Questionnaire

Please note, your participation in this survey is completely voluntary. All the data recorded through this survey will be maintained confidential and the identity of the participant will be kept anonymous.

I grant permission for the data generated from this survey to be used in the researcher’s publications on this topic.

* Yes
* No

Please don’t fill the following questionnaire if you have done more than two bariatric surgeries or didn’t have the intention to get pregnant after you have done the bariatric surgery.

Socio-demographic questionnaire

1. Age (years)
2. Marital status
* Single
* Married
* Divorced
* Widow

3) Age of marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4)Weight

5) BMI

6) Do you live in Jordan?

* Yes
* No

7)Do you take any medications? If yes, please mention the names of your medications.

* Yes
* No

8) Do you have any chronic illnesses? If yes, please specify.

* Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Gynecological questionnaire

1. Is your menstrual cycle regular?
* Yes
* No
1. Do you have any Gynecological illnesses? If yes, please specify.
* Yes \_\_\_\_\_\_\_\_\_\_\_\_
* No
1. Do you use contraceptive methods, if yes please specify?
* yes \_\_\_\_\_\_\_\_\_\_\_\_\_
* No
1. Did you have any difficulty conceiving “not able to get pregnant despite at least one year of regular intercourse without contraception use “before undergoing the bariatric surgery?
* Yes
* No
1. Did you have any difficulty conceiving “not able to get pregnant despite at least one year of regular intercourse without contraception use“ after undergoing the bariatric surgery?
* Yes
* No

Obstetric history

 **Same questions were asked for** **Before and after bariatric surgery**

1. How many times did you get pregnant before/ after the bariatric surgery?
* None
* 1-2
* More than 2
1. How many live babies you had before/after the surgery?
* None
* 1-2
* More than 2
1. Did you have any miscarriages or ectopic pregnancy? if yes how many?
* Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

1. For each baby, please specify the following.

\*Was the pregnancy spontaneous or assisted (using assisted reproductive techniques , or with the help of a doctor) ?

* Spontaneous
* Assisted

\*Age of delivery in weeks

* less than 37
* 37-40
* more than 40

\*Weight on delivery in kg

* Less than 2.5
* 2.5-4.5
* More than 4.5

\*Sex of the baby

* Female
* Male

\*Was the baby born with congenital anomalies? If yes, please specify.

* Yes
* No

\*Did the baby require ICU “intensive care unit” admission? If yes, please specify why?

* Yes
* No
1. For each pregnancy, please specify the following.

\*how much weight did you gain in pregnancy in kg?

\*Have you been diagnosed with gestational Hypertension?

* Yes
* No

\*Have you been diagnosed with Gestational Diabetes?

* Yes
* No

\*Did you have liver problems/itching during pregnancy?

* Yes
* No

1. For each delivery, please specify the following.

\*what was the mode of delivery?

* Vaginal delivery
* Caesarean section

 \*Did you have bleeding after delivery?

* + - Yes
		- No

 \*Did you use epidural analgesia?

* + - Yes
		- No

 \*Did you breastfeed your child?

* + - Yes
		- No

**Only After bariatric surgery**

1. What type of Surgery did you have?
* Gastric sleeve
* RYGB
1. When was your first pregnancy after the bariatric surgery?
* In Less than a year
* 1-2 years after
* More than 2 years after

1. How much weight did you lose after surgery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_