**Supplemental File 2. Questionnaires for** **vitamin D supplementation and other nutrients.**

# Questionnaires for the vitamin D supplementation and other nutrients

# Participant overview

Participant ID:

Center:

Midwife:

Registration date:

Recruitment date:

## Recruitment

### 1. Registeration

\* Participant ID： \* Participant’s name： \*MW Contact Date： \*Study ID：

### 2. Drug/vitamin supplement

|  |  |
| --- | --- |
| Variables | Answers |
| 1.Drug brand |  |
| 2.Drug name |  |
| 3.Which gestational weeks start taken |  |
| 4.Frequency |  |
| 5.Dose | (According to the drug brand, calculated by the investigator) |

Dose:0.01-100 mg frequency: tid, bid, qd, qod, qw