.
- *Numerical response*
119. Have you used tobacco/nicotine products during your pregnancy? \*
- Yes
  - No
  - I prefer not to answer

120. *If “Yes” to Question “Have you used, or are you currently using tobacco during your pregnancy”:* Which of the following tobacco/nicotine products have you used in your pregnancy?
- Cigarettes
  - Cigars
  - Vaping
  - Chewing tobacco
  - Nicotine replacement (i.e., gum, patch, oral spray, lozenge, etc.)
  - Other, please specify: *Free text response*
121. *If “Yes” to Question “Have you used/consumed, or are you currently using tobacco during your pregnancy”:* Which of the following best describes how often you currently use tobacco/nicotine products during your pregnancy?
- Once or twice in total
  - Once or twice per month
  - 4-6 times per week
  - 1-3 times per week
  - Daily
  - Multiple times a day
  - Other, please specify: *Free text response*
122. Including all household members and regular visitors, does anyone smoke tobacco inside your home regularly, **excluding** yourself?
- Yes
  - No
123. *If “Yes” to Question “does anyone smoke tobacco inside your home”:* On a typical day, how many cigarettes are smoked inside your home?
- 1-10
  - 11-20
  - 21-30
  - 31-40
  - 41 or more
  - I don't know
124. During your pregnancy, have you been regularly exposed to second-hand tobacco smoke in a car or other private vehicle?
- Yes
  - No
125. During your pregnancy, have you been regularly exposed to second-hand tobacco smoke at your workplace?

- Yes
- No

## Pregnancy Survey

### **Part A: Obstetric and health history**

1. From which type of healthcare provider are you currently receiving your prenatal care?  
Select all that apply.
  - Obstetrician
  - Family physician
  - Midwife
  - Nurse/nurse practitioner
  - Fertility specialist
  - I don't have a healthcare provider for this pregnancy
  - Other, please specify: *Free text response*
  
2. Have you been diagnosed by a physician with any of the following health conditions since completing the previous survey? Select all that apply.
  - Not applicable – I have not been diagnosed with any health conditions
  - Allergies
  - Skin conditions (e.g., psoriasis, eczema, dermatitis, etc.)
  - Breathing or respiratory condition (e.g., asthma, COPD (chronic obstructive pulmonary disease))
  - Cancer (current or previous diagnoses)
  - Cardiovascular condition (e.g., hypertension, heart disease, etc.)
  - Chronic pain (e.g., migraine, arthritis, etc.)
  - Diabetes (e.g., Type 1, Type 2, gestational diabetes etc.)
  - Gastrointestinal condition(s) (e.g., GERD (acid reflux), Crohn's, irritable bowel disease, etc.)
  - Glaucoma
  - HIV/AIDS
  - Mental health condition(s) (e.g., anxiety, depression, obsessive compulsive disorder, eating disorder, post-traumatic stress disorder, etc.)
  - Nausea or vomiting (e.g., hyperemesis gravidarum)
  - Neurological condition(s) (e.g., Parkinson's, multiple sclerosis, epilepsy, etc.)
  - Sleep disorder (e.g., insomnia)
  - Other
  
3. *If any condition to Question "Have you been diagnosed by a physician...":* Please indicate the health condition(s).

- *Free text response*

4. Have you received any vaccines during your pregnancy since completing the previous survey?

- Yes
  - o If yes, please select all that apply.
    - Flu shot/Influenza vaccine
      - Please select the trimester of pregnancy that you received the vaccine:
        - o 1st (1-13 weeks)
        - o 2nd (14-27 weeks)
        - o 3rd (28-40 weeks)
    - Tdap/Pertussis/Adacel/Whooping cough vaccine
      - Please select the trimester of pregnancy that you received the vaccine:
        - o 1st (1-13 weeks)
        - o 2nd (14-27 weeks)
        - o 3rd (28-40 weeks)
    - COVID-19 vaccine
      - Please select the trimester of pregnancy that you received the vaccine:
        - o 1st (1-13 weeks)
        - o 2nd (14-27 weeks)
        - o 3rd (28-40 weeks)
      - Which dose(s) of the COVID-19 vaccine did you receive?
        - o First dose
        - o Second dose
        - o Another dose
    - Other – please specify the vaccine and the trimester:
- No
- Unsure

5. Have you visited the emergency department for a health concern related to yourself since completing the previous survey?

- No
- Yes
  - How many times have you visited the emergency department since completing the previous survey? *Numerical response*
  - Please specify the reason for your emergency department visit(s): *Free text response*

- Please enter the date(s) of your emergency department visit(s): *Select date from calendar table*
6. Have you been admitted to a hospital for more than 24 hours for any reason since completing the previous survey? Please exclude any emergency department visit(s).
- No
  - Yes
    - How many times have you been hospitalized since completing the previous survey? *Numerical response*
    - Please specify the reason for your hospitalization(s): *Free text response*
    - Please enter the date(s) of admission to hospital: *Select date from calendar table*
7. Are you regularly (i.e., at least once per week) taking any prescription or over the counter medications, including natural health products (e.g., vitamins, herbs and other supplements)?
- Yes
  - No
8. *If any medication to Question "Are you regularly taking any of the following prescription...":* Please list the name(s) of the prescription(s), over the counter medication(s), or natural health products you are regularly taking.
- *Free text response*

#### Part B: Cannabis and other substance use

9. How many people in your household excluding yourself have used/consumed cannabis products since completing the previous survey?
- *Numerical response*
10. Since completing the previous survey, including all household members and regular visitors, does anyone smoke cannabis inside your home regularly, **excluding** yourself?
- Yes
  - No
11. Since completing the previous survey, have you been regularly exposed to second-hand cannabis smoke in a car or other private vehicle?
- Yes

- No
12. Since completing the previous survey, have you been regularly exposed to second-hand smoke at your workplace?
- Yes
  - No
13. Have you and your healthcare provider discussed the subject of cannabis use in pregnancy since completing the previous survey?
- Yes
  - No
14. *If “Yes” to Question “Have you and your healthcare provider...”*: Which healthcare provider(s) have you discussed cannabis use during pregnancy with since completing the previous survey? Select all that apply.
- Obstetrician
  - Family physician
  - Midwife
  - Nurse/nurse practitioner
  - Other, please specify: *Free text response*
15. *If “Yes” to Question “Have you and your healthcare provider...”*: Who initiated the conversation about cannabis use during pregnancy that has taken place since completing the previous survey?
- Me
  - My healthcare provider
16. *If “Yes” to Question “Have you and your healthcare provider...”*: What recommendations or suggestions did your healthcare provider(s) make about cannabis use during pregnancy since completing the previous survey?
- Not applicable – I am not using/consuming cannabis products
  - Directed me to resources/gave me information
  - Recommended me to increase my cannabis use/consumption
  - Recommended me to decrease my cannabis use/consumption
  - Recommended me to change my format of cannabis use/consumption
  - Neither recommended nor discouraged use/consumption
  - Other, please specify: *Free text response*

17. *If “Yes” to Question “Have you and your healthcare provider...”*: Do you feel satisfied by your discussion(s) with your healthcare provider(s) about cannabis use during pregnancy that has taken place since completing the previous survey?
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied nor unsatisfied
  - Somewhat unsatisfied
  - Very unsatisfied
18. Have you sought out or received information about cannabis use during pregnancy from sources other than your healthcare provider(s) since completing the previous survey? Select all that apply.
- Government issued websites (e.g., Government of Canada, Public Health Ontario, Ottawa Public Health, World Health Organization, etc.)
  - News broadcasting (e.g., television, radio, newspaper, magazines, etc.)
  - Social media (e.g., Facebook, Twitter, Instagram, etc.)
  - Cannabis dispensaries/sources in the cannabis industry
  - Friend or family member
  - Pregnancy and/or breastfeeding professional societies (e.g., Society of Obstetrics and Gynaecologists Canada, American College of Obstetricians and Gynecologists)
  - General pregnancy and childbirth/parenting websites
  - Online forums (e.g., Reddit, Quora, etc.)
  - I have not sought out or received additional information
  - Other, please specify: *Free text response*
19. Since completing the previous survey, have you used/consumed any cannabis products?
- Yes
  - No
20. *If “Yes” to Question “Since completing the previous survey, have you used any cannabis products”*: Which of the following best describes how often you have used/consumed cannabis products since completing the previous survey?
- Once or twice in total
  - Once or twice per month
  - 1-3 times per week
  - 4-6 times per week
  - Daily
  - Multiple times a day

- Other, please specify: *Free text response*
21. *If “Yes” to Question “since completing the previous survey, have you used/consumed any cannabis products”*: For which reason(s) are you currently consuming cannabis during your pregnancy? Select all that apply.
- To reduce nausea and vomiting (e.g., hyperemesis gravidarum)
  - To reduce anxiety/stress
  - To help with depression
  - To relieve acute pain
  - To relieve chronic pain
  - To increase appetite
  - To help with sleep
  - To treat seizures
  - To treat headaches/migraines
  - To treat muscle spasms
  - For recreational purposes/to get high
  - To treat another medical condition not listed here (e.g., glaucoma) or another reason, please specify: *free text response*
22. *If Options 1-10, 12 to Question “for which reason(s) are you currently consuming cannabis during your pregnancy”*: Did a healthcare professional prescribe you cannabis?
- Yes
  - No
23. *If “Yes” to Question “Since completing the previous survey, have you used/consumed any cannabis products?”*: Did you complete the cannabis intake diary?
- Yes
  - No

Please use the image below to help answer the following question.



24. *If “Yes” to Question “Since completing the previous survey, have you used/consumed any cannabis products?”*: In which form(s) have you used/consumed cannabis products thus far **in your current pregnancy**? Select all that apply.

- Smoked dried herb/flower/leaf/bud (e.g., joint, spliff, etc.)
- Vaporized dried herb/flower/leaf/bud (e.g., bong, dry herb vaporizer, etc.)
- Dried herb/flower/leaf/bud mixed with or rolled in tobacco (e.g., blunt)
- Vaporized liquid form in an e-cigarette/vape pen/cartridge
- Hashish/hash/kief
- Concentrates **excluding** tinctures (e.g., hash oil, butane honey oil, shatter, budder, wax, etc.)
- Tinctures/Ingestible oils (e.g., spray, dropper, capsule, etc.)
- Cannabis food products (e.g., chocolate, brownies, gummies, etc.)
- Beverages
- Topical ointments (e.g., lotions, salves, balms, cream, etc.)
- Fresh flower/leaf (e.g., for juicing)
- Other, please specify: *Free text response*

25. *If “Smoked dried herb/flower/leaf/bud” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you smoke dried herb/flower/leaf/bud in this pregnancy?

- Less than once a month in this pregnancy
- Monthly in this pregnancy
- Weekly in this pregnancy
- Daily in this pregnancy
- Other, please specify: *Free text response*
- I don't know

26. *If “Vaporized dried herb/flower/leaf/bud” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you vaporize dried herb/flower/leaf/bud in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
27. *If “Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you mix or roll dried herb/flower/leaf/bud with tobacco in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
28. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: At each use/consumption, on average how much dried herb/flower/leaf/bud do you consume?
- Less than 1/8 (one eighth) gram
  - 1/8 (one eighth) gram
  - ¼ (one quarter) gram
  - ½ (half) gram
  - ¾ (three quarters) gram
  - 1 gram
  - 2 grams
  - 3 grams
  - 1/8 (one eighth) ounce
  - ¼ (one quarter) ounce
  - More than ¼ (one quarter) ounce
  - Other, please specify: *Free text response*
  - I don't know

29. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: Do you know the THC level in the dried flower/herb/leaf/bud you usually consume?
- Yes
  - No
  - Not applicable – the dried flower/herb/leaf/bud does not contain THC
30. *If “YES” to Do you know the THC level in the dried flower/herb/leaf/bud you usually consume*: What is the usual THC level in the dried herb/flower/leaf/bud?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
31. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: Do you know the CBD level in the dried flower/herb/leaf/bud you usually consume?
- Yes
  - No
  - Not applicable – the dried flower/herb/leaf/bud does not contain CBD
32. *If “YES” to Do you know the CBD level in the dried flower/herb/leaf/bud you usually consume*: What is the usual CBD level in the dried herb/flower/leaf/bud?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
33. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: If available, please upload any images of the dried herb/flower/leaf/bud products that you have been using in pregnancy showing cannabis content (THC and CBD) details.
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
34. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you use/consume vaporized liquids in e-cigarettes/pens/cartridges in this pregnancy?

- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
35. *If "Vaporized liquid form in e-cigarettes/pens/cartridges" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* At each use/consumption, on average how much liquid do you consume?
- \_\_\_\_\_ gram(s)
  - \_\_\_\_\_ mL
  - \_\_\_\_\_ fl oz
  - \_\_\_\_\_ cartridge(s)
  - Other, please specify: *Free text response*
  - I don't know
36. *If "Vaporized liquid form in e-cigarettes/pens/cartridges" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* Do you know the THC level in the liquid you usually use/consume in the e-cigarettes/pens/cartridges?
- Yes
  - No
  - Not applicable – the liquid does not contain THC
37. *If "Yes" to Do you know the THC level in the liquid you usually use/consume in the e-cigarettes/pens/cartridges:* What is the usual THC level in the liquid?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
38. *If "Vaporized liquid form in e-cigarettes/pens/cartridges" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* Do you know the CBD level in the liquid you usually use/consume in the e-cigarettes/pens/cartridge?
- Yes
  - No
  - Not applicable – the liquid does not contain CBD

39. *If “Yes” to Do you know the CBD level in the liquid you usually use/consume in the e-cigarettes/pens/cartridge:* What is the usual CBD level in the liquid product?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD

40. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the liquid products that you have been consuming in pregnancy showing cannabis content (THC and CBD) details.

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

41. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume hashish/hash/kief in this pregnancy?

- Less than once a month in this pregnancy
- Monthly in this pregnancy
- Weekly in this pregnancy
- Daily in this pregnancy
- Other, please specify: *Free text response*
- I don't know

42. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each use/consumption, on average how much hashish/hash/kief do you consume?

- \_\_\_\_\_ gram(s)
- \_\_\_\_\_ hit(s)
- \_\_\_\_\_ toke(s)
- Other, please specify: *Free text response*
- I don't know

43. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the THC level in the hashish/hash/kief you usually consume?

- Yes
- No
- Not applicable – the hashish/hash/kief does not contain THC

44. *If “Yes” to Do you know the THC level in the hashish/kief you usually consume:* What is the usual THC level in the hashish/kief?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
45. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the CBD level in the hashish/kief you usually consume?
- Yes
  - No
  - Not applicable – the hashish/hash/kief does not contain CBD
  -
46. *If “Yes” to Do you know the CBD level in the hashish/hash/kief:* What is the usual CBD level in the hashish/hash/kief?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
47. *If “hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the hashish/hash/kief products that you have been consuming in pregnancy showing cannabis content (THC and CBD) details.
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
48. *If “Concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume concentrate(s) in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
49. *If “Concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each use/consumption, on average how much concentrate do you consume?
- \_\_\_\_\_ gram(s)
  - \_\_\_\_\_ hit(s)

- \_\_\_\_\_ toke(s)
  - \_\_\_\_\_ dab(s)
  - Other, please specify: *Free text response*
  - I don't know
50. *If “concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: Do you know the THC level in the concentrate you usually consume?
- Yes
  - No
  - Not applicable – the concentrate does not contain THC
51. *If “Yes” to Do you know the THC level in the concentrate you usually consume*: What is the usual THC level in the concentrate?
- \_\_\_\_\_mg THC **OR**
  - \_\_\_\_\_ % THC
52. *If “concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: Do you know the CBD level in the concentrate you usually consume?
- Yes
  - No
  - Not applicable – the concentrate does not contain CBD
53. *If “Yes” to Do you know the CBD level in the concentrate*: What is the usual CBD level in the concentrate?
- \_\_\_\_\_mg CBD **OR**
  - \_\_\_\_\_ % CBD
54. *If “concentrate” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: If available, please upload any images of the concentrate products that you have been consuming in pregnancy showing cannabis content (THC and CBD)
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
55. *If “Tinctures/ingestibles” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you use/consume tinctures/ingestible oils in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy

- Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
56. *If "Tinctures/ingestible oils" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* At each use/consumption, on average how much tinctures/ingestible oils do you consume?
- \_\_\_\_\_ mL
  - \_\_\_\_\_ drop(s)
  - \_\_\_\_\_ capsule(s)
  - \_\_\_\_\_ gram(s)
  - Other, please specify: *Free text response*
  - I don't know
57. *If "tinctures/ingestible oils" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* Do you know the THC level in the tinctures/ingestible oils you usually consume?
- Yes
  - No
  - Not applicable – the tinctures/ingestible oils do not contain THC
58. *If "Yes" to Do you know the THC level in the tinctures/ingestible oils you usually consume:* What is the usual THC level in the tinctures/ingestible oils?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
59. *If "tinctures/ingestible oils" to Question "In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply":* Do you know the CBD level in the tinctures/ingestible oils you usually consume?
- Yes
  - No
  - Not applicable – the tinctures/ingestible oils do not contain CBD
60. *If "Yes" to Do you know the CBD level in the tinctures/ingestible oils:* What is the usual CBD level in the concentrate?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD

61. *If “tinctures/ingestible oils” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: If available, please upload any images of the tinctures/ingestible oils products that you have been using in pregnancy showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

62. *If “Cannabis food products” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: How often do you consume cannabis food products in this pregnancy?

- Less than once a month in this pregnancy
- Monthly in this pregnancy
- Weekly in this pregnancy
- Daily in this pregnancy
- Other, please specify: *Free text response*
- I don't know

63. *If “Cannabis food products” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: At each consumption, on average how much cannabis food product do you consume?

- \_\_\_\_\_ # of product(s)
- Other, please specify: *Free text response*
- I don't know

64. *If “cannabis food product” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: Do you know how much THC is in one standard serving of the cannabis food product?

- Yes
- No
- Not applicable – the cannabis food product does not contain THC

65. *If “Yes” to Do you know how much THC is in one standard serving of the cannabis food product?:* What is the usual THC level in one standard serving?

- \_\_\_\_\_ mg THC **OR**
- \_\_\_\_\_ % THC

66. *If “cannabis food product” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”*: Do you know how much CBD is in one standard serving of the cannabis food product?

- Yes
- No
- Not applicable – the cannabis food product does not contain CBD

67. *If “Yes” to Do you know how much CBD is in one standard serving of the cannabis food product?:* What is the usual CBD level in one standard serving?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

68. *If “cannabis food product” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the cannabis food products that you have been using in pregnancy showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

69. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume beverages containing cannabis in this pregnancy?

- Less than once a month in this pregnancy
- Monthly in this pregnancy
- Weekly in this pregnancy
- Daily in this pregnancy
- Other, please specify: *Free text response*
- I don't know

70. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each consumption, on average how many beverages containing cannabis extracts do you consume?

- \_\_\_\_\_ # of product(s)
- Other, please specify: *Free text response*
- I don't know

71. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know how much

THC is in one standard serving of the beverage?

- Yes
- No

- Not applicable – the beverage does not contain THC

72. *If “Yes” to Do you know how much THC is in one standard serving of the beverage?:*

What is the usual THC level in one standard serving?

- \_\_\_\_\_ mg THC **OR**
- \_\_\_\_\_ % THC

73. *If “beverage” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know how much CBD is in one standard serving of the beverage?

- Yes
- No
- Not applicable – the cannabis food product does not contain CBD

74. *If “Yes” to Do you know how much CBD is in one standard serving of the beverage?:*

What is the usual CBD level in one standard serving?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

75. *If “beverage” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the beverage that you have been consuming in pregnancy showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

76. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume topical ointment(s) in this pregnancy?

- Less than once a month in this pregnancy
- Monthly in this pregnancy
- Weekly in this pregnancy
- Daily in this pregnancy
- Other, please specify: *Free text response*
- I don't know

77. *If “Topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each use, on average how much topical ointment do you use?

- \_\_\_\_\_ gram(s)

- \_\_\_\_\_ ounce(s)
- \_\_\_\_\_ mL
- \_\_\_\_\_ fingertip(s) (from the tip of your index finger to the first crease of the finger)
- Other, please specify: *Free text response*
- I don't know

78. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the THC level in the topical ointment you usually use?

- Yes
- No
- Not applicable – the topical ointment does not contain THC

79. *If “Yes” to Do you know the THC level in the topical ointment you usually use?:* What is the usual THC level?

- \_\_\_\_\_ mg THC **OR**
- \_\_\_\_\_ % THC

80. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the CBD level in the topical ointment you usually use?

- Yes
- No
- Not applicable – the topical ointment does not contain CBD

81. *If “Yes” to Do you know the CBD level in the topical ointment you usually use?:* What is the usual CBD level?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

82. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the topical ointment that you have been using in pregnancy showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

83. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* How often do you use/consume fresh flower/leaf in this pregnancy?
- Less than once a month in this pregnancy
  - Monthly in this pregnancy
  - Weekly in this pregnancy
  - Daily in this pregnancy
  - Other, please specify: *Free text response*
  - I don't know
84. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* At each use/consumption, on average how much fresh flower/leaf do you consume?
- \_\_\_\_\_ ounce(s)
  - \_\_\_\_\_ gram(s)
  - \_\_\_\_\_ leave(s)
  - Other, please specify: *Free text response*
  - I don't know
85. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the THC level in the fresh flower/leaf you usually consume?
- Yes
  - No
  - Not applicable – the fresh flower/leaf does not contain THC
86. *If “Yes” to Do you know the THC level in the fresh flower/leaf you usually consume?:* What is the usual THC level?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
87. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* Do you know the CBD level in the fresh flower/leaf you usually consume?
- Yes
  - No
  - Not applicable – the fresh flower/leaf does not contain CBD

88. *If “Yes” to Do you know the CBD level in the fresh flower/leaf you usually consume?:*  
What is the usual CBD level?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
89. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products thus far in your current pregnancy? Select all that apply”:* If available, please upload any images of the fresh flower/leaf that you have been using in pregnancy showing cannabis content (THC and CBD)
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
90. *If “Other” to Question “In which form(s) do you use/consume cannabis?”:* On average, how much cannabis do you use/consume each time you use/consume a product you previously listed as “other”?
- *Free text response*
91. *If “Yes” to Question “Are you currently using or have you used/consumed cannabis during your pregnancy”:* Where do you purchase/receive your cannabis product(s)? Select all that apply. \*
- Licensed store/dispensary
  - Unlicensed store/dispensary
  - Licensed online source
  - Unlicensed online source
  - I made my own (e.g., grow cannabis at home, make my own products)
  - From a friend or family member
  - From someone else I know
  - From a dealer (in person)
  - From a dealer (mail delivery)
  - Other, please specify: *free text response*
  - I prefer not to answer
92. *If “Yes” to Question “Since completing the previous survey, have you used any cannabis products”:* Have you changed how often you are consuming cannabis during your pregnancy since completing the previous survey?
- Yes, I use/consume cannabis more often than I did when I completed the previous survey
  - Yes, I use/consume cannabis less often than I did when I completed the previous survey
  - Yes, I have stopped consuming cannabis since the previous survey

- No, I use/consume cannabis as often as I did when I completed the previous survey
  - I don't know
93. *If "Yes, more often" to Question (previous):* Why did you decide to start consuming cannabis more often during your pregnancy?
- *Free text response*
94. *If "Yes, less often" or "Yes, stopped" to Question (previous):* Why did you decide to quit cannabis or begin to use/consume cannabis less often during your pregnancy?
- *Free text response*
95. Since completing the previous survey, have you used/consumed any alcohol during your pregnancy? \*
- Yes
  - No
  - I prefer not to answer
96. *If "Yes" to Question "Since completing the previous survey, have you had any alcohol during your pregnancy":* Which of the following best describes how often you have had alcohol since completing the previous survey?
- Once or twice in total
  - Once or twice per month
  - 1-3 times per week
  - 4-6 times per week
  - Daily
  - Multiple times a day
  - Other, please specify: *Free text response*
97. *If "Yes" to Question "Have you used/consumed, or are you currently drinking alcohol during your pregnancy":* Since completing the previous survey, on average when you are drinking, how many drinks do you consume? A drink refers to 1 regular sized bottle, can, or draft of beer or cooler; 1 glass of wine; 1 shot of liquor (rum, whiskey, vodka, tequila, etc.) with or without mix.
- *Numerical response*
98. Since completing the previous survey, have you used any tobacco/nicotine products? \*
- Yes

- No
  - I prefer not to answer
99. *If “Yes” to Question “Since completing the previous survey, have you used, or are you currently using tobacco”:* Which of the following tobacco/nicotine products have you used since completing the previous survey?
- Cigarettes
  - Cigars
  - Vaping
  - Chewing tobacco
  - Nicotine replacement (i.e., gum, patch, oral spray, lozenge, etc.)
  - Other, please specify: *Free text response*
100. *If “Yes” to Question “Since completing the previous survey, have you used any tobacco during your pregnancy”:* Which of the following best describes how often you have used tobacco/nicotine products since completing the previous survey?
- Once or twice in total
  - Once or twice per month
  - 1-3 times per week
  - 4-6 times per week
  - Daily
  - Multiple times a day
  - Other, please specify: *Free text response*
101. Since completing the previous survey, including all household members and regular visitors, does anyone smoke tobacco inside your home regularly, **excluding** yourself?
- Yes
  - No
102. *If “Yes” to Question “does anyone smoke tobacco inside your home”:* Since completing the previous survey, on a typical day, how many cigarettes are smoke inside your home?
- 1-10
  - 11-20
  - 21-30
  - 31-40
  - 41 or more
  - I don’t know
103. Since completing the previous survey, have you been regularly exposed to second-hand tobacco smoke in a car or other private vehicle?
- Yes

- No

104. Since completing the previous survey, have you been regularly exposed to second-hand tobacco smoke at your workplace?

- Yes
- No

## Postpartum Survey

### **Part A: Obstetric and health history**

2. Have you been diagnosed by a physician with any of the following health conditions since completing the previous survey? Select all that apply.

- Not applicable – I have not been diagnosed with any health conditions
- Allergies
- Skin conditions (e.g., psoriasis, eczema, dermatitis, etc.)
- Breathing or respiratory condition (e.g., asthma, COPD (chronic obstructive pulmonary disease))
- Cancer (current or previous diagnoses)
- Cardiovascular condition (e.g., hypertension, heart disease, etc.)
- Chronic pain (e.g., migraine, arthritis, etc.)
- Diabetes (e.g., Type 1, Type 2 etc.)
- Gastrointestinal condition(s) (e.g., GERD (acid reflux), Crohn's, irritable bowel disease, etc.)
- Glaucoma
- HIV/AIDS
- Mental health condition(s) (e.g., anxiety, depression, obsessive compulsive disorder, eating disorder, post-traumatic stress disorder, etc.)
- Neurological condition(s) (e.g., Parkinson's, multiple sclerosis, epilepsy, etc.)
- Sleep disorder (e.g., insomnia)
- Other

3. *If any condition or other to Question "Have you been diagnosed by a physician...":* Please specify the health condition(s).

- *Free text response*

4. Have you received any vaccines since completing the previous survey?

- Yes
  - o If yes, please select all that apply.
    - Flu shot/Influenza vaccine
    - COVID-19 vaccine

- Which dose(s) of the COVID-19 vaccine did you receive?
    - First dose
    - Second dose
    - Another dose
  - Other – please specify the vaccine:
    - No
    - Unsure
5. Have you visited the emergency department for a health concern related to yourself since completing the previous survey?
- No
  - Yes
    - How many times have you visited the emergency department since completing the previous survey? *Numerical response*
    - Please specify the reason for your emergency department visit(s): *Free text response*
    - Please enter the date(s) of your emergency department visit(s): *Select date from calendar table*
6. Have you been admitted to hospital for more than 24 hours for any reason (other than delivery) since completing the previous survey? Please exclude any emergency department visit(s).
- No
  - Yes
    - How many times have you been hospitalized since completing the previous survey? *Numerical response*
    - Please specify the reason for your hospitalization(s): *Free text response*
    - Please enter the date(s) of admission to hospital: *Select date from calendar table*
7. Are you regularly (i.e., at least once per week) taking any of the following prescription or over the counter medications, including natural health products (e.g., vitamins, herbs or other supplements)?
- Yes
  - No
8. *If any medication to Question “Are you regularly taking any of the following prescription...”*: Please list the name(s) of the prescription(s), over the counter medication(s) or natural health products you are regularly taking.

- *Free text response*

## Part B: Cannabis and other substance use

9. How many people in your household, excluding yourself, are currently consuming cannabis products?

- *Numerical response*

10. Since completing the previous survey, including all household members and regular visitors, does anyone smoke cannabis inside your home regularly, **excluding** yourself?

- Yes
- No

11. Since completing the previous survey, have you been regularly exposed to second-hand cannabis smoke in a car or other private vehicle?

- Yes
- No

12. Since completing the previous survey, have you been regularly exposed to second-hand smoke at your workplace?

- Yes
- No

13. Have you and your healthcare provider discussed the subject of cannabis use after delivery (e.g., while breastfeeding/chestfeeding)?

- Yes
- No

14. *If “Yes” to Question “Have you and your healthcare provider...”*: Which healthcare provider(s) have you discussed the subject of cannabis use after delivery with? Select all that apply.

- Obstetrician
- Family physician
- Midwife
- Nurse/nurse practitioner
- Other, please specify: *Free text response*

15. *If “Yes” to Question “Have you and your healthcare provider...”*: Who initiated the conversation about cannabis use after delivery?

- Me
- My healthcare provider

16. If “Yes” to Question “Have you and your healthcare provider...”: What recommendations or suggestions did your healthcare provider(s) make about cannabis use after delivery?

- Not applicable – I am not using/consuming cannabis products
- Directed me to resources/gave me information
- Recommended me to increase my cannabis consumption/consumption
- Recommended me to decrease my cannabis consumption/consumption
- Recommended me to change my format of cannabis consumption
- Neither recommended nor discouraged use/consumption
- Other, please specify: *Free text response*

17. Do you feel satisfied by your discussion with your healthcare provider(s) about cannabis use after delivery?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor unsatisfied
- Somewhat unsatisfied
- Very unsatisfied

18. Have you sought out or received information about cannabis use after delivery from sources other than your healthcare provider(s)? Select all that apply.

- Government issued websites (e.g., Government of Canada, Public Health Ontario, Ottawa Public Health, World Health Organization, etc.)
- News broadcasting (e.g., television, radio, newspaper, magazines, etc.)
- Social media (e.g., Facebook, Twitter, Instagram, etc.)
- Cannabis dispensaries/sources in the cannabis industry
- Friend or family member
- Pregnancy and/or breastfeeding professional societies (e.g., Society of Obstetrics and Gynaecologists Canada, American College of Obstetricians and Gynecologists)
- General pregnancy and childbirth/parenting websites
- Online forums (e.g., Reddit, Quora, etc.)
- I have not sought out or received additional information
- Other, please specify: *Free text response*

19. Since completing the previous survey, have you used/consumed any cannabis products?

- Yes
- No

20. *If “Yes” to Question “since completing the previous survey, have you used/consumed any cannabis products”*: For which reason(s) are you currently consuming cannabis? Select all that apply.

- To reduce nausea and vomiting
- To reduce anxiety/stress
- To help with depression
- To relieve acute pain
- To relieve chronic pain
- To increase appetite
- To help with sleep
- To treat seizures
- To treat headaches/migraines
- To treat muscle spasms
- For recreational purposes/to get high
- To treat another medical condition not listed here (e.g., glaucoma) or another reason, please specify: *free text response*

21. *If Options 1-10, 12 to Question “for which reason(s) are you currently consuming cannabis”*: Did a healthcare professional prescribe you cannabis?

- Yes
- No

22. *If “Yes” to Question “Since completing the previous survey, have you used/consumed any cannabis products?”*: Did you complete the cannabis intake diary?

- Yes
- No

23. *If “Yes” Question “Since completing the previous survey, have you used/consumed any cannabis products?”*: Which of the following best describes your cannabis use/consumption since completing the previous survey?

- Once or twice
- Once or twice per month
- 1-3 times per week

- 4-6 times per week
- Daily
- Multiple times a day
- Other, please specify: *Free text response*

Please use the image below to help answer the following question.



24. *If “Yes” to Question “Did you complete the cannabis intake diary?”*: In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply.

- Smoked dried herb/flower/leaf/bud (e.g., joint, spliff, etc.)
- Vaporized dried herb/flower/leaf/bud (e.g., bong, dry herb vaporizer, etc.)
- Dried herb/flower/leaf/bud mixed with or rolled in tobacco (e.g., blunt)
- Vaporized liquid form in an e-cigarette/vape pen/cartridge
- Hashish/hash/kief
- Concentrates **excluding** tinctures (e.g., hash oil, butane honey oil, shatter, budder, wax, etc.)
- Tinctures/Ingestible oils (e.g., spray, dropper, capsule, etc.)
- Cannabis food products (e.g., chocolate, brownies, gummies, etc.)
- Beverages
- Topical ointments (e.g., lotions, salves, balms, cream, etc.)
- Fresh flower/leaf (e.g., for juicing)
- Other, please specify: *Free text response*

25. *If “Smoked dried herb/flower/leaf/bud” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: How often do you smoke dried herb/flower/leaf/bud?

- Less than once a month

- Monthly
  - Weekly
  - Daily
  - Other, please specify: *Free text response*
  - I don't know
26. *If "Vaporized dried herb/flower/leaf/bud" to Question "In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply":* How often do you vaporize dried herb/flower/leaf/bud?
- Less than once a month
  - Monthly
  - Weekly
  - Daily
  - Other, please specify: *Free text response*
  - I don't know
27. *If "Dried herb/flower/leaf/bud mixed with or rolled in tobacco" to Question "In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply":* How often do you mix or roll dried herb/flower/leaf/bud with tobacco?
- Less than once a month
  - Monthly
  - Weekly
  - Daily
  - Other, please specify: *Free text response*
  - I don't know
28. *If "Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco" to Question "In which form(s) have you used/consumed cannabis products since completing the previous survey Select all that apply":* At each use/consumption, on average how much dried herb/flower/leaf/bud do you consume?
- Less than 1/8 (one eighth) gram
  - 1/8 (one eighth) gram
  - ¼ (one quarter) gram
  - ½ (half) gram
  - ¾ (three quarters) gram
  - 1 gram
  - 2 grams
  - 3 grams
  - 1/8 (one eighth) ounce

- ¼ (one quarter) ounce
  - More than ¼ (one quarter) ounce
  - Other, please specify: *Free text response*
  - I don't know
29. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know the THC level in the dried flower/herb/leaf/bud you usually consume?
- Yes
  - No
  - Not applicable – the dried flower/herb/leaf/bud does not contain THC
30. *If “YES” to Do you know the THC level in the dried flower/herb/leaf/bud you usually consume:* What is the usual THC level in the dried herb/flower/leaf/bud?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
31. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know the CBD level in the dried flower/herb/leaf/bud you usually consume?
- Yes
  - No
  - Not applicable – the dried flower/herb/leaf/bud does not contain CBD
32. *If “YES” to Do you know the CBD level in the dried flower/herb/leaf/bud you usually consume:* What is the usual CBD level in the dried herb/flower/leaf/bud?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
33. *If “Smoked dried herb/flower/leaf/bud, Vaporized dried herb/flower/leaf/bud, Dried herb/flower/leaf/bud mixed with or rolled in tobacco” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* If available, please upload any images of the dried herb/flower/leaf/bud products that you have been using showing cannabis content (THC and CBD) details.

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

34. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: How often do you use/consume vaporized liquids in e-cigarettes/pens/cartridges?
- Less than once a month
  - Monthly
  - Weekly
  - Daily
  - Other, please specify: *Free text response*
  - I don't know
35. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: At each use/consumption, on average how much liquid do you consume?
- \_\_\_\_\_ gram(s)
  - \_\_\_\_\_ mL
  - \_\_\_\_\_ fl oz
  - \_\_\_\_\_ cartridge(s)
  - Other, please specify: *Free text response*
  - I don't know
36. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: Do you know the THC level in the liquid you usually use/consume in the e-cigarettes/pens/cartridges?
- Yes
  - No
  - Not applicable – the liquid does not contain THC
37. *If “Yes” to Do you know the THC level in the liquid you usually use/consume in the e-cigarettes/pens/cartridges*: What is the usual THC level in the liquid?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
38. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: Do you know the CBD level in the liquid you usually use/consume in the e-cigarettes/pens/cartridge?

- Yes
- No
- Not applicable – the liquid does not contain CBD

39. *If “Yes” to Do you know the CBD level in the liquid you usually use/consume in the e-cigarettes/pens/cartridge:* What is the usual CBD level in the liquid product?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

40. *If “Vaporized liquid form in e-cigarettes/pens/cartridges” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* If available, please upload any images of the liquid products that you have been consuming showing cannabis content (THC and CBD) details.

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

41. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* How often do you use/consume hashish/hash/kief?

- Less than once a month
- Monthly
- Weekly
- Daily
- Other, please specify: *Free text response*
- I don't know

42. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* At each use/consumption, on average how much hashish/hash/kief do you consume?

- \_\_\_\_\_ gram(s)
- \_\_\_\_\_ hit(s)
- \_\_\_\_\_ toke(s)
- Other, please specify: *Free text response*
- I don't know

43. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know the THC level in the hashish/hash/kief you usually consume?

- Yes
- No
- Not applicable – the hashish/hash/kief does not contain THC
- 

44. *If “Yes” to Do you know the THC level in the hashish/kief you usually consume:* What is the usual THC level in the hashish/kief?

- \_\_\_\_\_ mg THC **OR**
- \_\_\_\_\_ % THC

45. *If “Hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know the CBD level in the hashish/kief you usually consume?

- Yes
- No
- Not applicable – the hashish/hash/kief does not contain CBD
- 

46. *If “Yes” to Do you know the CBD level in the hashish/hash/kief:* What is the usual CBD level in the hashish/hash/kief?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

47. *If “hashish/hash/kief” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* If available, please upload any images of the hashish/hash/kief products that you have been consuming showing cannabis content (THC and CBD) details.

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

48. *If “Concentrate” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* How often do you use/consume concentrate(s)?

- Less than once a month
- Monthly
- Weekly
- Daily
- Other, please specify: *Free text response*
- I don't know

49. *If “Concentrate” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: At each use/consumption, on average how much concentrate do you consume?
- \_\_\_\_\_ gram(s)
  - \_\_\_\_\_ hit(s)
  - \_\_\_\_\_ toke(s)
  - \_\_\_\_\_ dab(s)
  - Other, please specify: *Free text response*
  - I don't know
50. *If “concentrate” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: Do you know the THC level in the concentrate you usually consume?
- Yes
  - No
  - Not applicable – the concentrate does not contain THC
51. *If “Yes” to Do you know the THC level in the concentrate you usually consume*: What is the usual THC level in the concentrate?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC
52. *If “concentrate” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: Do you know the CBD level in the concentrate you usually consume?
- Yes
  - No
  - Not applicable – the concentrate does not contain CBD
53. *If “Yes” to Do you know the CBD level in the concentrate*: What is the usual CBD level in the concentrate?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
54. *If “concentrate” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: If available, please upload any images of the concentrate products that you have been consuming showing cannabis content (THC and CBD)
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

55. *If “Tinctures/ingestible oils” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: How often do you use/consume tinctures/ingestible oils?
- Less than once a month
  - Monthly
  - Weekly
  - Daily
  - Other, please specify: *Free text response*
  - I don't know
56. *If “Tinctures/ingestible oils” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: At each use/consumption, on average how much tinctures/ingestible oils do you consume?
- \_\_\_\_\_ mL
  - \_\_\_\_\_ drop(s)
  - \_\_\_\_\_ capsule(s)
  - \_\_\_\_\_ gram(s)
  - Other, please specify: *Free text response*
  - I don't know
57. *If “tinctures/ingestible oils” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: Do you know the THC level in the tinctures/ingestible oils you usually consume?
- Yes
  - No
  - Not applicable – the tinctures/ingestible oils do not contain THC
58. *If “Yes” to Do you know the THC level in the tinctures/ingestible oils you usually consume*: What is the usual THC level in the tinctures/ingestible oils?
- \_\_\_\_\_mg THC **OR**
  - \_\_\_\_\_ % THC
59. *If “tinctures/ingestible oils” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: Do you know the CBD level in the tinctures/ingestible oils you usually consume?
- Yes
  - No
  - Not applicable – the tinctures/ingestible oils do not contain CBD

60. *If “Yes” to Do you know the CBD level in the tinctures/ingestible oils:* What is the usual CBD level in the concentrate?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
61. *If “tinctures/ingestible oils” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* If available, please upload any images of the tinctures/ingestible oils products that you have been using showing cannabis content (THC and CBD)
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
62. *If “Cannabis food products” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* How often do you consume cannabis food products?
- Less than once a month
  - Monthly
  - Weekly
  - Daily
  - Other, please specify: *Free text response*
  - I don't know
63. *If “Cannabis food products” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* At each consumption, on average how much cannabis food product do you consume?
- \_\_\_\_\_ # of product(s)
  - Other, please specify: *Free text response*
  - I don't know
64. *If “cannabis food product” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know how much THC is in one standard serving of the cannabis food product?
- Yes
  - No
  - Not applicable – the cannabis food product does not contain THC
65. *If “Yes” to Do you know how much THC is in one standard serving of the cannabis food product?:* What is the usual THC level in one standard serving?
- \_\_\_\_\_ mg THC **OR**
  - \_\_\_\_\_ % THC

66. *If “cannabis food product” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: Do you know how much CBD is in one standard serving of the cannabis food product?
- Yes
  - No
  - Not applicable – the cannabis food product does not contain CBD
67. *If “Yes” to Do you know how much CBD is in one standard serving of the cannabis food product?:* What is the usual CBD level in one standard serving?
- \_\_\_\_\_ mg CBD **OR**
  - \_\_\_\_\_ % CBD
68. *If “cannabis food product” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: If available, please upload any images of the cannabis food products that you have been using showing cannabis content (THC and CBD)
- Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_
69. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: How often do you use/consume beverages containing cannabis?
- Less than once a month
  - Monthly
  - Weekly
  - Daily
  - Other, please specify: *Free text response*
  - I don't know
70. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: At each consumption, on average how many beverages containing cannabis extracts do you consume?
- \_\_\_\_\_ # of product(s)
  - Other, please specify: *Free text response*
  - I don't know
71. *If “beverages” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”*: Do you know how much THC is in one standard serving of the beverage?

- Yes
- No
- Not applicable – the beverage does not contain THC

72. *If “Yes” to Do you know how much THC is in one standard serving of the beverage?:*

What is the usual THC level in one standard serving?

- \_\_\_\_\_ mg THC **OR**
- \_\_\_\_\_ % THC

73. *If “beverage” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know how much CBD is in one standard serving of the beverage?

- Yes
- No
- Not applicable – the cannabis food product does not contain CBD

74. *If “Yes” to Do you know how much CBD is in one standard serving of the beverage?:*

What is the usual CBD level in one standard serving?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

75. *If “beverage” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* If available, please upload any images of the beverage that you have been consuming showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

76. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* How often do you use/consume topical ointment(s)?

- Less than once a month
- Monthly
- Weekly
- Daily
- Other, please specify: *Free text response*
- I don't know

77. *If “Topical ointment” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* At each use, on average how much topical ointment do you use?

- \_\_\_\_\_ gram(s)
- \_\_\_\_\_ ounce(s)
- \_\_\_\_\_ mL
- \_\_\_\_\_ fingertip(s) (from the tip of your index finger to the first crease of the finger)
- Other, please specify: *Free text response*
- I don't know

78. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know the THC level in the topical ointment you usually use?

- Yes
- No
- Not applicable – the topical ointment does not contain THC

79. *If “Yes” to Do you know the THC level in the topical ointment you usually use?:* What is the usual THC level?

- \_\_\_\_\_ mg THC **OR**
- \_\_\_\_\_ % THC

80. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know the CBD level in the topical ointment you usually use?

- Yes
- No
- Not applicable – the topical ointment does not contain CBD

81. *If “Yes” to Do you know the CBD level in the topical ointment you usually use?:* What is the usual CBD level?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

82. *If “topical ointment” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* If available, please upload any images of the topical ointment that you have been using showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

83. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* How often do you use/consume fresh flower/leaf?

- Less than once a month
- Monthly
- Weekly
- Daily
- Other, please specify: *Free text response*
- I don't know

84. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* At each use/consumption, on average how much fresh flower/leaf do you consume?

- \_\_\_\_\_ ounce(s)
- \_\_\_\_\_ gram(s)
- \_\_\_\_\_ leave(s)
- Other, please specify: *Free text response*
- I don't know

85. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know the THC level in the fresh flower/leaf you usually consume?

- Yes
- No
- Not applicable – the fresh flower/leaf does not contain THC

86. *If “Yes” to Do you know the THC level in the fresh flower/leaf you usually consume?:* What is the usual THC level?

- \_\_\_\_\_ mg THC **OR**
- \_\_\_\_\_ % THC

87. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* Do you know the CBD level in the fresh flower/leaf you usually consume?

- Yes

- No
- Not applicable – the fresh flower/leaf does not contain CBD

88. *If “Yes” to Do you know the CBD level in the fresh flower/leaf you usually consume?:*

What is the usual CBD level?

- \_\_\_\_\_ mg CBD **OR**
- \_\_\_\_\_ % CBD

89. *If “fresh flower/leaf” to Question “In which form(s) have you used/consumed cannabis products since completing the previous survey? Select all that apply”:* If available, please upload any images of the fresh flower/leaf that you have been using showing cannabis content (THC and CBD)

Enter number of images you would like to upload (maximum of 5 images): \_\_\_\_\_

90. *If “Other” to Question “In which form(s) do you use/consume cannabis?”:* On average, how much cannabis do you use/consume each time you use/consume a product you previously listed as “other”?

- *Free text response*

91. *If “Yes” to Question “Are you currently using or have you used/consumed cannabis during your pregnancy”:* Where do you purchase/receive your cannabis product(s)? Select all that apply. \*

- Licensed store/dispensary
- Unlicensed store/dispensary
- Licensed online source
- Unlicensed online source
- I made my own (e.g., grow cannabis at home, make my own products)
- From a friend or family member
- From someone else I know
- From a dealer (in person)
- From a dealer (mail delivery)
- Other, please specify: *free text response*
- I prefer not to answer

92. *If “Yes” to Question “Since completing the previous survey, have you consumed any cannabis products”:* Have you changed how often you are using/consuming cannabis since completing the previous survey?

- Yes, I use/consume cannabis more often than I did when I completed the previous survey

- Yes, I use/consume cannabis less often than I did when I completed the previous survey
  - Yes, I have stopped using/consuming cannabis since the previous survey
  - No, I use/consume cannabis as often as I did when I completed the previous survey
  - I don't know
93. *If "Yes, more often" to Question (previous):* Why did you decide to start using/consuming cannabis more often?
- *Free text response*
94. *If "Yes, less often" or "Yes, stopped" to Question (previous):* Why did you decide to quit cannabis or begin to use/consume cannabis less often?
- *Free text response*
95. Since completing the previous survey, have you consumed any alcohol? \*
- Yes
  - No
  - I prefer not to answer
96. *If "Yes" to Question "Since completing the previous survey, have you consumed any alcohol":* Which of the following best describes how often you have consumed alcohol since completing the previous survey?
- Once or twice in total
  - Once or twice per month
  - 1-3 times per week
  - 4-6 times per week
  - Daily
  - Multiple times a day
  - Other, please specify: *Free text response*
97. *If "Yes" to Question "Have you used/consumed, or are you currently drinking alcohol during your pregnancy":* Since completing the previous survey, on average when you are drinking, how many drinks do you consume? A drink refers to 1 regular sized bottle, can, or draft of beer; 1 bottle or can of cooler; 1 glass of wine; 1 shot of liquor (rum, whiskey, vodka, tequila, etc.); or 1 mixed drink (1 shot of liquor with pop, juice, energy drink, etc.).
- *Numerical response*
98. Since completing the previous survey, have you used any tobacco/nicotine products? \*

- Yes
  - No
  - I prefer not to answer
99. *If “Yes” to Question “Since completing the previous survey, have you used any tobacco/nicotine products?”* Which of the following tobacco/nicotine products have you used since completing the previous survey?
- Cigarettes
  - Cigars
  - Vaping
  - Chewing tobacco
  - Nicotine replacement (i.e., gum, patch, oral spray, lozenge, etc.)
  - Other, please specify: *Free text response*
100. *If “Yes” to Question “Since completing the previous survey, have you used any tobacco”:* Which of the following best describes how often you have used tobacco/nicotine products since completing the previous survey?
- Once or twice in total
  - Once or twice per month
  - 1-3 times per week
  - 4-6 times per week
  - Daily
  - Multiple times a day
  - Other, please specify: *Free text response*
101. Since completing the previous survey, including all household members and regular visitors, does anyone smoke tobacco inside your home regularly, **excluding** yourself?
- Yes
  - No
102. *If “Yes” to Question “does anyone smoke tobacco inside your home”:* Since completing the previous survey, on a typical day, how many cigarettes are smoked inside your home?
- 1-10
  - 11-20
  - 21-30
  - 31-40
  - 41 or more
  - I don't know

103. Since completing the previous survey, have you been regularly exposed to second-hand tobacco smoke in a car or other private vehicle?
- Yes
  - No
104. Since completing the previous survey, have you been regularly exposed to second-hand tobacco smoke at your workplace?
- Yes
  - No

#### Part D: Gender-inclusivity

We would like to collect feedback on our use of gender-inclusive terms in this survey and following study documents. Please answer the following questions.

105. How did you feel about the use of gender-inclusive terms (i.e., “breastfeeding/chestfeeding”, “women/individuals”) you have seen in the study materials so far?
- Very comfortable
  - Comfortable
  - Neither comfortable nor uncomfortable
  - Uncomfortable
  - Very uncomfortable
  - Prefer not to answer
106. Which of the following terms would you use to describe feeding your infant your own milk?
- Breastfeeding and breastmilk
  - Chestfeeding and chestmilk
  - I use both
  - Prefer not to answer
  - Other (e.g., nursing) Please specify: *Free text response*
107. Please share any feedback you might have about our use of gender-inclusive terms.
- *Free text response*

#### Part E: Study participation feedback

108. How comfortable did you feel participating in this study overall?

- Very comfortable
  - Comfortable
  - Uncomfortable
  - Very uncomfortable
109. Which aspects of this study made you feel comfortable participating?
- *Free text response*
110. Which aspects of this study made you feel uncomfortable participating?
- *Free text response*
111. Below is a list of feelings people may have about sharing information about their cannabis use with researchers. Did you experience any of the following feelings during this study? Select all that apply.
- Not applicable - I did not have any strong feelings about sharing information about my cannabis use
  - Being judged
  - Feeling embarrassed
  - Feeling guilty
  - My privacy (i.e., that researchers would tell others)
  - Changes to the healthcare I receive
  - Other, please specify: *Free text response*
112. What motivated you to participate in this study?
- Contributing to research and health information
  - Learning more about cannabis and pregnancy
  - Helping future patients
  - None of the above
  - Other, please specify: *Free text response*
113. Were you comfortable giving biological samples (i.e., blood, breastmilk/chestmilk, etc.) at each study visit?
- Yes
  - No
  - Other – please specify: *Free text response*
114. Was it easy for you to schedule and attend your study visits?

- Yes
  - No
    - If it was not easy to schedule or attend your study visits, please explain and state what you would prefer: *Free text response*
  - Other– please specify: *Free text response*
115. Was it convenient for you to complete the surveys online or in-person during your study visit?
- Yes
  - No
    - If it was not convenient to complete the surveys online or in-person during your study visit, please explain and state which method you would prefer: *Free text response*
  - Other – please specify: *Free text response*
116. Was it convenient for you to complete the cannabis intake diary?
- Yes
  - No
    - If it was not convenient to complete the cannabis intake diary, please explain and state which method you would prefer or if there may be any improvements that could be made: *Free text response*
  - Not applicable – I did not use the cannabis intake diary
  - Other – please specify: *Free text response*
117. Thank you for being a part of this study! Please share any other feedback you might have about any part of the study.
- *Free text response*

### Your baby(ies)'s health history

1. What are you feeding your singleton or first-born baby? Select all that apply.

- My own breastmilk/chestmilk
- Donor breastmilk/chestmilk
- Formula or other supplements
- Solid food
- Other, please specify: *Free text response*

2. *Only applicable for twins+*: What are you feeding your second-born baby? Select all that apply.
  - My own breastmilk/chestmilk
  - Donor breastmilk/chestmilk
  - Formula or other supplements
  - Solid food
  - Other, please specify: *Free text response*
  
3. *If “My own breastmilk/chestmilk” in question 1 or 2*: Do you make any changes to your cannabis use to accommodate your breastfeeding/chestfeeding schedule, or vice versa? If so, please describe below.
  - *Free text response*
  - Not applicable – I am not using/consuming cannabis products
  
4. Since birth, has your singleton or first-born baby been diagnosed by a physician with any health conditions?
  - Yes
    - Please specify any of the health conditions:
      - *Free text response*
  - No
  
5. *Only applicable for twins+*: Since birth, has your second-born baby been diagnosed by a physician with any health conditions?
  - Yes
    - Please specify any of the health conditions:
      - *Free text response*
  - No
  
6. Has your singleton or first-born baby been prescribed any medications since discharged from hospital after birth?
  - Yes

- Please specify any of the prescribed medications:
    - [Free text response](#)
  - No
7. **Only applicable for twins+:** Has your second-born baby been prescribed any medications since discharged from hospital after birth?
- Yes
    - Please specify any of the prescribed medications:
      - [Free text response](#)
  - No
8. Have you taken your singleton or first-born baby to the emergency department for any reason since discharged from hospital after birth?
- No
  - Yes
    - How many times have you taken your baby to the emergency department since completing the previous survey? [Numerical response](#)
    - Please specify the reason for your baby's emergency department visit(s): [Free text response](#)
    - Please enter the date(s) of your baby's emergency department visit(s): [Select date from calendar table](#)
9. **Only applicable for twins+:** Have you taken your second-born baby to the emergency department for any reason since discharged from hospital after birth?
- No
  - Yes
    - How many times have you taken your baby to the emergency department since completing the previous survey? [Numerical response](#)
    - Please specify the reason for your baby's emergency department visit(s): [Free text response](#)
    - Please enter the date(s) of your baby's emergency department visit(s): [Select date from calendar table](#)
10. Has your singleton or first-born baby been admitted to hospital for any reason since discharged from hospital after birth? Please exclude any emergency department visit(s).

- No
- Yes
  - How many times has your baby been hospitalized? *Numerical response*
  - Please specify the reason for your baby's hospitalization(s): *Free text response*
  - Please enter the date(s) of your baby's admission to hospital: *Select date from calendar table*

11. *Only applicable for twins+*: Has your second-born baby been admitted to for any reason since discharged from hospital after birth? Please exclude any emergency department visit(s).

- No
- Yes
  - How many times has your baby been hospitalized? *Numerical response*
  - Please specify the reason for your baby's hospitalization(s): *Free text response*
  - Please enter the date(s) of your baby's admission to hospital: *Select date from calendar table*

### Cannabis Intake Diary

Product Type	Amount acquired (e.g., g, mg, mL, number of edible food/beverage items)	THC content (specify %, mg/g, mg/unit)	CBD content (specify %, mg/g, mg/unit)
<b>Description of use/consumption</b>			
<ul style="list-style-type: none"> <li>- Date you started using the product:</li> <li>- Date you finished using the product:</li> <li>- How you used the product (e.g., smoked a joint, vaped, used in baking/cooking):</li> <li>- Pattern/frequency of use (e.g., how many times a day/week/month):</li> </ul>			
<b>Additional Comments</b>			

## Case Report Form

Pregnancy Summary						
<b>1. Detailed pregnancy history</b>						
<input type="checkbox"/> <input type="checkbox"/> Gravida	<input type="checkbox"/> <input type="checkbox"/> Preterm	<input type="checkbox"/> <input type="checkbox"/> Term	<input type="checkbox"/> <input type="checkbox"/> Abortus	<input type="checkbox"/> <input type="checkbox"/> Stillbirths	<input type="checkbox"/> <input type="checkbox"/> Living Children	<input type="checkbox"/> <input type="checkbox"/> Neonatal/ Child Death
<p><b>Gravida:</b> Total number of prior plus present pregnancies regardless of gestational age, type, time or method of termination/outcome. A pregnancy with twins/multiples is counted as one pregnancy.</p> <p><b>Preterm:</b> Total number of previous pregnancies with birth occurring between 20 + 0 and 36+7 completed weeks.</p> <p><b>Term:</b> Total number of previous pregnancies with birth occurring at greater than or equal to 37 completed weeks.</p> <p><b>Abortus:</b> Total number of spontaneous or therapeutic abortions occurring prior to 20+0 weeks. Spontaneous abortions include miscarriage, ectopic pregnancy, missed abortion, and molar pregnancy.</p> <p><b>Living:</b> Total number of children the pregnant person has given birth to that are presently living.</p> <p><b>Stillbirths:</b> Total number of previous pregnancies resulting in a stillbirth. A stillbirth is defined as a product of conception weighing 500 grams or more or of 20 or more weeks' gestation, which after being completely delivered shows no sign of life. Intentional terminations of pregnancy that meet either criterion are also classified as stillbirths in Ontario</p> <p><b>Neonatal/Child Death:</b> Total number of deaths of an infant or child any time after live birth.</p>						
<b>2. Planned Pregnancy?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>3. Type of Conception</b>			<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Assisted	<input type="checkbox"/> Unknown	
<b>4. Estimated date of Birth (EDB). Complete all subsections.</b>						
EDB			<i>Select date from calendar table (dd-mmm-yyyy)</i>			
Dating Method for EDB, specify dating method			<input type="checkbox"/> First trimester ultrasound <input type="checkbox"/> Intrauterine insemination (IUI) or Embryo transfer <input type="checkbox"/> LMP <input type="checkbox"/> Other. Please Specify: <i>Free text response</i> <input type="checkbox"/> Unknown			

<b>Maternal Medical History</b>		
<b>5. Mental Health.</b> Select all that apply		
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Past	<input type="checkbox"/> Present <input type="checkbox"/> Unknown
<input type="checkbox"/> Depression	<input type="checkbox"/> Past	<input type="checkbox"/> Present <input type="checkbox"/> Unknown
<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Past	<input type="checkbox"/> Present <input type="checkbox"/> Unknown
<input type="checkbox"/> Bipolar		
<input type="checkbox"/> Schizophrenia		
<input type="checkbox"/> Other (e.g., PTSD, ADD, personality disorders), Please Specify: <i>Free text response</i>		
<input type="checkbox"/> None noted		
<b>6. Substance Use.</b> Select all that apply		
<input type="checkbox"/> None noted		
<input type="checkbox"/> Alcohol	Comments/details noted in chart: <i>Free text response</i>	
<input type="checkbox"/> Cannabis/Marijuana	Comments/details noted in chart: <i>Free text response</i>	
<input type="checkbox"/> Cigarette smoking	Comments/details noted in chart: <i>Free text response</i>	
<input type="checkbox"/> Non-prescribed substances/drugs	Please specify: <i>Free text response</i>	
	Comments/details noted in chart: <i>Free text response</i>	
<b>7. Maternal Health Conditions prior to pregnancy.</b> Select all that apply. Medication management for conditions indicated below should be noted in response to Q9 Maternal health conditions arising in pregnancy should be noted in response to Q15-onwards		
<input type="checkbox"/> None Noted		
<input type="checkbox"/> Hypertension		
<input type="checkbox"/> Diabetes. Specify Type: <i>Drop down: Type 1, Type 2</i>		
<input type="checkbox"/> Cardiac/Pulmonary. Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Endocrine. Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Gastrointestinal/Liver. Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Breast (including surgery). Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Gynecological (including surgery). Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Musculoskeletal/Rheumatology. Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Hematological. Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Thromboembolic/coagulation. Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Blood transfusion. Please specify condition requiring transfusion: <i>Free text response</i>		
<input type="checkbox"/> Neurological. Please Specify: <i>Free text response</i>		
<input type="checkbox"/> Other (e.g., genetic disorder). Please Specify: <i>Free text response</i>		
<b>8. Infectious Disease.</b> Select all that apply. Medication management for infections should be noted in response to Q9.		
<input type="checkbox"/> None noted	<input type="checkbox"/> Parvovirus	
<input type="checkbox"/> Varicella disease	<input type="checkbox"/> Toxoplasmosis	
<input type="checkbox"/> Human Immunodeficiency Virus (HIV)	<input type="checkbox"/> COVID-19	
<input type="checkbox"/> Herpes Simplex Virus (HSV)	<input type="checkbox"/> Before pregnancy	
<input type="checkbox"/> Sexually transmitted Infections (STIs)	<input type="checkbox"/> During pregnancy. Specify trimester: <i>Drop down: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, unknown</i>	
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Other. Please specify: <i>Free text response</i>	
<input type="checkbox"/> Tuberculosis		
<b>9. Medications Exposure in Pregnancy</b> Include all prescription, over-the-counter, complementary/alternative medications and vitamins. Include dosage where known. If health conditions or infectious diseases are noted in Q7 & Q8, please note medications here.		
<i>Enter text.</i>		
<b>10. Maternal date of birth</b>	<i>Select date from calendar table (mmm-yyyy)</i>	
<b>11. Last documented maternal blood pressure prior to delivery</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mm Hg	<input type="checkbox"/> Not recorded

	Date: <i>Select date from calendar table (dd-mmm-yyyy)</i>	
<b>12. Pre-pregnancy weight</b>	<input type="text"/> . <input type="text"/> kg	<input type="text"/> . <input type="text"/> lb
<b>13. First documented weight in pregnancy</b>	<input type="text"/> . <input type="text"/> kg	<input type="text"/> . <input type="text"/> lb
Specify date recorded	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
<b>14. Last documented weight prior to delivery</b>	<input type="text"/> . <input type="text"/> kg	<input type="text"/> . <input type="text"/> lb
Specify date recorded	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown

Pregnancy Complications	
<b>15. Prenatal Genetic Investigations.</b> Indicate the screening completed, and result, if applicable. Indicate results for all fetuses tested in the text box provided.	
<input type="checkbox"/> First trimester screen (FTS) Between 11w and 13w+6d	Results: <i>Free text response</i>
<input type="checkbox"/> Integrated Prenatal Screening (IPS) Part 1 Between 11w and 13w+6d	Results: <i>Free text response</i>
<input type="checkbox"/> IPS Part 2 Between 15w and 20w+6d	Results: <i>Free text response</i>
<input type="checkbox"/> Maternal Serum Screen (MSS) Between 15w and 20w+6d	Results: <i>Free text response</i>
<input type="checkbox"/> Alpha-fetoprotein (AFP) screen Between 15w and 20w+6d	Results: <i>Free text response</i>
<input type="checkbox"/> Cell free fetal DNA (Non-invasive prenatal testing, NIPT)	Results: <i>Free text response</i>
<input type="checkbox"/> Chorionic villus samples (CVS)/Amniocentesis	Results: <i>Free text response</i>
<input type="checkbox"/> Abnormal Placental Markers	Results: <i>Free text response</i>
<input type="checkbox"/> Other genetic testing. Please specify: <i>Free text response</i>	Results: <i>Free text response</i>
<b>16. Maternal Complications of pregnancy.</b> Select all that apply.	
<input type="checkbox"/> None	
<input type="checkbox"/> Antepartum bleeding (persistent, unexplained)	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Gestational hypertension.	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Pre-existing hypertension with superimposed pre-eclampsia.	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Pre-eclampsia.	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Eclampsia	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> HELLP	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Gestational Diabetes	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Preterm prelabour rupture of membranes (PPROM)	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Premature rupture of membranes (PROM).	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Preterm labour prior to delivery admission	Specify date first recorded: <i>date from calendar table</i>
<input type="checkbox"/> Other maternal complication	Please Specify: <i>Free text response</i>
<b>17. Placental Pathologies.</b> Select all that Apply	
<input type="checkbox"/> None	<input type="checkbox"/> Placenta increta

<input type="checkbox"/> Placenta previa	<input type="checkbox"/> Placenta percreta
<input type="checkbox"/> Placenta accreta	<input type="checkbox"/> Other. Please specify: <i>Free text response</i>
<b>18. Fetal Complications of pregnancy.</b> Select all that apply	
<input type="checkbox"/> None	<input type="checkbox"/> Isoimmunization/alloimmunization
<input type="checkbox"/> Oligohydramnios	<input type="checkbox"/> Intrauterine growth restriction (IUGR)
<input type="checkbox"/> Polyhydramnios	<input type="checkbox"/> Other complications. Please specify: <i>Free text response</i>
<b>19. Hospitalizations during pregnancy</b>	
How many hospital admissions were recorded (Including the admission for labour and delivery)?	<i>Numerical response</i>
Specify date and reasons for admission:	<i>Select date from calendar table (dd-mmm-yyyy)</i> Reason: <i>Free text response</i>
Specify date and reasons for admission:	<i>Select date from calendar table (dd-mmm-yyyy)</i> Reason: <i>Free text response</i>
<i>Add additional entries as needed</i>	

Maternal Admission & Discharge Details			
<b>20. Date of admission for labour and delivery</b>	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown	
<b>21. Type of Labour.</b> Select one.			
<input type="checkbox"/> No Labour	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Induced	<input type="checkbox"/> Unknown
<b>22. Pain Management.</b> Indicate use of pharmacological methods for the management of labour pain. Select all that apply.			
<input type="checkbox"/> None	<input type="checkbox"/> Spinal-epidural combination		
<input type="checkbox"/> Nitrous Oxide	<input type="checkbox"/> Pudendal		
<input type="checkbox"/> Opioids	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Epidural	<input type="checkbox"/> Other. please specify: <i>Free text response</i>		
<b>23. Intrapartum complications during this labour and birth.</b> Select all that apply			
<input type="checkbox"/> None	<input type="checkbox"/> Meconium		
<input type="checkbox"/> Fever >38.5°C	<input type="checkbox"/> Cord prolapse		
<input type="checkbox"/> Nonprogressive first stage labour	<input type="checkbox"/> Placental abruption		
<input type="checkbox"/> Nonprogressive second stage labour	<input type="checkbox"/> Retained Placenta		
<input type="checkbox"/> Atypical or abnormal fetal surveillance	<input type="checkbox"/> Shoulder Dystocia		
<input type="checkbox"/> Uterine Rupture	<input type="checkbox"/> Other. Please specify:		
<input type="checkbox"/> Hysterectomy	Specify Date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Specify Reason:	<i>Free text response</i>	
<input type="checkbox"/> Postpartum hemorrhage	Specify Date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Blood transfusion required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>24. Perineal lacerations</b>			
<input type="checkbox"/> None	<input type="checkbox"/> 4 <sup>th</sup> degree		
<input type="checkbox"/> 1 <sup>st</sup> degree	<input type="checkbox"/> Cervical tear		
<input type="checkbox"/> 2 <sup>nd</sup> degree	<input type="checkbox"/> Other		
<input type="checkbox"/> 3 <sup>rd</sup> degree	<input type="checkbox"/> Unknown		
<b>25. Pain medication used postpartum</b>			
		Dosing in hospital: <i>Free text response</i>	

<input type="checkbox"/> NSAIDs	Prescription at discharge: <i>Free text response</i>		
<input type="checkbox"/> Acetaminophen	Dosing in hospital: <i>Free text response</i>		
	Prescription at discharge: <i>Free text response</i>		
<input type="checkbox"/> Opioids	Dosing in hospital: <i>Free text response</i>		
	Prescription at discharge: <i>Free text response</i>		
<input type="checkbox"/> Gabapentin	Dosing in hospital: <i>Free text response</i>		
	Prescription at discharge: <i>Free text response</i>		
<input type="checkbox"/> Other, please specify:	Specify pain medications: <i>Free text response</i>		
	Dosing in hospital: <i>Free text response</i>		
	Prescription at discharge: <i>Free text response</i>		
<b>26. Level of care required postpartum</b>			
<input type="checkbox"/> Transfer to routine postpartum care floor	Transfer Date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Transfer to Intensive care unit (ICU) or critical care unit (CCU)	Transfer Date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Reason for transfer:	<i>Free text response</i>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Transfer to other organization	Transfer Date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Specify organization:	<i>Free text response</i>	<input type="checkbox"/> Unknown
	Reason for transfer:	<i>Free text response</i>	<input type="checkbox"/> Unknown
<b>27. Maternal outcome during admission for delivery</b>			
<input type="checkbox"/> Discharged home	Discharge Date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Maternal death	Death Date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Cause of Death	<i>Free text response</i>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other	Date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Specify other:	<i>Free text response</i>	<input type="checkbox"/> Unknown

Pregnancy Chorionicity			
<b>28. Number of fetuses in current pregnancy.</b> Select one.			
<input type="checkbox"/> Singleton <input type="checkbox"/> Twins. Specify chorionicity <i>Dropdown: monochorionic, dichorionic</i> <input type="checkbox"/> Higher number of fetuses. Specify number: <i>Numerical response</i> Specify chorionicity: <i>free text response</i>			
Newborn Outcomes – Singleton or first born multiple			
<b>29. Pregnancy outcome.</b> Select one.			
<input type="checkbox"/> Live Birth			
<input type="checkbox"/> Spontaneous abortion Occurring prior to 20+0 weeks. Spontaneous abortions include miscarriage, ectopic pregnancy, missed abortion, and molar pregnancy.	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Spontaneous stillbirth Occurring after 20+0 weeks.	Specify timing:	<input type="checkbox"/> Antepartum	<input type="checkbox"/> Intrapartum
	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Autopsy performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cause of stillbirth As noted in autopsy report or elsewhere if autopsy not performed	<i>free text response</i>	
<input type="checkbox"/> Elective termination	Specify:	<input type="checkbox"/> Congenital anomaly, Please specify: <i>Free text response</i> <input type="checkbox"/> Selective reduction of multiple pregnancy <input type="checkbox"/> Maternal reasons, please specify: <i>Free text response</i> <input type="checkbox"/> Other, please specify: <i>Free text response</i> <input type="checkbox"/> Unknown	
	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
<b>If either spontaneous miscarriage or termination &lt;20 wk and &lt;500g STOP HERE</b>			
<b>30. Date of Delivery</b>	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown	
<b>31. Birth order</b>	<input type="checkbox"/> <input type="checkbox"/> (if singleton, indicate 1)	<input type="checkbox"/> Unknown	
<b>32. Type of Birth.</b> Select one.			
<input type="checkbox"/> Vaginal	Please specify:	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Assisted/Operative (forceps, vacuum)

<input type="checkbox"/> Cesarean section	Please specify:	<input type="checkbox"/> Planned as scheduled	<input type="checkbox"/> Planned not as scheduled	<input type="checkbox"/> Unplanned
Please specify indications: Select all that apply				
<input type="checkbox"/> Fetal anomaly(ies) <input type="checkbox"/> Abnormal or atypical fetal surveillance <input type="checkbox"/> Cord prolapse <input type="checkbox"/> Intrauterine Growth Restriction <input type="checkbox"/> Fetal malpresentation/malposition <input type="checkbox"/> Fetal macrosomia <input type="checkbox"/> Failed induction <input type="checkbox"/> Failed forceps/ vacuum <input type="checkbox"/> HIV <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Hypertensive disorders of pregnancy <input type="checkbox"/> Multiple gestation <input type="checkbox"/> Nonprogressive first stage of labour <input type="checkbox"/> Nonprogressive second stage of labour <input type="checkbox"/> Obesity <input type="checkbox"/> Placenta previa <input type="checkbox"/> Placental abruption <input type="checkbox"/> Prelabour rupture of membranes (PROM) with planned C-section <input type="checkbox"/> Preterm prelabour rupture of membranes (PPROM) with planned C-section <input type="checkbox"/> Previous uterine rupture <input type="checkbox"/> Suspected chorioamnionitis <input type="checkbox"/> Uterine rupture <input type="checkbox"/> VBAC – declined VBAC <input type="checkbox"/> VBAC – failed attempt <input type="checkbox"/> VBAC – Not eligible <input type="checkbox"/> Accommodates care provider/organization <input type="checkbox"/> Maternal Request <input type="checkbox"/> Unknown <input type="checkbox"/> Other Maternal complications/ conditions, please specify: <i>Free text response</i> <input type="checkbox"/> Other fetal complications/ conditions, please specify: <i>Free text response</i>				
<b>33. Neonatal birth complications and/or conditions.</b> Select all that apply				
<input type="checkbox"/> None	<input type="checkbox"/> Facial nerve injury			
<input type="checkbox"/> Brachial plexus injury	<input type="checkbox"/> Unspecified birth injury			
<input type="checkbox"/> Caput succedaneum	<input type="checkbox"/> Other. please specify: <i>Free text response</i>			
<input type="checkbox"/> Cephalohematoma	<input type="checkbox"/> Unknown.			
<input type="checkbox"/> Clavicular fracture				
<b>34. Baby's sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	<input type="checkbox"/> Ambiguous genitalia	<input type="checkbox"/> Unknown		
<b>35. Birthweight</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> g OR	<input type="checkbox"/> <input type="checkbox"/> lbs <input type="checkbox"/> <input type="checkbox"/> ounces		
<b>If Stillbirth STOP HERE</b>				

<b>36. Apgar Score</b>			
At 1 minute:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Done	
At 5 minute:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Done	
At 10 minute:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Done	
<b>37. Were cord blood gases obtained at delivery?</b>			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, source:	<input type="checkbox"/> Arterial	<input type="checkbox"/> Venous	
If yes, pH:	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> Not Done	
If yes, base excess	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> mmol/L	<input type="checkbox"/> Not Done	
<b>38. Were congenital anomalies confirmed after delivery?</b>			
	<input type="checkbox"/> Yes	<input type="checkbox"/> None noted	
If yes, please specify:	<i>Free text response</i>		
<b>39. Were any neonatal health conditions diagnosed during the delivery admission?</b>			
<input type="checkbox"/> None noted <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Hyperbilirubinemia <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Hypothermia <input type="checkbox"/> Hypoxic ischemic encephalopathy (HIE) <input type="checkbox"/> Meconium aspiration syndrome <input type="checkbox"/> Necrotizing enterocolitis (NEC)		<input type="checkbox"/> Neonatal abstinence syndrome (NAS) <input type="checkbox"/> Pneumonia <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Seizures <input type="checkbox"/> Sepsis. Confirmed by: <input type="checkbox"/> positive BLOOD culture <input type="checkbox"/> positive cerebrospinal fluid (CSF) culture <input type="checkbox"/> unknown <input type="checkbox"/> Other, please specify: <i>Free text response</i>	
<b>40. If NAS, was the infant treated with morphine?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> Not noted	
If yes, specify age and dose		<input type="checkbox"/> Age (hours): <i>Numerical response</i>	<input type="checkbox"/> Dose: <i>Free text response</i>
<b>41. Did the infant require resuscitation while in hospital care? (First 30 minutes of life only)</b>		<input type="checkbox"/> Not noted <input type="checkbox"/> FF02 <input type="checkbox"/> CPAP + Air <input type="checkbox"/> CPAP + O2 <input type="checkbox"/> PPV + Air <input type="checkbox"/> PPV+ O2 <input type="checkbox"/> Laryngeal mask airway (LMA) <input type="checkbox"/> Intubation for PPV	<input type="checkbox"/> Intubation for tracheal suction <input type="checkbox"/> Chest compression <input type="checkbox"/> Epinephrine <input type="checkbox"/> Narcan/naloxone <input type="checkbox"/> Volume expander <input type="checkbox"/> Unknown
<b>42. Did the infant require respiratory support while in hospital care?</b>		<input type="checkbox"/> Yes, less than 24 hours	<input type="checkbox"/> Yes, more than 24 hours <input type="checkbox"/> Not noted
If yes, specify type:		<input type="checkbox"/> Intubation <input type="checkbox"/> CPAP <input type="checkbox"/> Other. Please specify:	
<b>43. Did the infant get transferred to a special care nursery (SCN) or neonatal intensive care unit (NICU) in the same hospital?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please specify Unit	<input type="checkbox"/> Special care nursery (SCN)	<input type="checkbox"/> Neonatal intensive care unit (NICU)
If yes, please specify reason for transfer	<input type="checkbox"/> Acute care <input type="checkbox"/> Border <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Observation <input type="checkbox"/> Palliative care <input type="checkbox"/> Prematurity	<input type="checkbox"/> Neonatal abstinence syndrome <input type="checkbox"/> Other, please specify: <i>Free text response</i> <input type="checkbox"/> Unknown
If yes, please date of FIRST ADMISSION	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
If yes, please date of FINAL DISCHARGE	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
<b>44. Did the infant receive any medications while in hospital, NICU or SCN care?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not noted
If yes, specify medications:	<i>Free text response</i>	
<b>45. Did the infant receive any surgical interventions while in hospital, NICU or SCN care?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not noted
If yes, specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
If yes, specify surgery:	<i>Free text response</i>	
<b>46. Did the infant die while in hospital care?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
If yes, specify primary cause of death:	<i>Free text response</i>	
If yes, was the primary cause of death confirmed by autopsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify cause of death indicated on the autopsy report	<i>Free text response</i>	
<b>If infant died while in hospital care STOP HERE</b>		
<b>47. Where was the infant discharged/transferred to?</b>		
<input type="checkbox"/> Discharged home directly from an observation/ mother baby unit	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>
<input type="checkbox"/> Transferred to another facility	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>
	Specify reason for transfer	<i>Free text response</i>
<b>48. Did the infant participate in a rooming in or kangaroo care program for prevention of NAS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not eligible	
<b>If infant transferred to another facility</b>		

<b>STOP HERE</b>		
<b>49. Newborn feeding from birth to discharge/transfer from hospital or birth centre. Select one</b>		
<input type="checkbox"/> Breastmilk only		
<input type="checkbox"/> Combination of breastmilk and breastmilk substitute. Please specify substitute: <i>Free text response</i>		
<input type="checkbox"/> Breastmilk substitute. Please specify substitute: <i>Free text response</i>		
<input type="checkbox"/> None		
<input type="checkbox"/> Unknown		
<b>50. Intention to breastfeed after discharge</b>		
<input type="checkbox"/> Yes, intends to breastfeed	<input type="checkbox"/> No, does not intend to breastfeed	<input type="checkbox"/> Unknown
<b>If singleton infant</b>		
<b>STOP HERE</b>		

<b>Newborn Outcomes – Singleton or first born multiple</b>			
<b>51. Pregnancy outcome. Select one.</b>			
<input type="checkbox"/> Live Birth			
<input type="checkbox"/> Spontaneous abortion Occurring prior to 20+0 weeks. Spontaneous abortions include miscarriage, ectopic pregnancy, missed abortion, and molar pregnancy.	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Spontaneous stillbirth Occurring after 20+0 weeks.	Specify timing:	<input type="checkbox"/> Antepartum	<input type="checkbox"/> Intrapartum
	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Autopsy performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cause of stillbirth As noted in autopsy report or elsewhere if autopsy not performed	<i>free text response</i>	
<input type="checkbox"/> Elective termination	Specify:	<input type="checkbox"/> Congenital anomaly, Please specify: <i>Free text response</i> <input type="checkbox"/> Selective reduction of multiple pregnancy <input type="checkbox"/> Maternal reasons, please specify: <i>Free text response</i> <input type="checkbox"/> Other, please specify: <i>Free text response</i> <input type="checkbox"/> Unknown	
	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown

<p>If either spontaneous miscarriage or termination &lt;20 wk and &lt;500g</p> <p><b>STOP HERE</b></p>				
<b>52. Date of Delivery</b>	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown		
<b>53. Birth order</b>	<input type="checkbox"/> <input type="checkbox"/> (if singleton, indicate 1)	<input type="checkbox"/> Unknown		
<b>54. Type of Birth.</b> Select one.				
<input type="checkbox"/> Vaginal	Please specify:	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Assisted/Operative (forceps, vacuum)	
<input type="checkbox"/> Cesarean section	Please specify:	<input type="checkbox"/> Planned (as scheduled)	<input type="checkbox"/> Planned (not as scheduled)	<input type="checkbox"/> Unplanned
Please specify indications: Select all that apply <ul style="list-style-type: none"> <li><input type="checkbox"/> Fetal anomaly(ies)</li> <li><input type="checkbox"/> Abnormal or atypical fetal surveillance</li> <li><input type="checkbox"/> Cord prolapse</li> <li><input type="checkbox"/> Intrauterine Growth Restriction</li> <li><input type="checkbox"/> Fetal malpresentation/malposition</li> <li><input type="checkbox"/> Fetal macrosomia</li> <li><input type="checkbox"/> Failed induction</li> <li><input type="checkbox"/> Failed forceps/ vacuum</li> <li><input type="checkbox"/> HIV</li> <li><input type="checkbox"/> Herpes Simplex Virus (HSV)</li> <li><input type="checkbox"/> Hypertensive disorders of pregnancy</li> <li><input type="checkbox"/> Maternal health condition(s)</li> <li><input type="checkbox"/> Multiple gestation</li> <li><input type="checkbox"/> Nonprogressive first stage of labour</li> <li><input type="checkbox"/> Nonprogressive second stage of labour</li> <li><input type="checkbox"/> Obesity</li> <li><input type="checkbox"/> Other obstetrical complication</li> <li><input type="checkbox"/> Placenta previa</li> <li><input type="checkbox"/> Placental abruption</li> <li><input type="checkbox"/> Prelabour rupture of membranes (PROM) with planned C-section</li> <li><input type="checkbox"/> Preterm prelabour rupture of membranes (PPROM) with planned C-section</li> <li><input type="checkbox"/> Previous uterine rupture</li> <li><input type="checkbox"/> Suspected chorioamnionitis</li> <li><input type="checkbox"/> Uterine rupture</li> <li><input type="checkbox"/> VBAC – declined VBAC</li> <li><input type="checkbox"/> VBAC – failed attempt</li> <li><input type="checkbox"/> VBAC – Not eligible</li> <li><input type="checkbox"/> Accommodates care provider/organization</li> <li><input type="checkbox"/> Maternal Request</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Other Maternal complications/ conditions, please specify: <i>Free text response</i></li> <li><input type="checkbox"/> Other fetal complications/ conditions, please specify: <i>Free text response</i></li> </ul>				
<b>55. Neonatal birth complications and/or conditions.</b> Select all that apply				

<input type="checkbox"/> None	<input type="checkbox"/> Facial nerve injury		
<input type="checkbox"/> Brachial plexus injury	<input type="checkbox"/> Unspecified birth injury		
<input type="checkbox"/> Caput succedaneum	<input type="checkbox"/> Other, please specify: <i>Free text response</i>		
<input type="checkbox"/> Cephalohematoma	<input type="checkbox"/> Unknown.		
<input type="checkbox"/> Clavicular fracture			
<b>56. Baby's sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	<input type="checkbox"/> Ambiguous genitalia	<input type="checkbox"/> Unknown	
<b>57. Birthweight</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> g OR	<input type="checkbox"/> <input type="checkbox"/> lbs <input type="checkbox"/> <input type="checkbox"/> ounces	
<b>If Stillbirth STOP HERE</b>			
<b>58. Apgar Score</b>			
At 1 minute:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Done	
At 5 minute:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Done	
At 10 minute:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Done	
<b>59. Were cord blood gases obtained at delivery?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, source:	<input type="checkbox"/> Arterial	<input type="checkbox"/> Venous	
If yes, pH:	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> Not Done	
If yes, base excess	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> mmol/L	<input type="checkbox"/> Not Done	
<b>60. Were congenital anomalies confirmed after delivery?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> None noted	
If yes, please specify:	<i>Free text response</i>		
<b>61. Were any neonatal health conditions diagnosed during the delivery admission?</b>			
<input type="checkbox"/> None noted	<input type="checkbox"/> Neonatal abstinence syndrome (NAS)		
<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Pneumonia		
<input type="checkbox"/> Hyperbilirubinemia	<input type="checkbox"/> Respiratory distress		
<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Seizures		
<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Sepsis. Confirmed by:		
<input type="checkbox"/> Hypoxic ischemic encephalopathy (HIE)	<input type="checkbox"/> positive BLOOD culture		
<input type="checkbox"/> Meconium aspiration syndrome	<input type="checkbox"/> positive cerebrospinal fluid (CSF) culture		
<input type="checkbox"/> Necrotizing enterocolitis (NEC)	<input type="checkbox"/> unknown		
	<input type="checkbox"/> Other, please specify: <i>Free text response</i>		
<b>62. If NAS, was the infant treated with morphine?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not noted	
If yes, specify age and dose	<input type="checkbox"/> Age (hours): <i>Numerical response</i>	<input type="checkbox"/> Dose: <i>Free text response</i>	
<b>63. Did the infant require resuscitation while in hospital care?</b>	<input type="checkbox"/> Yes, less than 24 hours	<input type="checkbox"/> Yes, more than 24 hours	<input type="checkbox"/> Not noted
<b>64. Did the infant require respiratory support while in hospital care?</b>	<input type="checkbox"/> Yes, less than 24 hours	<input type="checkbox"/> Yes, more than 24 hours	<input type="checkbox"/> Not noted

If yes, specify type:	<input type="checkbox"/> Intubation	<input type="checkbox"/> CPAP	
	<input type="checkbox"/> Other. Please specify:		
<b>65. Did the infant get transferred to a special care nursery (SCN) or neonatal intensive care unit (NICU) in the same hospital?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify Unit	<input type="checkbox"/> Special care nursery (SCN)	<input type="checkbox"/> Neonatal intensive care unit (NICU)	
If yes, please specify reason for transfer	<input type="checkbox"/> Acute care <input type="checkbox"/> Border <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Observation <input type="checkbox"/> Palliative care <input type="checkbox"/> Prematurity	<input type="checkbox"/> Neonatal abstinence syndrome <input type="checkbox"/> Other, please specify: <i>Free text response</i> <input type="checkbox"/> Unknown	
If yes, please date of FIRST ADMISSION	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown	
If yes, please date of FINAL DISCHARGE	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown	
<b>66. Did the infant receive any medications while in hospital, NICU or SCN care?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not noted	
If yes, specify medications:	<i>Free text response</i>		
<b>67. Did the infant receive any surgical interventions while in hospital, NICU or SCN care?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not noted	
If yes, specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown	
If yes, specify surgery:	<i>Free text response</i>		
<b>68. Did the infant die while in hospital care?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown	
If yes, specify primary cause of death:	<i>Free text response</i>		
If yes, was the primary cause of death confirmed by autopsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Autopsy not done	
If yes, please specify cause of death indicated on the autopsy report	<i>Free text response</i>		
<b>If infant died while in hospital care</b>			
<b>STOP HERE</b>			
<b>69. Where was the infant discharged/transferred to?</b>			
<input type="checkbox"/> Discharged home directly from an observation/ mother baby unit	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Transferred to another facility	Specify date:	<i>Select date from calendar table (dd-mmm-yyyy)</i>	<input type="checkbox"/> Unknown
	Specify reason for transfer	<i>Free text response</i>	<input type="checkbox"/> Unknown

<b>70. Did the patient participate in a rooming in or kangaroo care program for prevention of NAS?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not eligible
<p style="color: red;">If infant transferred to another facility</p> <p style="color: red;">STOP HERE</p>		
<b>71. Newborn feeding from birth to discharge/transfer from hospital or birth centre. Select one</b>		
<input type="checkbox"/> Breastmilk only		
<input type="checkbox"/> Combination of breastmilk and breastmilk substitute. Please specify substitute: <i>Free text response</i>		
<input type="checkbox"/> Breastmilk substitute. Please specify substitute: <i>Free text response</i>		
<input type="checkbox"/> None		
<input type="checkbox"/> Unknown		
<b>72. Intention to breastfeed after discharge</b>		
<input type="checkbox"/> Yes, intends to breastfeed	<input type="checkbox"/> No, does not intend to breastfeed	<input type="checkbox"/> Unknown
<p style="color: red;">If singleton infant</p> <p style="color: red;">STOP HERE</p>		