Supplemental materials for:

Bobb-Semple AA, Williams AF, Boggs ME, Gold KJ. Prenatal point-of-care tobacco screening and clinical relationships. *Ann Fam Med*. 2018;16(6):507-514.

Appendix 1. Domains Discussed in Individual Interviews

Patient Interview Domains
Experiences with being asked and/or counseled about smoking status during pregnancy
Reasons why patients smoke during pregnancy and why they many not disclose smoking behavior.
Risks associated with smoking during pregnancy
Methods of smoking cessation.
Feedback about personal experience of the cotinine urine test as part of the study and thoughts on how the test might be perceived by patients.
How urine testing would affect patient-clinician relationships.
How urine testing would affect disclosure of tobacco use, detection, and cessation.
Clinician Interview Domains
How smoking status is currently assessed and management of self-reported smokers in the clinic.
How a urine test for cotinine would impact clinic work-flow and barriers to using such a test in a clinic setting.
How patients would respond to test results and whether the test would affect patient-clinician relationships.
Whether staff members believe this would make clinicians more likely to engage in cessation counseling and/or actual patient tobacco cessation.

Appendix 2. Patient Focus Group and Individual Interview Demographics

	Individual Interviews (n=19)	**Group 1 (n = 6)**	**Group 2 (n = 4)**	**Group 3 (n = 4)**	**Group 4 (n = 7)**
Age					
Mean	27 (± 6)	24 (± 3)	24 (± 4)	26 (± 5)	26 (± 3)
Range	18-37	21-31	21-31	20-32	21-30
Race (self-reported)					
White	4	0	2	2	0
Black	15	6	2	1	5
Other	0	0	0	1	2
Smoking Status during Pregnancy					
Smoked (includes women who cut down or quit)	13	4	3	2	5
Did not smoke	3	1	1	2	2
Not reported	3	1	0	0	0

Appendix 3. Additional Methods

The University of Michigan Institutional Review Board approved this study (HUM00037847). Eligible patients were identified from medical records and invited by mail to participate. Recruitment flyers were also posted in prenatal care clinics. The study team consisted of an Assistant Professor of Family Medicine and Obstetrics and Gynecology, a clinical research coordinator in Family Medicine, both with experience conducting qualitative research, as well as a medical student and a public health graduate student. Individual interviews were conducted by trained non-clinician members of the study team and lasted 15-35 minutes using a semi-structured template. Focus groups ranged in size from 4 to 7 women, lasted 60 to 90 minutes, and were conducted by a trained and experienced professional facilitator who was not affiliated with the medical center. Patients received $25 gift cards for interviews and $35 gift cards for focus groups. Free dinner and childcare were provided during the groups. Clinician interviews lasted up to 20 minutes, and providers were given $10 gift cards for participation. Audio recordings unexpectedly failed during interviews with six clinicians, but five consented to be re-interviewed and were provided with $25 gift cards for this inconvenience.