

Cell Phone and Computer Use

[mediaUse_Q1] Do you own a cell phone?

- Yes No, but I share or have access to a cell phone No

[SRI Note: If mediaUse_Q1 answered 'Yes' or 'No, but I share...' then display mediaUse_Q2 and mediaUse_Q3]

[mediaUse_Q2] Is the cell phone that you own or use a smartphone?

(A mobile phone that offers functions that are normally found on a computer like browsing the internet or sending email. Examples: iPhone, Android, Blackberry, Nexus One, Sidekick, Palm.)

- Yes No

[mediaUse_Q3] How often do you send or receive text messages on a cell phone?

- Never or hardly ever
 A few times a month
 A few times a week
 A couple of times a day
 Many times a day

Previous

Next

Finish Later

Cell Phone and Computer Use

[mediaUse_Q4] How often do you access the internet from your home?

Never Less than once a week A few times a week Most days of the week Everyday

What type of device(s) do you use to access the internet? (*Check ALL that apply*)

- [mediaUse_Q5a] A computer in my home [mediaUse_Q5b] A computer where I work
 [mediaUse_Q5c] A public computer (at library, café etc.) [mediaUse_Q5d] A mobile phone
 [mediaUse_Q5e] Other (iPod, family/friend's computer etc.)

[SRI Note: If mediaUse_Q5e checked, display mediaUse_Q5_spec]

[mediaUse_Q5_spec] Please list:

Do you receive e-mails, text messages or other pregnancy related information from the following websites, phone applications or text messaging systems?

Please check ALL that apply:

- [mediaUse_Q6a] Americanpregnancy.org [mediaUse_Q6b] Babycenter.com
 [mediaUse_Q6c] Babyfit.com [mediaUse_Q6d] Pregnancy.org
 [mediaUse_Q6e] WebMD.com [mediaUse_Q6f] Whattoexpect.com
 [mediaUse_Q6g] Text4Baby [mediaUse_Q6h] iPregnancy
 [mediaUse_Q6i] Any other pregnancy website or phone application [mediaUse_Q6j] None

[SRI Note: If mediaUse_Q6i checked, display mediaUse_Q6spec]

[mediaUse_Q6_spec] Please list:

Previous

Next

Finish Later

Health (Weight in Pregnancy)

[health_Q1_spec] In your opinion, how much weight should a woman of your pre-pregnancy size gain from the beginning to the end of her pregnancy?

Pounds (*specific number*)

OR [health_Q1_rng_lower] to [health_Q1_rng_upper] Pounds (*range*)

[health_Q2_spec] How much weight do you intend to gain from the beginning to the end of your current pregnancy?

Pounds (*specific number*)

OR [health_Q2_rng_lower] to [health_Q2_rng_upper] Pounds (*range*)

Previous

Next

Finish Later

Health (Weight in Pregnancy)

[health_Q3] How important is it to you to gain your intended amount of weight?

Very important Important Neither important or unimportant Unimportant Very unimportant

[health_Q4] How sure are you that you will be able to control the amount of weight you gain during this pregnancy?

Very sure Sure Neither sure or unsure Unsure Very unsure

Previous

Next

Finish Later

Health (Weight in Pregnancy)

How likely to be true for you are the following statements about pregnancy?

You may click anywhere on the line that represents where you fall between the two ends of the scale.

[health_Q5_cont] Gaining the recommended amount of weight during pregnancy will help me to have a baby with a healthy birth weight.

Likely to
be true for
me

Unlikely to
be true for
me

[health_Q6_cont] Gaining the recommended amount of weight during pregnancy will help my baby to be a healthy weight as he/she grows-up to be a child.

Likely to
be true for
me

Unlikely to
be true for
me

[health_Q7_cont] Gaining the recommended amount of weight during pregnancy will help me to be a healthy weight after my baby is born.

Likely to
be true for
me

Unlikely to
be true for
me

Previous

Next

Finish Later

Health (Weight)

Now please tell us how important each of the following is to you.

You may click anywhere on the line that represents where you fall between the two ends of the scale.

[health_Q8_cont] Having a child who is a healthy weight is...

Very
important
to me

Not so
important
to me

[health_Q9_cont] For me personally, being a healthy weight after this pregnancy is

Very
important
to me

Not so
important
to me

Previous

Next

Finish Later

Health (Weight in Pregnancy)

[health_Q10] The way to control weight gain during pregnancy is to eat the right amount of healthy food.

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree

[health_Q11] The way to control weight gain during pregnancy is to be physically active on most days of the week.

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree

Previous

Next

Finish Later

Feeling about Weight

The next four statements ask your feelings about how much control you have over your weight in general. (Please answer which is closest to how you feel about each statement.)

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
[weight_q1a] Whether my weight changes is up to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[weight_q1b] Being the right weight is mainly good luck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[weight_q1c] No matter what I try do,if I gain or lose weight,or stay the same,it is just going to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[weight_q1d] If I eat right,and get enough exercise and rest, I can control my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Health (Smoking)

[CIGFREQ] Do you now smoke cigarettes every day, some days, or not at all?

- Every day Some days Not at all

[SRI Note: If CIGFREQ answered 'Every day' or 'Some days', display CIGAMNT]

[CIGAMNT] On average, how many cigarettes do you smoke each day?

- I did not smoke cigarettes during the past 30 days
- 1 cigarette or less per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

Previous

Next

Finish Later

Health (Smoking)

[STOPSOK] During this pregnancy, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes No

[SRI Note: If STOPSOK answered 'Yes', display LASTSMOK]

[LASTSMOK] How long has it been since you last smoked cigarettes regularly?

- Within the past month (*less than 1 month ago*)
- Within the past 3 months (*1 month but less than 3 months ago*)
- Within the past 6 months (*3 months but less than 6 months ago*)
- Within the past year (*6 months but less than 1 year ago*)
- Within the past 5 years (*1 year but less than 5 years ago*)
- Within the past 10 years (*5 years but less than 10 years ago*)
- 10 years or more

Previous

Next

Finish Later

Health (Alcohol)

[ALONE] During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.)

Yes No

Previous

Next

Finish Later

Health (Alcohol)

[ALDAYS] During the past past 30 days, how many days did you have at least one drink of any alcoholic beverage?

During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

[ALDRNKS] **NOTE:** A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

Previous

Next

Finish Later

Health (Mood)

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
During the <i>past week</i>:				
[BOTHER] I was bothered by things that don't usually bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[KMIND] I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[DEPRES] I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[EFFORT] I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[HAPPY] I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FEAR] I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[RESTLES] My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[HOPE] I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[LONELY] I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[GETGO] I could not "get going".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Health (Sleep)

[NEREST] During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? Please fill in your estimate of the number of days. days

[SRI Note: If NEREST value not between 0 and 30, display error]

Previous

Next

Finish Later

Eating Patterns

Some women change the way they eat during pregnancy; others do not. Please tell us about the way you eat now at this stage of your pregnancy.

[eatPattern_q2] How has the amount of food you eat now changed compared to earlier in this pregnancy (first trimester)?

Eat A Lot More Food Eat A Little More Food Eat A Little Less Food Eat A Lot Less Food

[APPETITE] How would you describe your appetite now, compared to earlier in this pregnancy (first trimester)?

A lot more hungry A little more hungry About the same A little less hungry A lot less hungry

[eatPattern_q3] How many servings of fruits and vegetables (not including juice) do you eat now?
(serving=1/2 cup or 1 medium piece)

Less Than One A Day One Or Two A Day Three Or Four A Day Five A Day Or More

Previous

Next

Finish Later

Eating Patterns

During this pregnancy, how often have you eaten the following ?

	Never	Once a month or less	Weekly	Daily
[eatPattern_q4a] A lot of ice or freezer frost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[eatPattern_q4b] Any uncooked starches like cornstarch, laundry starch, uncooked rice or uncooked pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[eatPattern_q4c] Earth or clay including piedritos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[eatPattern_q4d] Baby powder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[eatPattern_q4e] Toilet paper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[eatPattern_q4f] Baking soda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[eatPattern_q4g] Other [eatPattern_q4_oth] Specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Infant Health

[breastFeed_q1] How do you plan to feed your baby right after he/she is born?

- Breast Milk Only
- Breast Milk and Formula
- Formula Only
- Not Sure

[SRI Note: If breastFeed_q1 answered 'Breast Milk Only' or 'Breast Milk and Formula', display breastFeed_q1a, breastFeed_q1b]

How long do you plan to breastfeed?

[
breastFeed_q1a]
Weeks
OR
[
breastFeed_q1b]
Months

[Pediatrician_qualifier] Have you selected a pediatrician or pediatric practice for checking your infant's health?

- Yes
- Not Yet



[SRI Note: If Pediatrician_qualifier answered 'Yes', display Pediatrician, Pediatrician_spec]

[Pediatrician] Please select your pediatric practice from the list below:

[Pediatrician] -- Select --

[Pediatrician_spec] If your pediatrician is not in the above drop down menu, please specify:

Previous

Next

Finish Later

Eating Patterns

[SODA] Over the past 30 days, how often did you drink soda or pop?

- NEVER
- 1 time per month or less
- 2-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

[SRI Note: If SODA not answered 'NEVER', display SODADIET]

[SODADIET] How often were these sodas or pop diet or sugar-free?

- Almost never or never
- About 1/4 of the time
- About 1/2 the time
- About 3/4 of the time
- Almost always or always

Previous

Next

Finish Later

Eating Patterns

[FRTDRNK] Over the past 30 days, how often did you drink fruit drinks? Please do not include 100% juice beverages like orange juice, but do include drinks such as cranberry cocktail, Hi-C, lemonade, or Kool-Aid, diet or regular.

- NEVER
- 1 time per month or less
- 2-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

[SRI Note: If FRTDRNK not answered 'NEVER', display FRTDIET]

[FRTDIET] How often were your fruit drinks diet or sugar-free drinks?

- Almost never or never
- About 1/4 of the time
- About 1/2 the time
- About 3/4 of the time
- Almost always or always

Previous

Next

Finish Later

Eating Away from Home

[FASTFOOD] Over the past 30 days, how many times did you buy food at a fast food restaurant, such as McDonald's, Burger King, Arby's, Wendy's, Taco Bell, Chipotle, KFC, Pizza Hut, Panera, Subway, Quiznos?

- Never or rarely
- 1 time per month
- 2-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 times per day
- 3 or more times per day

[SITDOWN] Not including the fast food restaurants listed above, in the past 30 days, how many times did you buy food at any other sit down (full service) restaurant and order from a waiter/waitress?

- Never or rarely
- 1 time per month
- 2-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 times per day
- 3 or more times per day

Previous

Next

Finish Later

Eating Away from Home

[BUFFET] Over the past 30 days, how many times did you buy food from an all-you-can-eat buffet, such as Golden Corral, CiCi's Pizza, Sweet tomatoes, Old Country Buffet, Grand Super Buffet, China Buffet, all-you-can-eat café at college or university dining halls?

- Never or rarely
- 1 time per month
- 2-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 times per day
- 3 or more times per day

Over the past week, how many times did you eat the following meals that were prepared in your home or in the place where you live? (Fill in the number of days for each meal)

[HBRKFST] Breakfast days per week

[HLUNCH] Lunch days per week

[HDINNER] Dinner days per week

[SRI Note: If HBRKFST, HLUNCH or HDINNER value not between 0 and 7, display error]

Previous

Next

Finish Later

Daily Meal Patterns

In a *typical week*, how many times do you (count an eating occasion in only one row):

	0 times	1-2 times	3-4 times	5-6 times	7 times
[EBRKFST] Eat breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[EMSNCK] Eat mid-morning snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ELUNCH] Eat lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[EASNCK] Eat mid-afternoon snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[EDINNER] Eat dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[EESNCK] Eat evening snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[EBED] Eat within an hour of bedtime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Feelings About Eating

During the rest of this pregnancy, how sure are you that you will be able to eat a healthy diet.

	Very sure	Somewhat sure	Neither sure nor unsure	Somewhat unsure	Very unsure
[feelings_Q3a] When you are busy...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q3b] When cooking takes a lot of effort...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q3c] When others around you eat unhealthy foods...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q3d] When you are in a bad mood...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q3e] When eating out...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Feelings About Eating

Please rate your agreement or disagreement with the following statements about eating a healthy diet.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
[feelings_Q4a] A busy lifestyle prevents me from eating a healthy diet...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q4b] A healthy diet is too great a change from my current eating habits...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q4c] Healthy foods are too expensive...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q4d] I don't enjoy the taste of healthy food...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q4e] It is difficult to prepare or get my family to prepare healthy foods because other people in my household don't like them...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Feelings About Eating

Please choose a response that best expresses how well each statement describes you.

This describes me...	Not at all	Slightly	More or less	Pretty well	Completely
[feelings_Q6a] I purposefully hold back at meals to not gain weight ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6b] I tend to eat more when I am anxious, worried, or tense ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6c] I count calories as a conscious means of controlling my weight ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6d] When I feel lonely I console myself by eating ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6e] I tend to eat more food than usual when I have more available places that serve or sell food ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6f] I tend to eat when I am disappointed or feel let down ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6g] I often refuse foods or drinks offered because I am concerned about my weight ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6h] If I see others eating, I have a strong desire to eat too ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Feelings About Eating

Please choose a response that best expresses how well each statement describes you.

This describes me...	Not at all	Slightly	More or less	Pretty well	Completely
[feelings_Q6i] Some foods taste so good I eat more even when I am no longer hungry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6j] When I have eaten too much during the day, I will often eat less than usual on the following day ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6k] I often eat so quickly I don't notice I'm full until I've eaten too much ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6l] If I eat more than usual during a meal, I try to make up for it at another meal ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6m] When I'm offered delicious food, it's hard to resist eating it even if I've just eaten.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6n] I eat more when I'm having relationship problems ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6o] When I'm under a lot of stress, I eat more than I usually do ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q6p] When I know I'll be eating a big meal during the day, I try to make up for it by eating less before or after that meal ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Pregnancy Physical Activity

During this trimester, when you are NOT at work, how much time during the day do you usually spend:

	None	Less than 1/2 hour per day	1/2 to almost 1 hour per day	1 to almost 2 hours per day	2 to almost 3 hours per day	3 or more hours per day
[ppaq_q4] Preparing meals (cook, set table, wash dishes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q5] Dressing, bathing, feeding children while you are <u>sitting</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q6] Dressing, bathing, feeding children while you are <u>standing</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q7] Playing with children while you are <u>sitting or standing</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q8] Playing with children while you are <u>walking or running</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q9] Carrying children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q10] Taking care of an older adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q11] Sitting and using a computer or writing, while <u>not</u> at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During this trimester, when you are NOT at work, how much time during the day do you usually spend:

	None	Less than 1/2 hour per day	1/2 to almost 2 hours per day	2 to almost 4 hours per day	4 to almost 6 hours per day	6 or more hours per day
[ppaq_q12] Watching TV or a video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q13] Sitting and reading, talking, or on the phone, while <u>not</u> at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Pregnancy Physical Activity

During this trimester, when you are NOT at work, how much time during the day do you usually spend:

	None	Less than 1/2 hour per day	1/2 to almost 1 hour per day	1 to almost 2 hours per day	2 to almost 3 hours per day	3 or more hours per day
[ppaq_q14] Playing with pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q15] Light cleaning (make beds, laundry, iron, put things away)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q16] Shopping (for food, clothes, or other items)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During this trimester, when you are NOT at work, how much time during the week do you usually spend:

	None	Less than 1/2 hour per week	1/2 to almost 1 hour per week	1 to almost 2 hours per week	2 to almost 3 hours per week	3 or more hours per week
[ppaq_q17] Heavier cleaning (vacuum, mop, sweep, wash windows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q18] Mowing lawn while on a riding mower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q19] Mowing lawn using a walking mower, raking, gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Previous

Next

Finish Later

Pregnancy Physical Activity

Going Places...

During this trimester, how much time during the day do you usually spend:

	None	Less than 1/2 hour per day	1/2 to almost 1 hour per day	1 to almost 2 hours per day	2 to almost 3 hours per day	3 or more hours per day
[ppaq_q20] Walking <u>slowly</u> to go places (such as to the bus, work, visiting) <u>Not</u> for fun or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q21] Walking <u>quickly</u> to go places (such as to the bus, work, or school) <u>Not</u> for fun or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q22] Driving or riding in a car or bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Fun or Exercise...

During this trimester, how much time during the week do you usually spend:

	None	Less than 1/2 hour per week	1/2 to almost 1 hour per week	1 to almost 2 hours per week	2 to almost 3 hours per week	3 or more hours per week
[ppaq_q23] Walking <u>slowly</u> for fun or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q24] Walking <u>more quickly</u> for fun or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q25] Walking <u>quickly up hills</u> for fun or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q26] Jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q27] Prenatal exercise class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q28] Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q29] Dancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q30] Doing other things for fun or exercise? [ppaq_q30_spec] - Other activity 1: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q31] Doing other things for fun or exercise? [ppaq_q31_spec] - Other activity 2: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Pregnancy Physical Activity

At Work...

[ppaq_q32] Do you work for wages, as a volunteer, or are you a student?

Yes No

[SRI Note: If ppaq_q32 answered 'YES', display ppaq_q33 through ppaq_q37]

During this trimester, how much time during the day do you usually spend:

	None	Less than 1/2 hour per day	1/2 to almost 2 hours per day	2 to almost 4 hours per day	4 to almost 6 hours per day	6 or more hours per day
[ppaq_q33] Sitting at work or in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q34] Standing or slowly walking at work while carrying things (heavier than a 1 gallon milk jug)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q35] Standing or <u>slowly</u> walking at work <u>not</u> carrying anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q36] Walking <u>quickly</u> at work while <u>carrying</u> things (heavier than a 1 gallon milk jug)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ppaq_q37] Walking <u>quickly</u> at work <u>not</u> carrying anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Previous

Next

Finish Later

Physical Activity

Please tell us about your physical activity.

[phyActivity_Q2] Are you physically/medically able to get physical activity now?

Yes No

[SRI Note: If phyActivity_Q2 answered 'No', display phyActivity_Q2_Spec]

[phyActivity_Q2_Spec] Why not?



[phyActivity_Q2_1] Do you have a plan for getting regular physical activity after you have your baby?

Yes No

Previous

Next

Finish Later

Physical Activity

[phyActivity_Q3a] At this time in your pregnancy, how often do you do physical activity which makes your heart and breathing rate moderately increase?

Often (everyday) Sometimes (Every other day) Rarely (once a week) Hardly ever Never

[phyActivity_Q4a] How strongly do you agree that pregnant women should engage in 30 minutes of moderate-intensity physical activity on 5 or more days per week?

(Moderate intensity physical activity increases your heart rate and/or breathing somewhat. Examples include brisk walking, actively playing with children, leisure biking, and light yard work or snow shoveling.)

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

You may click anywhere on the line that represents where you fall between the two ends of the scale.

[phyActivity_Q3_cont] How likely is it that you will engage in 30 minutes of moderate-intensity physical activity on 5 or more days per week for the rest of this pregnancy?

Likely Unlikely

[phyActivity_Q4] How important is it to you to engage in 30 minutes of moderate-intensity physical activity for 5 or more days per week for the rest of this pregnancy?

Very important Important Neither important or unimportant Unimportant Very unimportant

Previous

Next

Finish Later

Physical Activity

The next statements ask your feelings about exercise and physical activity during pregnancy. *(Please select the answer which is closest to how you feel about each statement.)*

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
[phyActivity_Q7a] Most women can continue their regular exercise during pregnancy ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q7b] Most women who never exercised can begin an exercise program during pregnancy ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q7c] Pregnant women should not exercise while lying down on their back during the third trimester ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q7d] Pregnant women will gain some benefit from moderate-intensity physical activity ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q7e] Physical activity and exercise during pregnancy can make a woman feel more energetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q7f] Physical activity and exercise during pregnancy will improve a woman's labor and delivery ...	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Previous

Next

Finish Later

Physical Activity

[phyActivity_Q8] In your opinion, how safe or unsafe would you say moderate-intensity physical activity is during pregnancy?

Very safe Somewhat safe Unsure Somewhat unsafe Very unsafe

[phyActivity_Q9] In your opinion, how safe or unsafe would you say vigorous physical activity is during pregnancy? (Vigorous physical activity causes large increases in breathing and heart rate and makes you sweat. Examples are jogging/running, swimming laps, and most competitive sports such as basketball and soccer.)

Very safe Somewhat safe Unsure Somewhat unsafe Very unsafe

Previous

Next

Finish Later

Activities While You Sit: Weekday

On a typical **WEEKDAY**, how much time do you spend (from when you wake up until you go to bed) doing the following? Please check one answer per question.

	None	15 min. or less	30 min.	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
[WDTV] Sitting while watching television (including videos on VCR/DVD).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WDCWK] Sitting at work/school doing computer work (email, word or data processing, web-based applications, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WDCNWK] Sitting while using the computer for non-work/school activities or playing video games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WDNCWK] Sitting at work/school doing non-computer office/non-school work or paperwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WDNCNWK] Sitting while doing non-computer office work or paperwork <u>not</u> related to your job/school (paying bills, etc).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WDMRA] Sitting listening to music, reading a book or magazine, or doing arts and crafts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WDPHONE] Sitting and talking on the phone or texting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WDTRANS] Sitting in a car, bus, train or other mode of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Activities While You Sit: Weekend Day

On a typical **WEEKEND DAY**, how much time do you spend (from when you wake up until you go to bed) doing the following? Please check one answer per question.

	None	15 min. or less	30 min.	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
[WETV] Sitting while watching television (including videos on VCR/DVD).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WECWK] Sitting at work/school doing computer work (email, word or data processing, web-based applications, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WECNWK] Sitting while using the computer for non-work/school activities or playing video games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WENCWK] Sitting at work/school doing non-computer office/non-school work or paperwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WENCNWK] Sitting while doing non-computer office work or paperwork <u>not</u> related to your job/school (paying bills, etc).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WEMRA] Sitting listening to music, reading a book or magazine, or doing arts and crafts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WEPHONE] Sitting and talking on the phone or texting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[WETRANS] Sitting in a car, bus, train or other mode of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Stress

In the last month...	Never	Almost Never	Sometimes	Fairly Often	Very Often
[stress_q1a] How often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1b] How often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1c] How often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1d] How often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1e] How often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1f] How often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1g] How often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1h] How often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1i] How often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[stress_q1j] How often have you felt difficulties were piling up so high that you could not overcome them?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

[Previous](#)[Next](#)[Finish Later](#)

Stress (continued)

Thinking about yourself and how you normally feel, in the past month, how often did you feel?

You may click anywhere on the line that represents where you fall between the two ends of the scale.

[stress_q2a_cont] Upset

Never

Always

[stress_q2b_cont] Hostile

Never

Always

[stress_q2c_cont] Alert

Never

Always

[stress_q2d_cont] Ashamed

Never

Always

[stress_q2e_cont] Inspired

Never

Always

[stress_q2f_cont] Nervous

Never

Always

[stress_q2g_cont] Determined

Never

Always

[stress_q2h_cont] Attentive

Never

Always

[stress_q2i_cont] Afraid

Never

Always

[stress_q2j_cont] Active

Never

Always

[Previous](#)

[Next](#)

[Finish Later](#)

Employment

[employment_Q1] Do you have a job for pay now?

Yes No

[SRI Note: If employment_Q1 answered 'Yes', display employment_Q1b]

[employment_Q1b] During a typical week when you are working for pay, _____ per week
on average, how many hours do you work?

Previous

Next

Finish Later

Household Characteristics

[RELAT] What is your current relationship status?

- Single or casually dating
- In a committed relationship or engaged
- Living in a marriage-like relationship
- Married
- Separated
- Divorced
- Widowed

Previous

Next

Finish Later

Your Neighborhood

Next we have a few questions about your neighborhood.

[HOUSING_qualifier] Have you moved since you completed your last questionnaire?

- Yes No

[SRI Note: If HOUSING_qualifier answered 'Yes', display HOUSING]

[HOUSING] What is the main type of housing in your neighborhood (where you currently reside most days of the week)?

- Dormitory or residence hall
- Detached single-family housing
- Townhouses, row houses, apartments, or condos of 2-3 stories
- Mix of single-family residences and townhouses, row houses, apartments or condos
- Apartments or condos of 4-12 stories
- Apartments or condos of more than 12 stories
- Don't know/Not sure

Previous

Next

Finish Later

Your Neighborhood

[neighbor_Q2] The fresh fruits and vegetables in my neighborhood are of high quality?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

[neighbor_Q3] A large selection of fresh fruits and vegetables is available in my neighborhood?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

[neighbor_Q4] A large selection of low-fat products such as low-fat milk and lean meats is available in my neighborhood?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Previous

Next

Finish Later

Comments

[comments] Please use the following space to give us any comments you have about the questionnaire

Previous

Submit Survey

Finish Later