

Supplementary Table S1. Prevalence of self-reported pregnancy symptoms and limitations to activities of daily living at the 16th (n = 78) and 34th (n = 62) gestational weeks.

Items	Pregnancy symptoms						Limitations*							
	16 th gestational week			34 th gestational week			16 th gestational week				34 th gestational week			
	Sometimes	Often	Total prevalence	Sometimes	Often	Total prevalence	n	Limit a little	Limit a lot	Total prevalence	n	Limit a little	Limit a lot	Total prevalence
Tiredness-fatigue	38.5%	47.4%	85.9%	33.9%	53.2%	87.1%	78	44.9%	23.1%	68.0%	62	48.4%	32.3%	80.7%
Nausea	25.6%	28.2%	53.8%	16.1%	1.6%	17.7%	70	30.0%	17.1%	47.1%	45	13.3%	0.0%	13.3%
Vomiting	11.5%	12.8%	24.3%	3.2%	1.6%	4.8%	55	18.2%	12.7%	30.9%	45	6.7%	2.2%	8.9%
Reflux	17.9%	15.4%	33.3%	30.6%	33.9%	64.5%	65	12.3%	6.2%	18.5%	53	32.1%	9.4%	41.5%
Constipation	29.5%	25.6%	55.1%	21.0%	11.3%	32.3%	67	19.4%	7.5%	26.9%	53	20.8%	0.0%	20.8%
Hemorrhoids	6.4%	5.1%	11.5%	9.7%	6.5%	16.2%	47	8.5%	0.0%	8.5%	45	8.9%	0.0%	8.9%
Dry mouth	19.2%	16.7%	35.9%	35.5%	4.8%	40.3%	58	8.6%	3.4%	12.0%	54	11.1%	0.0%	11.1%
Food cravings	41.0%	5.1%	46.1%	29.0%	1.6%	30.6%	69	1.9%	0.0%	1.9%	56	3.6%	0.0%	3.6%
Poor sleep	44.9%	29.5%	74.4%	25.8%	66.1%	91.9%	76	47.4%	15.8%	63.2%	61	44.3%	39.3%	83.6%
Restless legs	15.4%	9.0%	24.4%	19.4%	21.0%	40.4%	52	9.6%	3.8%	13.4%	50	26.0%	12.0%	38.0%
Leg cramps	10.3%	0.0%	10.3%	37.1%	14.5%	51.6%	46	8.7%	2.2%	10.9%	56	32.1%	7.1%	39.2%
Snoring	17.9%	2.6%	20.5%	9.7%	6.5%	16.2%	51	3.9%	0.0%	3.9%	51	7.8%	0.0%	7.8%
Urinary frequency	25.6%	66.7%	92.3%	22.6%	67.7%	90.3%	77	42.9%	11.7%	54.6%	62	41.9%	22.6%	64.5%
Incontinence/leaking urine	12.8%	3.8%	16.6%	17.7%	12.9%	30.6%	53	5.7%	11.3%	17.0%	48	27.1%	6.3%	33.4%
Increased vaginal discharge	37.2%	19.2%	56.4%	37.1%	35.5%	72.6%	70	11.4%	1.4%	12.8%	61	29.5%	1.6%	31.1%
Thrush	5.1%	3.8%	8.9%	1.6%	6.5%	8.1%	41	9.8%	7.3%	17.1%	40	7.5%	2.5%	10.0%
Changes in libido	32.1%	23.1%	55.2%	45.2%	21.0%	66.2%	69	27.5%	8.7%	36.2%	52	26.9%	13.5%	40.4%
Painful veins in vagina	0.0%	2.6%	2.6%	6.5%	4.8%	11.3%	35	5.7%	0.0%	5.7%	40	7.5%	5.0%	12.5%
Carpel tunnel (numb hands)	7.7%	5.1%	12.8%	12.9%	12.9%	25.8%	46	8.7%	4.3%	13.0%	45	24.4%	4.4%	28.8%

Sciatica/ pain down the back of your legs	12.8%	12.8%	25.6%	30.6%	16.1%	46.7%	51	33.3%	13.7%	47.0%	52	30.8%	19.2%	50.0%
Back pain	38.5%	24.4%	62.9%	38.7%	25.8%	64.5%	71	35.2%	11.3%	46.5%	56	33.9%	25.0%	58.9%
Hip or pelvic pain	23.1%	6.4%	29.5%	29.0%	22.6%	51.6%	59	20.3%	5.1%	25.4%	53	32.1%	22.6%	54.7%
Breast pain	29.5%	41.0%	70.5%	16.1%	12.9%	29.0%	71	25.4%	4.2%	29.6%	48	16.7%	0.0%	16.7%
Headache	29.5%	29.5%	59.0%	19.4%	4.8%	24.2%	72	31.9%	20.8%	52.7%	49	24.5%	6.1%	30.6%
Sore nipples	25.6%	21.8%	47.4%	16.1%	11.3%	27.4%	59	20.3%	3.4%	23.7%	46	8.7%	0.0%	8.7%
Dizziness	17.9%	6.4%	24.3%	19.4%	6.5%	25.9%	57	19.3%	7.0%	26.3%	50	18.0%	10.0%	28.0%
Fainting	1.3%	0.0%	1.3%	0.0%	0.0%	0.0%	31	6.5%	0.0%	6.5%	39	0.0%	2.6%	2.6%
Heart palpitations	24.4%	5.1%	29.5%	22.6%	4.8%	27.4%	51	11.8%	2.0%	13.8%	46	17.4%	0.0%	17.4%
Shortness of breath	12.8%	5.1%	17.9%	29.0%	11.3%	40.3%	50	16.0%	4.0%	20.0%	50	38.0%	10.0%	48.0%
Taste/smell changes	26.9%	39.7%	66.6%	11.3%	8.1%	19.4%	73	19.2%	9.6%	28.8%	45	8.9%	0.0%	8.9%
Forgetfulness	19.2%	9.0%	28.2%	40.3%	16.1%	56.4%	57	17.5%	5.3%	22.8%	54	20.4%	5.6%	26.0%
Feeling depressed	25.6%	2.6%	28.2%	27.4%	1.6%	29.0%	57	15.8%	1.8%	17.6%	49	20.4%	2.0%	22.4%
Anxiety	11.5%	7.7%	19.2%	16.1%	4.8%	20.9%	53	15.1%	0.0%	15.1%	48	22.9%	0.0%	22.9%
Vivid dreams	23.1%	11.5%	34.6%	35.5%	8.1%	43.6%	65	7.7%	0.0%	7.7%	52	11.5%	1.9%	13.4%
Altered body image	26.9%	9.0%	35.9%	35.5%	8.1%	43.6%	58	10.3%	0.0%	10.3%	52	11.5%	1.9%	13.4%
Greasy skin/acne	23.1%	16.7%	39.8%	25.8%	22.6%	48.4%	61	9.8%	1.6%	11.4%	49	24.5%	4.1%	28.6%
Varicose veins	3.8%	11.5%	15.3%	11.3%	3.2%	14.5%	44	9.1%	6.8%	15.9%	41	4.9%	2.4%	7.3%
Brownish marks on face	5.1%	6.4%	11.5%	22.6%	14.5%	37.1%	0	0.0%	0.0%	0.0%	47	21.3%	4.3%	25.6%
Itchy skin	26.9%	28.2%	55.1%	11.3%	17.7%	29.0%	67	14.9%	6.0%	20.9%	49	14.3%	0.0%	14.3%
Changes in nipples	30.8%	25.6%	56.4%	25.8%	27.4%	53.2%	66	10.6%	1.5%	12.1%	54	16.7%	5.6%	22.3%
Stretch marks	9.0%	2.6%	11.6%	30.6%	27.4%	58.0%	44	6.8%	0.0%	6.8%	53	15.1%	0.0%	15.1%

Swollen hands or feet	6.4%	3.8%	10.2%	9.7%	6.5%	16.2%	47	14.9%	2.1%	17.0%	41	4.9%	2.4%	7.3%
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*As the number of women responding questions varied, the denominator is displayed for each symptom (n). Women who did not experience any of the symptoms did not answer questions about their limitations.

Supplementary Table S2. Partial correlations of self-reported overall PF and its components with pregnancy symptoms and limitations to activities of daily living at the 16th and 34th gestational weeks.

Items	Pregnancy symptoms					Limitations*														
	16 th gestational week (n = 74)					34 th gestational week (n = 23)					16 th gestational week (n = 59)					34 th gestational week (n = 31)				
	OPF	CRF	MS	S-A	FLEX	OPF	CRF	MS	S-A	FLEX	OPF	CRF	MS	S-A	FLEX	OPF	CRF	MS	S-A	FLEX
Tiredness-fatigue	-,277*	-,279*	-,255*	-,322	-,149	-,349	-,342	-,307*	-,193	-,121	-,074	-,293	,113	-,129	-,211	-,188	-,094	-,148	-,273	-,273
Nausea	-,177	-,182	-,247*	-,163	-,124	-,478	-,314	-,204	-,297*	-,152	,024	,066	,177	,230	,215	-,197	-,003	-,369*	-,267	-,018
Vomiting	-,012	-,114	-,057	-,087	,101	-,274	-,104	-,218	-,189	-,009	,033	,060	,168	,062	,074	-,390*	,035	-,228	-,342	,074
Reflux	,011	,038	,032	-,064	,051	-,248	-,164	-,055	-,062	-,376**	,094	,007	,419	,124	-,009	-,201	,147	-,165	,008	-,256
Constipation	-,040	-,181	-,071	,096	-,079	-,194	-,077	,137	,051	,130	-,393	-,616	-,307	-,339	-,343	,054	,000	,257	,184	,102
Haemorrhoids	-,131	-,040	-,315**	,022	,087	-,071	-,314	-,143	,012	,103						-,073	-,159	,020	,075	,068
Dry mouth	-,142	-,141	-,030	-,042	,054	-,292	-,236	-,114	-,161	,183	-,185	-,577	-,182	,005	-,203	-,461*	-,344	-,443*	-,490	-,220
Food cravings	,094	,065	,006	-,163	,038	,130	,077	,321*	,187	,037						-,026	-,096	,028	,074	,064
Poor sleep	-,408**	-,191	-,202	-,289	-,022	-,253	-,309	-,072	-,062	-,195	-,244	-,214	-,033	-,341	-,318	-,035	-,010	-,147	-,104	-,382*
Restless legs	-,173	-,124	,026	,036	-,073	-,074	-,130	,012	-,120	-,114	-,489*	-,172	-,125	-,131	-,024	-,020	-,112	,011	,131	-,166
Leg cramps	,034	-,119	,042	,128	-,055	,105	,183	,175	,140	,032						-,248	,154	-,150	-,276	-,166
Snoring	-,056	-,067	-,032	,029	,141	,082	-,067	,045	-,096	,007	-,005	-,125	-,206	,094	,056	-,040	,051	-,249	-,073	,075
Urinary frequency	-,273*	-,130	-,093	,157	-,089	-,152	,017	,006	,068	-,206	-,413	-,600	-,350	-,417	-,353	-,110	,067	-,215	-,146	-,459*

Incontinence/ leaking urine	-,023	-,129	,073	-,187	-,126	-,173	-,093	-,001	,025	-,041	-,075	,005	,286	-,386	-,385	-,110	,053	-,082	-,125	-,378*
Increased vaginal discharge	-,180	-,035	-,167	-,239	-,211	-,223	-,248	,021	-,159	-,316*	-,104	-,041	,346	-,283	-,322	-,518**	-,173	-,453*	-,475	-,345
Thrush	,006	-,094	-,060	,176	,085	-,054	,130	,052	-,093	-,238	-,114	-,391	-,273	,079	,078	-,193	-,006	-,080	-,318	-,472**
Changes in libido	-,268*	-,201	-,205	-,088	-,017	-,153	,007	-,156	-,149	-,145	-,149	-,021	-,306	-,039	-,037	,055	,086	-,214	,039	-,057
Painful veins in vagina	-,009	,055	-,018	-,257	-,235	-,009	,166	,072	-,164	-,134						,065	,407*	,247	-,053	-,285
Carpel tunnel (numb hands)	-,251*	-,133	-,333**	-,119	,032	-,212	-,189	-,103	-,144	,001	-,131	,082	-,347	-,088	,141	-,153	-,193	-,356	-,132	-,048
Sciatica/ pain down the back of your legs	-,058	-,267*	-,218	-,283	,018	-,136	-,030	-,136	-,162	-,098	,152	-,312	,166	-,078	-,180	-,129	-,162	-,111	-,297	-,336
Back pain	-,021	-,143	,052	-,031	,011	-,250	-,215	-,164	-,108	-,177	,121	-,355	,374	,203	,034	,017	-,239	-,053	,061	-,291
Hip or pelvic pain	-,187	-,200	-,064	-,243	,043	-,385	-,261	-,219	-,154	-,118	,005	-,192	,020	-,318	-,369	-,214	-,168	-,063	-,046	-,463*
Breast pain	-,045	-,064	,030	,172	-,134	-,061	-,069	-,018	-,117	-,094	-,011	-,406	-,203	,266	,266	-,350	-,005	-,302	-,379	-,283
Headache	-,087	-,046	-,103	,115	,083	-,303	-,313	-,128	-,229	-,153	-,055	-,086	-,003	,151	,217	-,338	-,329	-,104	-,272	-,403*
Sore nipples	-,114	-,166	-,248*	,102	-,135	-,117	-,168	-,100	,017	,090	-,054	-,450	,006	-,054	-,132	-,026	-,096	,028	,074	,064
Dizziness	-,176	-,140	-,022	,005	,081	-,229	-,143	,051	-,093	,045	-,269	-,122	-,208	,135	,284	-,080	-,158	-,094	-,202	-,301
Fainting	-,150	-,092	-,265*	-,013	,076	,028	-,018	-,071	-,006	-,207	-,304	-,137	-,519	,091	,203	,173	-,116	,180	,011	-,185

Heart palpitations	-,111	-,050	-,127	-,151	,001	-,205	-,012	-,020	-,205	-,099	-,304	-,266	-,130	-,024	-,124	,033	,207	-,104	,070	-,006
Shortness of breath	-,088	-,131	-,138	-,178	-,225	-,291	-,250	-,158	-,105	,102	-,121	-,197	-,268	,188	,103	-,068	-,110	-,256	-,093	-,231
Taste/smell changes	-,110	-,128	-,125	,059	,080	-,185	-,304	-,079	-,095	-,044	-,238	-,213	-,046	-,221	-,261	-,006	,002	-,008	,029	,012
Forgetfulness	-,138	,097	-,002	-,070	-,010	-,149	-,094	,010	-,039	,054	-,287	-,062	-,488	-,208	-,286	,111	,356	-,114	-,075	-,012
Feeling depressed	-,177	-,039	-,233*	-,028	,088	-,189	-,250	-,243	-,197	-,018	-,338	-,177	-,240	,030	,076	,122	,103	-,114	-,108	,087
Anxiety	-,137	-,059	-,138	-,020	-,091	-,348	-,219	-,237	-,399**	-,133	-,294	-,253	,025	-,050	-,164	-,343	-,123	-,422*	-,319	-,207
Vivid dreams	,246*	,081	,467**	-,035	-,028	-,056	,011	-,076	-,241	-,073	-,032	-,102	,087	-,327	-,347	-,348	-,091	-,311	-,455	-,370*
Altered body image	,148	,052	,192	,297	-,021	-,059	,025	-,047	-,264*	-,082	,109	,165	-,271	,109	-,026	-,348	-,091	-,311	-,455	-,370*
Greasy skin/acne	-,081	-,124	,080	,066	-,076	,016	-,037	,067	-,166	-,139	-,545*	-,415	-,573	-,285	-,285	,063	,041	-,250	-,241	-,156
Varicose veins	,102	,070	-,027	-,100	-,009	,021	,007	,232	,250	,118						,177	,121	,174	,215	,018
Brownish marks on face	-,057	,067	,030	,114	,128	,083	,057	,084	,005	,162						,003	-,053	-,077	-,022	,330
Itchy skin	-,298*	-,312**	-,053	-,064	-,181	-,044	-,058	,104	,088	,195	-,356	-,548	-,052	-,103	-,190	-,105	-,045	-,204	-,065	,057
Changes in nipples	-,011	-,114	-,176	,172	,109	-,106	,027	-,030	-,119	-,032	-,005	-,125	-,206	,094	,056	-,028	,038	-,198	-,124	-,187
Stretch marks	-,122	-,121	-,138	,039	,047	-,313	-,317	-,115	-,204	-,031						-,252	-,140	-,368*	-,231	,055

Swollen hands or feet	-,055	-,060	,015	-,053	,039	-,114	-,037	,071	,080	,056	,147	,046	,317	-,391	-,369	-,299	,020	-,632**	-,287	-,124
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*Women who did not experience any of the symptoms did not answer questions about their limitations. Blank space indicates no answer in that item.

Note. Model adjusted for maternal age and body mass index at the 16th or 34th gestational weeks.

Abbreviations: OPF, Overall physical fitness; CRF, cardiorespiratory fitness; MS, Muscular strength; S-A, Speed-agility; FLEX, Flexibility.

* $p < 0.05$; ** $p < 0.01$.