### A) Demographic characteristics

**A.1. How old were you on your last birthday?** *(years)*

**A.2. What is your marital status?**

- [ ] Single
- [ ] Married with husband in Italy
- [ ] Married without husband in Italy
- [ ] Divorced
- [ ] Widowed
- [ ] Other *(please specify)*

**A.3.1. Do you have any children?**

- [ ] No *(→ A.4.)*
- [ ] Yes *(n°)*

**A.3.2. Are they living in Italy?**

- [ ] No
- [ ] Yes *(n°)*

**A.3.3. How old were they on their last birthday? What is their sex?**

<table>
<thead>
<tr>
<th>I years</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>II years</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>III years</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>IV years</td>
<td>M</td>
<td>F</td>
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<tr>
<td>V years</td>
<td>M</td>
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<tr>
<td>VI years</td>
<td>M</td>
<td>F</td>
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<tr>
<td>VII years</td>
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<tr>
<td>VIII years</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>IX years</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>X years</td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

**A.4. What is the highest level of education that you have completed?** *(years)*

- [ ] < 5
- [ ] 5 – 7
- [ ] 8 – 12
- [ ] ≥13, without university degree
- [ ] ≥13, with university degree *(please specify)*

**A.5. What is your occupation?**

- [ ] None
- [ ] Student
- [ ] Housewife
- [ ] Housekeeper, caregiver
- [ ] Peddler
- [ ] Farmer
- [ ] Manual worker
- [ ] Professional employed *(spec.* ____________ )

**A.6. What is your religion?**

- [ ] None
- [ ] Catholic Christian
- [ ] Orthodox Christian
- [ ] Jewish
- [ ] Buddhist
- [ ] Hindu
- [ ] Other *(spec.* ____________ )

**A.7. What is your country of origin?**

**A.8. From what country did you arrive in Italy?**

- [ ] Country of origin
- [ ] Other country *(please specify)*

**A.9. How long have you lived in Italy?** *(years)* *(if less than 1 year, end interview)*

**A.10. What is your legal immigration status?**

- [ ] Regular
- [ ] Irregular
- [ ] Asylum seeker
- [ ] None
- [ ] Regular
- [ ] Irregular
- [ ] Asylum seeker

### B) General health conditions

**B.1. Do you suffer from any of the following chronic diseases?** *(please, if yes, specify one or more of the following diseases)*

- [ ] No/I don’t know
- [ ] Cardiovascular diseases (eg. hypertension, hypercholesterolemia, etc.)
- [ ] Respiratory diseases (eg. asthma, chronic obstructive pulmonary disease, etc.)
- [ ] Gastrointestinal diseases (eg. gastroenteritis, esophagitis, celiac disease, etc.)
- [ ] Musculoskeletal diseases (eg. osteoarthritis, osteoporosis, carpal tunnel syndrome, etc.)
- [ ] Oral diseases (dental caries, gingivitis, stomatitis, malocclusion, etc.)
- [ ] Genitourinary diseases (calculi, erectile dysfunction, prostatitis, etc.)
- [ ] Psychiatric disorders (depression, schizophrenia, eating disorders)
- [ ] Metabolic diseases (eg. chronic renal failure, liver cirrhosis, diabetes, thyroid disease, etc.)
- [ ] Autoimmune disorders (eg. SLE, psoriasis, inflammatory bowel diseases, etc.)
- [ ] Other *(please specify)*

**B.2. Are you affected by any of the following infectious diseases?**

- [ ] No/I don’t know
- [ ] HIV
- [ ] Hepatitis B
C) Health risk habits

C.1. Tobacco use

C.1.1 Have you smoked at least 100 cigarettes in your entire life? □ No (→C.2.1) □ Yes

C.1.2 Do you now smoke cigarettes: □ Some days (specify n°) □ Every day (specify n°) □ Never (→C.2.1)

C.1.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? □ No □ Yes

C.2. Alcohol consumption

C.2.1. During the past 30 days, did you have at least one drink of any alcoholic beverage such as beer, wine or liquor? □ No (→D.1.1) □ Yes

C.2.2. During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage? □

C.2.3. During the past 30 days, on the days when you drank, approximately how many drinks did you drink on average?

Wine □ Beer □ Liquor □

D) Prevention and screening

D.1. Immunization

D.1.1. Which of the following vaccinations have you had? (more than one option allowed)

□ Diphtheria □ Tetanus □ Pertussis □ Polio
□ Hepatitis B □ Mumps □ Rubella □ Measles
□ Chicken pox □ Haemophilus B □ Pneumococcal □ Meningococcal
□ Influenza □ None/I don’t know □ Other (please, specify □)

(If participant answered Yes to the question A.3.2. skip to question D.1.2. If participant answered No to the question A.3.2. skip to question D.2.1.)

D.1.2. Have your children received vaccinations included in the national programs? □ No □ I don’t remember □ Yes (→D.1.4.)

D.1.3. Why have they not received children’s vaccinations? (more than one option allowed)

□ I was not aware of their availability □ Vaccinations are not useful □ Vaccinations are dangerous
□ Religious reasons □ Lack of time □ Other (please, specify □)

D.1.4. Do you remember which of the following vaccinations your children have had?

□ Mandatory vaccinations (diphtheria, tetanus, polio, hepatitis B) □ Pertussis □ Measles, mumps and rubella
□ Chicken pox □ Haemophilus B □ Pneumococcal □ Meningococcal
□ Influenza □ None/I don’t know □ Other (please, specify □)

D.2. Screening

D.2.1. Have you ever had Pap test? □ No □ Yes, for control □ Yes, for problems

D.2.2. When was the last time you had a Pap test? (years)

□ <1 yr ago □ 1-2 yrs ago □ 2-3 yrs ago □ 3-5 yrs ago □ ≥5 yrs ago

D.2.3. Have you had a hysterectomy? □ No □ Yes

D.2.4. Have you ever had a mammography? □ No □ Yes, for control □ Yes, for problems

D.2.5. When was the last time you had a mammography? (years)

□ <1 yr ago □ 1-2 yrs ago □ 2-3 yrs ago □ 3-5 yrs ago □ ≥5 yrs ago

E) Utilization of maternal health services

(If participant answered Yes to question A.3.1. skip to question E.1. If participant answered No to question A.4.1. end interview.)

E.1. How many times have you given birth since you’ve been in Italy? □ None □ (spec. n°) □

E.2. How many times have you had a miscarriage? □ None □ I don’t remember □ (spec. n°) □

E.3. How many times have you had an abortion? □ None □ I don’t remember □ (spec. n°) □

(If participant answered None to question E.1. end interview. Otherwise, complete interview with all following questions referred to last pregnancy.)

E.4. Who was mainly monitoring your pregnancy/yes? □ None □ General practitioner □

□ Gynecologist □ Midwife □ Other (please, specify □)

E.5. How many prenatal visits did you attend during each pregnancy?
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.6. When did you receive your first pregnancy appointment?</td>
<td>- I don’t remember (please, specify weeks of pregnancy)</td>
</tr>
<tr>
<td>E.7.1. How many prenatal ultrasound checks did you have during your pregnancy?</td>
<td>- (spec. n°)</td>
</tr>
<tr>
<td>E.7.2. Do you remember in which weeks of pregnancy you had these prenatal ultrasound checks?</td>
<td>- (more than one option) - None</td>
</tr>
<tr>
<td>E.8. Did you know that prenatal visits and ultrasound checks are free?</td>
<td>- No - Yes</td>
</tr>
<tr>
<td>E.9. Did you have any prenatal diagnostic testing?</td>
<td>- No - Yes, maternal serum markers - Yes, chorionic villus sampling - Yes, amniocentesis - Yes, nuchal translucency - Other (please, specify)</td>
</tr>
<tr>
<td>E.10. Have you ever participated in a prepartum course/prenatal class?</td>
<td>- No - Yes</td>
</tr>
<tr>
<td>E.11. Overall, do you believe you have had difficulties of access to and use of prenatal services during your pregnancy?</td>
<td>- No</td>
</tr>
<tr>
<td>E.12. Did you ever smoke during pregnancy?</td>
<td>- No, I don’t smoke - Yes, I stopped</td>
</tr>
<tr>
<td>E.13. Did you have a postnatal visit within 12 months after delivery?</td>
<td>- No - Yes</td>
</tr>
<tr>
<td>E.14. What was your chosen infant feeding method?</td>
<td>- Breastfeeding only (→ E.17.) - Bottle-feeding</td>
</tr>
<tr>
<td>E.15. Who advised you regarding the formula milk?</td>
<td>- Nobody, I decided - Physician of hospital ward - Other (please, specify)</td>
</tr>
<tr>
<td>E.16. What is the reason for the formula milk?</td>
<td>- I don’t have enough milk - I stopped breastfeeding</td>
</tr>
<tr>
<td>E.17. Who gave you information about infant feeding?</td>
<td>- None - I know</td>
</tr>
<tr>
<td>E.18. Do you believe it is possible to get pregnant during the period of breastfeeding?</td>
<td>- Yes, it’s possible</td>
</tr>
<tr>
<td>E.19. Who counseled you on postpartum contraceptive methods?</td>
<td>- Family/Friends - General practitioner</td>
</tr>
<tr>
<td>E.20. Do you believe this counseling has been sufficient?</td>
<td>- Yes (please, specify)</td>
</tr>
<tr>
<td>E.21. At the resumption of sexual relations, are you thinking of using contraception?</td>
<td>- Yes, I have used it (→ E.24.)</td>
</tr>
<tr>
<td>E.22. Do you know a family planning center?</td>
<td>- Yes, but I never used it</td>
</tr>
<tr>
<td>E.23. Why have you never used a family planning center?</td>
<td>- I don’t know yet</td>
</tr>
<tr>
<td>E.24. Are you accessing any healthcare services since discharge?</td>
<td>- No (→ E.26.) - Yes</td>
</tr>
<tr>
<td>E.25. Please, specify one or more of following healthcare services:</td>
<td>- Pediatric planning center - Advice center - Specialist clinic</td>
</tr>
<tr>
<td>- Emergency Department - Hospital - Other (please, specify)</td>
<td></td>
</tr>
<tr>
<td>E.26. Whom have you selected as the child’s physician?</td>
<td>- None - Specialist</td>
</tr>
<tr>
<td>- Physician of family planning center - Physician of hospital ward - Pediatrician - Other (please, specify)</td>
<td></td>
</tr>
</tbody>
</table>