

Current Pregnancy

In this first section, we ask about your weight and height before the current pregnancy.

When is your baby due to be born?

--Month-- --Day-- --Year--
[crtPreg_Q1_month] [crtPreg_Q1_day] [crtPreg_Q1_year]



How much did you weigh without clothes or shoes before you got pregnant?

[crtPreg_Q2] Pounds

[crtPreg_Q3] Would you say your weight before you got pregnant with this baby was:

- Too low
- About right
- Too high

[crtPreg_Q4] How satisfied were you with your weight before you got pregnant with this baby?

Very satisfied Somewhat satisfied Not very satisfied Not at all satisfied

[crtPreg_Q5] Did your doctor, nurse practitioner or midwife tell you to gain a certain amount of weight during pregnancy?

- Yes
- No

[SRI Note: Ask specific weight if crtPreg_Q5 is "Yes"]

How Much?

[crtPreg_Q5_spec] Pounds (*specific number*)

OR [crtPreg_Q5_rng_lower] to [crtPreg_Q5_rng_upper] Pounds (*range*)

[SRI Note: Questionnaire limits entry of either a specific weight (crtPreg_Q5_spec) or a weight range (crtPreg_Q5_rng_lower & crtPreg_Q5_rng_upper)]

Previous

Next

Finish Later

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: Ask mediaUse_Q2 and mediaUse_Q3 if mediaUse_Q1 is "Yes" or "No, but I share or have access to a cell phone"]

[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: Ask media_Q5_spec if mediaUse_q5e is selected]

[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: Ask media_Q6_spec if mediaUse_q6i is selected]

[mediaUse_Q6_spec] Please list:

Previous

Next

Finish Later

Health (Weight in Pregnancy)

[WEIGH] How often do you weigh yourself?

- Never
- Once a year or less
- Every couple of months
- About once a month
- About once a week
- About once a day
- More than once a day

[SCALE] Do you have access to a bathroom scale at home?

- Yes
- No

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

[health_Q1_spec] Pounds (*specific number*)

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

[SRI Note: Questionnaire limits entry of either a specific weight (health_Q1_spec) or a weight range (health_Q1_rng_lower, health_Q1_rng_upper)]

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

[health_Q2_spec] Pounds (*specific number*)

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

[SRI Note: Questionnaire limits entry of either a specific weight (health_Q2_spec) or a weight range (health_Q2_rng_lower, health_Q2_rng_upper)]

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

[SRI Note: Continuous value is saved in health_Q5_cont; Recoded discrete value is saved in [health_Q5](#); Recoding: health_Q5_cont / 14.2857 to arrive at 7 categories]

[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

[SRI Note: Continuous value is saved in health_Q6_cont; Recoded discrete value is saved in [health_Q6](#); Recoding: health_Q6_cont / 14.2857 to arrive at 7 categories]

[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

[SRI Note: Continuous value is saved in health_Q7_cont; Recoded discrete value is saved in [health_Q7](#); Recoding: health_Q7_cont / 14.2857 to arrive at 7 categories]

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

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] Have a child who has a healthy weight.

Very
important
to me

Not so
important
to me

[SRI Note: Continuous value is saved in health_Q8_cont; Recoded discrete value is saved in [health_Q8](#); Recoding: health_Q8_cont / 14.2857 to arrive at 7 categories]

[health_Q9_cont] Be a healthy weight myself after this pregnancy.

Very
important
to me

Not so
important
to me

[SRI Note: Continuous value is saved in health_Q9_cont; Recoded discrete value is saved in [health_Q9](#); Recoding: health_Q9_cont / 14.2857 to arrive at 7 categories]

Previous

Next

Finish Later

Health (Smoking)

[TOBACCO] Do you currently use chewing tobacco, snuff, snus, pipes, cigars or any other tobacco product other than cigarettes?

Yes No

[CIGLIFE] Have you smoked at least 100 cigarettes in your entire life? NOTE: 5 packs = 100 cigarettes

Yes No

Previous

Next

Finish Later

Health (Smoking)

[SRI Note: Page is skipped when CIGLIFE (Have you smoked at least 100 cigarettes in your entire life?) is "No"]

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

- Every day Some days Not at all

[SRI Note: Ask CIGAMNT if CIGFREQ is "Every day" or "Some days"]

[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)

[SRI Note: Page is skipped when CIGLIFE (Have you smoked at least 100 cigarettes in your entire life?) is "No"]

[STOPSMOK] During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes No

[SRI Note: Ask LASTSMOK if STOPSMOK is "Yes"]

[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)

[SRI Note: Page is skipped when 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?) is "No"]

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

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. drinks per day

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks?

[ALNTIMES] Number of times

[ALNTIMES_none] No times

[SRI Note: Questionnaire does not allow input into ALNTIMES when ALNTIMES_none is checked]

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 checked="" type="radio"/>

Health (Sleep)

During the *last month*:

What time do you usually go to bed in the evening (turn out the lights in order to go to sleep)(Please also check AM or PM)?

Example: 07:00 PM; Midnight= A.M.

Weekday --Hour-- : --Minute-- --AM/PM-- [BEDWDH] [BEDWDM] [BEDWDAP]

Weekend --Hour-- : --Minute-- --AM/PM-- [BEDWEH] [BEDWEM] [BEDWEAP]

What time do you usually get out of bed in the morning (Please also check AM or PM)? *Example: 07:00 AM; Midnight= A.M.*

Weekday --Hour-- : --Minute-- --AM/PM-- [WAKEWDH] [WAKEWDM] [WAKEWDAP]

Weekend --Hour-- : --Minute-- --AM/PM-- [WAKEWEH] [WAKEWEM] [WAKEWEAP]

Previous

Next

Finish Later

Health (Sleep)

During the last month

[FALLASLP] On average, how often has it taken you more than 30 minutes to fall asleep after lights out? Please check the appropriate response

- 0-2 nights/week 3-5 nights/week 6-7 nights/week

[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

[STAYAWK] In the past week, how many days have you had trouble staying awake while driving, eating meals, in class or engaging in social activity? Please check the appropriate response.

- 0-2 days/week 3-5 days/week 6-7 days/week

[SNORE] In the past year, have you been told that you snore loudly or gasp or stop breathing during sleep?

- Yes No

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 in this pregnancy.

[eatPattern_q1] I feel my eating habits right now are

- Very Healthy
- Need Some Improvement
- Unhealthy

[eatPattern_q2] How has the amount of food you eat now changed compared to times when you are not pregnant?

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 times when you are not pregnant?

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

[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: Ask SODADIET if SODA is more often than "NEVER"]

[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: Ask FRTDIET if FRTDRNK is more often than "NEVER"]

[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 Patterns

[SPRTDRNK] Over the past 30 days, how often did you drink sports drinks (such as Propel, PowerAde, or Gatorade)?

- 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

[ENRGDRNK] Over the past 30 days, how often did you drink energy drinks (such as Red Bull or Jolt)?

- 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

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

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
[BREAKFAST] Eat breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[SNACK_MID_AM] Eat mid-morning snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[LUNCH] Eat lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[SNACK_MID_PM] Eat mid-afternoon snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[DINNER] Eat dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[SNACK_PM] Eat evening snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[BEDTIME] Eat within an hour of bedtime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Previous

Next

Finish Later

Feelings About Eating

The next part includes some statements on how sure you feel about being able to eat a healthy diet during this pregnancy.

[feelings_Q1] How much do you want to make changes in your eating habits during this pregnancy?

○ 0 Not at All ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 I want to very much

For the next sections, select the answer which is closest to how you feel about each statement.

During this pregnancy, how sure are you that you will be able to avoid overeating.

	Very sure	Somewhat sure	Neither sure nor unsure	Somewhat unsure	Very unsure
[feelings_Q2a] When you are stressed...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q2b] When you have cravings...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q2c] When you are at parties...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q2d] When you feel your life is out of control...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Previous

Next

Finish Later

Feelings About Eating

During 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

How often do friends and/or family do the following:

	Often	Sometimes	Never
[feelings_Q5a] Eat healthy foods to make it easier for me to do the same	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q5b] Give me encouragement to eat healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q5c] Avoid eating unhealthy foods around me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[feelings_Q5d] Help me to prepare healthy foods	<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 checked="" 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 checked="" 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 checked="" 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 slowly to go places (such as to the bus, work, visiting) Not 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 quickly to go places (such as to the bus, work, or school) Not 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 slowly 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 more quickly 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 quickly up hills 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: Ask PPAQ_Q33 - PPAQ_Q37 if PPAQ_Q32 is "Yes"]

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_Q1] Before you got pregnant, how often did you do physical activity which made your heart and breathing rate moderately increase?

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

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

Yes No

[SRI Note: Ask PHYACTIVITY_Q2_SPEC if PHYACTIVITY_Q2 is "No"]

[phyActivity_Q2_Spec] Why not?



Previous

Next

Finish Later

Physical Activity

[phyActivity_Q3a] Now that you are pregnant, 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

[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

[SRI Note: Continuous value is saved in phyActivity_Q3_cont; Recoded discrete value is saved in phyActivity_Q3; Recoding: phyActivity_Q3_cont / 14.2857 to arrive at 7 categories]

[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

[phyActivity_Q5] How sure are you that you will be able to complete 30 minutes of moderate-intensity physical activity on 5 or more days per week for the rest of this pregnancy?

Very sure Somewhat sure Neither sure or unsure Somewhat unsure Very unsure

How sure are you that you will be able to be physically active when:

	Very sure	Somewhat sure	Neither sure nor unsure	Somewhat unsure	Very unsure
[phyActivity_Q6a] You are tired ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q6b] You are in a bad mood ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q6c] You don't feel you have the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q6d] You are on vacation ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[phyActivity_Q6e] It is raining or snowing ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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

Physical Activity

[EXERDIF] Was there anything about the past week that made exercising especially different for you in terms of extended illness, pregnancy complication, injury, or vacation?

Yes No

Previous

Next

Finish Later

Physical Activity

[Statement below focuses respondent on either "this past week" (when EXERDIF is "No") or "most recent typical week during pregnancy" (when EXERDIF is "Yes").]

Please complete the following questions about this past week.

First, we are interested in the number of flights of stairs you climbed on average EACH DAY in this week. We only want to know the number of flights you climb going UP - not down.
When answering this question, One Flight of Stairs = 10 steps if you know the number of steps.

[FLIGHTS] Flights per day

We want to know how much time you spent this past week brisk walking for exercise or transportation. We are interested in bouts of walking that were at least 10 continuous minutes in duration. *This would include walking outside, at an indoor facility, or on a treadmill.*

[BRWALKD] How many days this week did you walk briskly for the purpose of exercise or transportation for at least 10 continuous minutes outside, at an indoor facility, or on a treadmill? Days in the past week

[SRI Note: Ask BWALKM if BRWALKD >0]

[BWALKM] On these days in which you walked briskly at least 10 continuous minutes, on average, how many minutes per day did you walk briskly? Minutes per day

Previous

Next

Finish Later

Physical Activity

Please complete the following questions about this past week.

Were there any other sport, fitness, or recreational activities in which you participated? We are interested only in time that you were physically active while performing the activity. Please add as many activities as are applicable below:

Sport, Fitness, or Recreation [SPORT]	Days per Week [SPORTDAYS]	Average Time per Day [SPORTMINUTES]
		Minutes per Day

Add Another Activity

[SRI Note: A list of activity name suggestions is presented to the subject when they begin typing based on matches within our activity database. If a suggestion is chosen, and the result is an exact match to an activity in the database, this activity row MET value will be coded appropriately. Non-matching activities will require manual coding after the study closes. Unlimited activities can be entered by subjects. Each activity is stored in subtable with the variable names noted above.]

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/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

Physical Activity

Please complete the following questions about this past week.

[ACTIVE] Would you say that during the past week (the week you are thinking about in this survey) you were:

- Less active than usual
- More active than usual
- About as active as usual

[REGACT] In general, at least once per week, do you engage in regular activity similar to brisk walking, jogging, bicycling, etc. long enough to work up a sweat, get your heart thumping, or get out of breath?

- Yes
- No

[SRI Note: Ask REGACTD if REGACT is "Yes"]

[REGACTD] Please indicate the number of days per week:

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

Supportive Relationships

Now we would like to ask you about support from family and friends.

Please read each statement carefully and click on the point of the line below that is closest to your situation.

[support_Q1_cont] I have people who care what happens to me

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q1_cont; Recoded discrete value is saved in [support_Q1](#); Recoding: support_Q1_cont / 14.2857 to arrive at 7 categories]

[support_Q2_cont] I have love and affection

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q2_cont; Recoded discrete value is saved in [support_Q2](#); Recoding: support_Q2_cont / 14.2857 to arrive at 7 categories]

[support_Q3_cont] I have chances to talk to someone about problems at work or with my housework

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q3_cont; Recoded discrete value is saved in [support_Q3](#); Recoding: support_Q3_cont / 14.2857 to arrive at 7 categories]

[support_Q4_cont] I have chances to talk to someone I trust about my personal and family problems

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q4_cont; Recoded discrete value is saved in [support_Q4](#); Recoding: support_Q4_cont / 14.2857 to arrive at 7 categories]

[support_Q5_cont] I have chances to talk about money matters

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q5_cont; Recoded discrete value is saved in [support_Q5](#); Recoding: support_Q5_cont / 14.2857 to arrive at 7 categories]

Previous

Next

Finish Later

Supportive Relationships

Now we would like to ask you about support from family and friends.

Please read each statement carefully and click on the point of the line below that is closest to your situation.

[support_Q6_cont] I have invitations to go out and do things with other people

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q6_cont; Recoded discrete value is saved in [support_Q6](#); Recoding: support_Q6_cont / 14.2857 to arrive at 7 categories]

[support_Q7_cont] I have useful advice about important things in life

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q7_cont; Recoded discrete value is saved in [support_Q7](#); Recoding: support_Q7_cont / 14.2857 to arrive at 7 categories]

[support_Q8_cont] I have help when I'm sick in bed

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q8_cont; Recoded discrete value is saved in [support_Q8](#); Recoding: support_Q8_cont / 14.2857 to arrive at 7 categories]

[support_Q9_cont] I have help around the house or with child care

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q9_cont; Recoded discrete value is saved in [support_Q9](#); Recoding: support_Q9_cont / 14.2857 to arrive at 7 categories]

[support_Q10_cont] I have people who help me when I can't make ends meet

As much
as I would
like

Much less
than I
would like

[SRI Note: Continuous value is saved in support_Q10_cont; Recoded discrete value is saved in [support_Q10](#); Recoding: support_Q10_cont / 14.2857 to arrive at 7 categories]

Previous

Next

Finish Later

Supportive Relationships

[support_Q11] How supportive has the baby's father been during this pregnancy?

- Very supportive
- Somewhat supportive
- Not as supportive as I would have liked
- Not at all supportive
- Father not involved

Previous

Next

Finish Later

Employment

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

Yes No

[SRI Note: Ask EMPLOYMENT_Q1A and EMPLOYMENT_Q1B if EMPLOYMENT_Q1 is "Yes"]

[employment_Q1a] If yes, how happy are you with your job?

Very Happy Somewhat Happy Not Very Happy Not At All Happy

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

Previous

Next

Finish Later

Your Neighborhood

Next we have a few questions about your neighborhood.

[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

Your Neighborhood

[neighbor_Q5] Do you or other members of your household do any vegetable gardening?

Yes No

[neighbor_Q6] Do you or other members of your household buy food from a farmers market or farm stand?

Yes No

[neighbor_Q7] Do you know of a food pantry, soup kitchen, church or other organization that gives out food that you could go to if you needed to?

Yes No

[neighbor_Q8] Have you gotten food from a food pantry, soup kitchen or other organization during the past year?

Yes No

Previous

Next

Finish Later

Neighborhood environment

The next items are statements about your neighborhood related to walking and bicycling.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't Know
[NSHOPS] Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[NTRANS] It is within a 10-15 minute walk to a transit stop (such as bus, train, trolley, or tram) from my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[NSIDEWLK] There are sidewalks on most of the streets in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[NBIKE] There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[NRECR] My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[NCRIME] The crime rate in my neighborhood makes it unsafe to go on walks at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous

Next

Finish Later

Neighborhood environment

How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household?

[MVNUMS] Motor Vehicles

[VEHICLES_NOTSURE] Don't know / not sure

[SRI Note: Questionnaire disables input into MVNUMS if VEHICLES_NOTSURE is checked]

Previous

Next

Finish Later

Household Characteristics

These last few questions are about your household characteristics.

[HISP] Are you of Hispanic or Latino origin?

Yes No

Which race best describes you? (Check all that apply)

- [RACEW] White or Caucasian
- [RACEB] Black or African-American
- [RACEA] Asian
- [RACEI] American Indian or Alaskan Native
- [RACEP] Native Hawaiian or other Pacific Islander
- [RACEO] Other [RACEOS] - please specify:

[SRI Note: Ask RACEOS if RACEO is checked]

Previous

Next

Finish Later

Household Characteristics

[EDUCnew] What is the highest grade in school you have finished?

- Finished middle school (8th grade) or less
- Finished some high school
- High school graduate or G.E.D.
- Vocational or training school after high school
- Some College or Associate degree
- College graduate or Baccalaureate Degree
- Masters or Doctoral Degree (PhD, MD, JD, etc)

[NCHILD] How many children under the age of 18 live in your home?

[NADULT] How many adults (age 18 or older) live in your home? (count yourself)

Previous

Next

Finish Later

Household Characteristics

[INCOME] Which of these categories best describe your income (not the income of your household, but your own income) for the past 12 months? This should include income (before taxes) from all sources, wages, veteran's benefits, help from relatives, rent from properties and so on.

- Less than \$5,000
- \$5,000 through \$11,999
- \$12,000 through \$15,999
- \$16,000 through \$24,999
- \$25,000 through \$34,999
- \$35,000 through \$49,999
- \$50,000 through \$74,999
- \$75,000 through \$99,999
- \$100,000 and greater
- Don't know

[REALTnew] 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

Comments

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

Previous

Submit Survey

Finish Later