

Supplementary Information

Prenatal Secondhand Smoke Exposure and Infant Birth Weight in China

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Appendix

DATA COLLECTION FORM
For Study on Pregnant Women and Their Newborns

Conducted By
 Johns Hopkins University
 Chinese Academy of Preventive Medicine
 and
 Norman Bethune University of Medical Sciences

DONGCHENG OBSTETRICAL HOSPITAL

Name of Interviewer: _____

Subject Identification Number: $\frac{1}{1} \frac{0}{2} \frac{\quad}{3} \frac{\quad}{4} \frac{\quad}{5}$

Patient's Medical Record Number: _____

Date of Interview: _____ - _____ - _____
 24 25 26 27 28 29
 year month day

BEIJING OBSTETRICAL AND GYNECOLOGICAL HOSPITAL

Name of Interviewer: _____

Subject Identification Number: $\frac{2}{1} \frac{0}{2} \frac{\quad}{3} \frac{\quad}{4} \frac{\quad}{5}$

Patient's Medical Record Number: _____

Date of Interview: _____ - _____ - _____
 24 5 26 27 28 29
 year month day

COOPERATIVE HOSPITAL

Name of Interviewer: _____

Subject Identification Number: $\frac{3}{1} \frac{0}{2} \frac{\quad}{3} \frac{\quad}{4} \frac{\quad}{5}$

Patient's Medical Record Number: _____

Date of Interview: _____ - _____ - _____
 24 25 26 27 28 29
 year month day

INTERVIEW WITH MOTHER

Section 1. Eligibility and Demographics

- | | |
|---|----|
| 1. DO YOU LIVE IN BEIJING? | 30 |
| 0. No | |
| 1. Yes | |
| 9. Do not know / No answer | |
| 2. DID YOU EVER SMOKE CIGARETTES? | 31 |
| 0. No, never smoked before | |
| 1. Yes, but stopped smoking before pregnancy | |
| 2. Yes, but stopped smoking during pregnancy | |
| 3. Yes, now smoke on average less than 1 cigarette/day | |
| 4. Yes, now smoke on average 1 or more cigarettes/day | |
| 9. Do not know / No answer | |
| 3. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOL <u>YOU</u> HAVE COMPLETED? | 32 |
| 0. No education / Illiterate | |
| 1. Elementary school | |
| 2. Junior middle school | |
| 3. Senior middle school | |
| 4. University and higher | |
| 9. Do not know / No answer | |
| 4. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOL <u>YOUR HUSBAND</u> HAS COMPLETED? | 33 |
| 0. No education / Illiterate | |
| 1. Elementary school | |
| 2. Junior middle school | |
| 3. Senior middle school | |
| 4. University and higher | |
| 9. Do not know / No answer | |
| 5. HOW MANY PEOPLE ARE IN YOUR FAMILY THAT LIVE AND EAT WITH YOU, INCLUDING YOURSELF? | 34 |
| _____ (Enter. one number) | 35 |
| 6. HOW MUCH IS YOUR FAMILY'S TOTAL MONTHLY INCOME? | 36 |
| 0. less than 500 yuan | |
| 1. 500 yuan–999 yuan | |
| 2. 1,000 yuan–2,499 yuan | |
| 3. 2,500 yuan–3,999 yuan | |
| 4. 4,000 yuan–5,499 yuan | |
| 5. 5,500 yuan or more | |
| 9. Do not know / No answer | |

7. WHEN YOU WERE PREGNANT, HOW MANY DAYS EACH WEEK WERE YOU AROUND ANYONE FOR MORE THAN 15 MINUTES EACH DAY WHO WAS SMOKING? (Read. choices 0–4)

0. Never
1. Less than 1 day each week
2. 1–3 days each week
3. More than 3 days each week
4. Almost every day
9. Do not know / No answer

37

Section 2. Home Exposure Levels

8. AT HOME, HOW MANY HOURS EACH DAY WERE YOU AROUND YOUR HUSBAND WHEN HE WAS SMOKING DURING YOUR . . .

. . . 1st TRIMESTER?

98. Husband did not smoke at home
Average hours per day: _____
99. Do not know / No answer

38
39

. . . 2nd TRIMESTER?

98. Husband did not smoke at home
Average hours per day: _____
99. Do not know / No answer

40
41

. . . 3rd TRIMESTER?

98. Husband did not smoke at home
Average hours per day: _____
99. Do not know / No answer

42
43

9. AT HOME, HOW MANY CIGARETTES DID YOUR HUSBAND SMOKE EACH DAY INSIDE YOUR HOME DURING YOUR . . .

. . . 1st TRIMESTER?

98. Husband did not smoke at home
Average number of cigarettes: _____
99. Do not know / No answer

44
45

. . . 2nd TRIMESTER?

98. Husband did not smoke at home
Average number of cigarettes: _____
99. Do not know / No answer

46
47

. . . 3rd TRIMESTER?

98. Husband did not smoke at home
Average number of cigarettes: _____
99. Do not know / No answer

48
49

10. AT HOME, HOW MANY HOURS EACH DAY WERE YOU AROUND YOUR OTHER FAMILY MEMBERS WHEN THEY WERE SMOKING DURING YOUR . . .

. . . 1st TRIMESTER?

98. Other family members did not smoke at home

Average hours per day: _____

99. Do not know / No answer

_____ 50

51

. . . 2nd TRIMESTER?

98. Other family members did not smoke at home

Average hours per day: _____

99. Do not know / No answer

_____ 52

53

. . . 3rd TRIMESTER?

98. Other family members did not smoke at home

Average hours per day: _____

99. Do not know / No answer

_____ 54

55

11. HOW MANY HOURS EACH DAY WERE YOU VISITING OTHER PEOPLE OR AROUND VISITORS OR GUESTS WHEN THEY WERE SMOKING DURING YOUR . . .

. . . 1st TRIMESTER?

98. They did not smoke in the homes

Average hours per day: _____

99. Do not know / No answer

_____ 56

57

. . . 2nd TRIMESTER?

98. They did not smoke in the homes

Average hours per day: _____

99. Do not know / No answer

_____ 58

59

. . . 3rd TRIMESTER?

98. They did not smoke in the homes

Average hours per day: _____

99. Do not know / No answer

_____ 60

61

12. HOW MANY ROOMS DOES YOUR HOME HAVE, INCLUDING THE KITCHEN (IF SEPARATE ROOM WITH DOOR) BUT EXCLUDING BATHROOMS AND CLOSETS?

_____ (Enter. one number)

99. Do not know / No answer

_____ 62

63

13. WHEN SOMEONE IS SMOKING IN YOUR HOME, HOW OFTEN DO YOU OPEN THE WINDOWS OR DOORS? (Read. choices 0–5)	_____
0. No smoking in the home	64
1. Never	
2. Seldom	
3. Sometimes	
4. Often	
5. Always	
9. Do not know / No answer	
14. DO YOU HAVE AIR CONDITIONING IN YOUR HOME?	_____
0. No	65
1. Yes	
9. Do not know / No answer	
15. WHAT TYPE OF HEATING DO YOU HAVE IN YOUR HOME?	_____
0. Electricity	66
1. Gas heating	
2. Stove	
3. Other (specify): _____	67–84
9. Do not know / No answer	
16. WHAT TYPE OF FUEL DO YOU USE MOST OFTEN FOR COOKING?	_____
0. Electricity	85
1. Natural gas	
2. Wood	
3. Coal	
4. Other (specify): _____	86–103
9. Do not know / No answer	

Section 3. Work Exposure Levels

17. DID YOU WORK WHILE YOU WERE PREGNANT?	_____
0. No (If “No,” check “Did not work” for questions 18–21)	104
1. Yes	
9. Do not know / No answer	
18. AT WORK, HOW OFTEN WERE YOU AROUND ANYONE FOR MORE THAN 15 MINUTES EACH DAY WHO WAS SMOKING WHEN YOU WERE PREGNANT? (Read. choices 0–4)	_____
0. Did not work	105
1. Less than 1 day each week	
2. 1–3 days each week	
3. More than 3 days each week	
4. Almost every day	
9. Do not know / No answer	

19. ON AVERAGE, HOW MANY PEOPLE SMOKED NEAR YOU AT WORK WHEN YOU WERE PREGNANT?

98. Did not work

_____ (Enter one number)

99. Do not know / No answer

106
107

20. WHERE DID YOU WORK MOST OF THE DAY? (Read choices 1–4)

0. Did not work

1. In an office or room with other people

HOW MANY OTHER PEOPLE WORK IN YOUR OFFICE OR ROOM? _____ (Enter one number)

2. Inside a building, but did not stay in one room

3. Outside

4. Other (specify): _____

9. Do not know / No answer

108

109
110

111–126

21. ON AVERAGE, HOW MANY HOURS EACH WORK DAY WERE YOU AROUND SOMEONE AT WORK WHO WAS SMOKING DURING YOUR

...

... 1st TRIMESTER?

98. Did not work

Average hours per day: _____

99. Do not know / No answer

127
128

... 2nd TRIMESTER?

98. Did not work

Average hours per day: _____

99. Do not know / No answer

129
130

... 3rd TRIMESTER?

98. Did not work

Average hours per day: _____

99. Do not know / No answer

131
132

Section 4. Public Exposure Levels

22. IN PUBLIC PLACES (NOT AT WORK) LIKE BUSES, RESTAURANTS OR PARKS, ON AVERAGE, HOW MANY HOURS EACH DAY WERE YOU AROUND SOMEONE WHO WAS SMOKING DURING YOUR ...

... 1st TRIMESTER?

98. Never

Average hours per day: _____

99. Do not know / No answer

133
134

... 2nd TRIMESTER?

98. Never

Average hours per day: _____

99. Do not know / No answer

135
136

... 3rd TRIMESTER?

98. Never

Average hours per day: _____

99. Do not know / No answer

_____ 137
138

Section 5. Knowledge and Attitudes

23. DO YOU THINK IT WOULD BE HARMFUL TO THE BABY IF A MOTHER SMOKED WHILE SHE WAS PREGNANT?

0. No

1. Yes

9. Do not know / No answer

_____ 139

24. WHAT DO YOU THINK WOULD BE THE EFFECT ON THE BABY IF THE MOTHER SMOKED DURING PREGNANCY?

0. No effect

1. Physical defect

2. Mental retardation or developmental delay

3. Miscarriage or low birth weight

4. Cancer

5. Other (specify): _____

9. Do not know / No answer

_____ 140

141–156

25. DO YOU THINK IT WOULD BE HARMFUL TO THE BABY IF OTHERS SMOKED AROUND THE MOTHER WHILE SHE WAS PREGNANT?

0. No

1. Yes

9. Do not know / No answer

_____ 157

26. WHAT DO YOU THINK WOULD BE THE EFFECT ON THE BABY IF OTHERS SMOKED AROUND THE MOTHER WHILE SHE WAS PREGNANT?

0. No effect

1. Physical defect

2. Mental retardation or developmental delay

3. Miscarriage or low birth weight

4. Cancer

5. Other (specify): _____

9. Do not know / No answer

_____ 158

159–174

27. DOES THE GOVERNMENT HAVE ANY POLICY TO BAN SMOKING IN PUBLIC PLACES?

0. No

1. Yes

9. Do not know / No answer

_____ 175

28. ARE THERE ANY EDUCATION PROGRAMS TO HELP PEOPLE STOP SMOKING?	176
0. No	
1. Yes	
9. Do not know / No answer	
29. WHERE HAVE YOU SEEN OR HEARD INFORMATION ABOUT STOPPING SMOKING?	177
0. No policy or education program	
1. Billboards or posters in public places	
2. Television or radio announcements	
3. Newspaper or magazine announcements	
4. From doctors or other health care workers	
5. Other (specify): _____	178–193
9. Do not know / No answer	
30. DOES THE GOVERNMENT HAVE ANY POLICY TO STOP PEOPLE FROM SMOKING AROUND PREGNANT WOMEN?	194
0. No	
1. Yes	
9. Do not know / No answer	
31. ARE THERE ANY EDUCATION PROGRAMS TO TEACH PEOPLE TO STOP SMOKING AROUND PREGNANT WOMEN?	195
0. No	
1. Yes	
9. Do not know / No answer	
32. WHERE HAVE YOU SEEN OR HEARD INFORMATION ABOUT STOPPING SMOKING AROUND PREGNANT WOMEN?	196
0. No policy or education program	
1. Billboards or posters in public places	
2. Television or radio announcements	
3. Newspaper or magazine announcements	
4. From doctors or other health care workers	
5. Other (specify): _____	197–213
9. Do not know / No answer	
33. DID YOU TRY TO STOP YOUR HUSBAND FROM SMOKING AT HOME WHEN YOU WERE PREGNANT?	214
0. No	
1. Yes	
9. Husband does not smoke at home / No answer	
34. DO YOU THINK PEOPLE SMOKING AROUND BABIES AND CHILDREN HAS ANY HEALTH EFFECT ON BABIES AND CHILDREN?	215
0. No	
1. Yes	
9. Do not know / No answer	

35. WHAT DO YOU THINK WOULD BE THE EFFECT ON BABIES AND CHILDREN IF OTHERS SMOKED AROUND THEM?

- 0. No effect
- 1. Lung problems
- 2. Ear problems
- 3. Brain problems
- 4. Stunted growth
- 5. Cancer
- 6. Other problems (specify): _____
- 9. Do not know / no answer

216

217-232

What was your weight when you first became pregnant?

_____.
233 234 235

_____ kilograms

THESE ARE ALL THE QUESTIONS I HAVE. THANK YOU FOR YOUR TIME.

[END OF INTERVIEW]