

Supplementary Material 1: Questionnaire Contents

Part 1: Individual characteristics

1. Your age: _____(years old)
2. Your education level: (1) High school or less (2) College or more
3. Your occupation:
(1) Salaried employee (2) Self-employed (3) Others (students, no work, etc.)
4. Your current employment status: (1) Does not work (2) On duty
5. Your habitual residence: (1) City (2) Countryside
6. Personal monthly income (¥): (1) ≤ 5000 (2) 5001-8000 (3) > 8000
7. Planned pregnancy? (1) Yes (2) No
8. Method of conception: (1) Natural conception (2) Assisted conception
9. Times of abortion: (1) 0 (2) ≥ 1
10. Your height: _____cm
11. Your last weight before pregnancy: _____kg
12. Your current gestational week: _____weeks
13. Parity (1) Primiparous (2) Multiparous
14. Primary caregiver during pregnancy:
(1) Yourself (2) Spouse (3) Parents or others
15. Education level of your spouse: (1) High school or less (2) College or more
16. Occupation of your spouse:
(1) Salaried employee (2) Self-employed (3) Others (students, no work, etc.)
17. Desired delivery mode:
(1) Natural labor (2) Caesarean section (3) Both are okay
18. Whether you have pregnancy complications (e.g., gestational hypertension, gestational diabetes, gestational anemia, etc.)? (1) Yes (2) No
19. Did you exercise regularly before pregnancy? (participate in physical activity or exercise every week ≥ 3 times, and each time lasts ≥ 30 minutes) (1) Yes (2) No
20. Did you exercise regularly during your pregnancy? (participate in physical activity or exercise every week ≥ 3 times, and each time lasts ≥ 30 minutes) (1) Yes (2) No

Part 2: The following questions are to investigate your attitude towards exercise during pregnancy, and each option is divided into 5 levels. Please select the option that best reflects your true feelings according to your situation and hit " √ . "

No.	Items	Strong disagreement	Disagreement	Neutral	Agreement	Strong agreement
1	Exercise during pregnancy is beneficial to me					
2	Exercise during pregnancy is beneficial to my baby					
3	Exercise during pregnancy is safe for me					
4	Exercise during pregnancy is safe for my baby					
5	Exercise during pregnancy is important					
6	I am willing to exercise during pregnancy					
7	I have confidence in doing exercise during pregnancy					
8	I know how to exercise during pregnancy					
9	I hope to know more advice on what kind of exercise to do during pregnancy					

Part 3: The following questions are to investigate some of your feelings and experiences during exercise during pregnancy. Each question option is divided into 5 levels. Please tick the options that you think fit your situation.

No.	Items	Strong disagree ment	Disagree ment	Neutr al	Agree ment	Strong agree ment
1	I am confident that I can overcome barriers and challenges to exercise if I try hard enough.					
2	I am confident that I can find the means and ways to exercise during pregnancy.					
3	I am confident that I can accomplish the exercise goals that I set.					
4	I am confident that confronted with a barrier to exercise, I can find several solutions to overcome this barrier.					
5	I am confident that I can exercise when I am tired.					
6	I am confident that I can exercise even when I am feeling depressed.					
7	I am confident that I can exercise when without the support of my family or friends.					
8	I am confident that I can exercise without the consult of my physician.					
9	I am confident that I can motivate myself to start exercising again after I've stopped for a while.					
10	I am confident that I can exercise even if I have no access to a gym, exercise, training, or rehabilitation facility.					

Part 4: The following questions are designed to investigate some of your feelings and experiences of barriers to exercise during pregnancy. Each option is divided into five levels, so please tick the appropriate option for your situation.

No.	Items	Strong disagree ment	Disagr eement	Neutral	Agree ment	Strong agree ment
1	Lack of interest or motivation					
2	Feeling of tiredness					
3	Large body weight					
4	Low energy					
5	The feeling of illness and morning sickness					
6	The feeling of discomfort like nausea, vomiting, and back pain					
7	No one to exercise with					
8	Advised to avoid physical activity and exercise					
9	Lack of support from family or friends					
10	My partner and family dislike my involvement in physical activity or exercise					
11	Conflicting advice about physical activity or exercise					
12	Cultural dislike or disapproval about physical activity and exercise					
13	Work commitment					
14	Childcare and responsibilities					
15	Lack of transport to go to the gym					
16	Lack of access to physical activity facilities					
17	Lack of money to pay for gym fee					
18	Environment not safe to exercise					
19	Weather conditions					
20	Lack of advice and support on the benefits of physical activity					
21	Insufficient and contradictory information					
22	Lack of advice from healthcare professionals					
23	Lack of clear advice about the intensity and dose of exercise					

Supplementary Material 1: Questionnaire Contents

Chinese version

一、一般资料

- 1.您的年龄：_____岁
- 2.您的文化程度：（1）高中及以下 （2）大学及以上
- 3.您从事的职业：
（1）工薪族 （2）个体/自由职业 （3）其他（学生，无工作等）
- 4.您目前的工作情况：（1）未工作 （2）正常工作中
- 5.您的长期居住地：（1）城市 （2）乡村
- 6.您家庭人均月收入（元）：（1） ≤ 5000 （2）5001-8000 （3） > 8000
- 7.本次怀孕是否为计划怀孕？（1）是 （2）否
- 8.您的受孕方式：（1）自然受孕 （2）辅助受孕
- 9.流产次数：（1）0次 （2） ≥ 1 次
- 10.您的身高：_____cm
- 11.孕前最近一次体重：_____kg
- 12.您目前的孕周：_____周
- 13.您的胎次（1）第一胎 （2）第二胎及以上
- 14.您孕期的主要照顾者：（1）自己 （2）配偶 （3）父母或其他人
- 15.您配偶的文化程度：（1）高中及以下 （2）大学及以上
- 16.您配偶从事的职业：
（1）工薪族 （2）个体/自由职业 （3）其他（学生，无工作等）
- 17.您希望采用哪种生产方式：（1）顺产 （2）剖宫产 （3）均可
- 18.您是否合并妊娠疾病（如妊娠期高血压、妊娠期糖尿病、妊娠期贫血等）：
（1）是 （2）否
- 19.您在孕前是否经常运动？（每周参加身体活动或锻炼的次数 ≥ 3 次，每次时间持续 ≥ 30 分钟）（1）是 （2）否
- 20.您在孕期是否经常运动？（每周参加身体活动或锻炼的次数 ≥ 3 次，每次时间持续 ≥ 30 分钟）（1）是 （2）否

二、下列题目是调查您在对于孕期运动的态度，每个题目选项分 5 个等级，请您根据自身情况选择最能反映真实感受的选项打“√”。

题号	题目	完全不赞同	不赞同	中性	赞同	完全赞同
1	孕期运动会对我自己有益					
2	孕期运动会对我的宝宝有益					
3	孕期运动对我自己是安全的					
4	孕期运动对我的宝宝是安全的					
5	孕期运动是重要的					
6	我愿意在孕期运动					
7	我对自己在孕期做运动是有信心的					
8	我知道在孕期如何做运动					
9	我希望知道更多有关孕期应做何种运动的建议					

三、下列题目是调查您在孕期运动过程中的一些感受及体验，每个题目选项分 5 个等级，请在您认为符合自身情况的选项处打“√”。

题号	题目	强烈不同意	不同意	中性	同意	强烈同意
1	如果我努力尝试，我有信心克服运动带来的障碍和困难					
2	我有信心找到适合孕期运动的方式方法					
3	我有信心完成我设定的运动目标					
4	当我遇到运动障碍时，我也有信心找到一些解决的方法来克服这些障碍					
5	当我感到孕期带来的疲乏时，我也有信心进行运动					
6	当我情绪低落的时候，我也有信心进行运动					
7	即使没有家人或朋友的支持，我也有信心进行运动					
8	在没有咨询医生的情况下，我也有信心进行运动					
9	在我停止运动一段时间后，我也有信心激励自己再次开始运动					
10	即使不能进入体育馆、没有用于运动的设施，我也有信心进行运动					

四、下列题目是调查您在孕期对于运动阻碍因素的一些感受及体验，每个题目选项分5个等级，请在您认为符合自身情况的选项处打“√”。

题号	题目	强烈不同意	不同意	中性	同意	强烈同意
1	缺乏动力/兴趣					
2	疲乏					
3	体重过重					
4	精力不够					
5	孕吐或生病的影响					
6	运动会感到恶心、呕吐或背痛等不适					
7	没有人陪同一起运动					
8	获得关于孕期应避免体力活动和锻炼的建议					
9	缺乏家人或朋友的支持					
10	家人不喜欢我进行体力活动/锻炼					
11	收到关于孕期体力活动/锻炼的不一致建议					
12	传统文化不支持孕妇参与体力活动和锻炼					
13	忙于工作					
14	忙于照顾家人					
15	缺少交通工具去健身房					
16	所住地区缺乏运动设施					
17	去健身房锻炼费用高					
18	运动环境不安全					
19	天气情况影响					
20	缺乏有关体力活动益处的建议和支持					
21	获取的孕期运动相关信息不充分且相互矛盾					
22	缺乏医疗保健专业人士的建议					
23	缺乏关于孕期运动强度和运动量的明确建议					