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 <u>either</u> a specific weight (crtPreg_Q5_spec) <u>or</u> 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 <u>if</u> 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 <u>should</u> 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 <u>either</u> a specific weight (health_Q1_spec) <u>or</u> a weight range (health_Q1_rng_lower, health_Q1_rng_upper)]

How much weight do you <u>intend</u> 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 <u>either</u> a specific weight (health_Q2_spec) <u>or</u> 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

Health (Weight in Pregnancy)

How likely to be true <u>for you</u> 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 <u>health_Q5</u>; Recoding: health_Q5_cont / 14.2857 to arrive at 7 categories]

[health_Q6_cont] Gaining the recommended amount of weight during pregnancy will help <u>my baby</u> 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 <u>health_Q6</u>; Recoding: health_Q6_cont / 14.2857 to arrive at 7 categories]

[health_Q7_cont] Gaining the recommended amount of weight during pregnancy will help <u>me</u> 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 <u>health_Q7</u>; 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

Health (Smoking)

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

○ Yes   ○ No

[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 <u>past 30 days</u>, 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 <u>past 30 days</u>, how many days did you have at least one drink of any alcoholic beverage?   -- Select --

During the <u>past 30 days</u>, 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

Previous   Next

Finish Later

Health (Mood)

During the *past week:*	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)
[BOTHER] I was bothered by things that don't usually bother me.	○	○	○	○
[KMIND] I had trouble keeping my mind on what I was doing.	○	○	○	○
[DEPRES] I felt depressed.	○	○	○	○
[EFFORT] I felt that everything I did was an effort.	○	○	○	○
[HAPPY] I was happy.	○	○	○	○
[FEAR] I felt fearful.	○	○	○	○
[RESTLES] My sleep was restless.	○	○	○	○
[HOPE] I felt hopeful about the future.	○	○	○	○
[LONELY] I felt lonely.	○	○	○	○
[GETGO] I could not "get going".	○	○	○	●

Previous   Next
Finish Later

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

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 <u>past 30 days</u>, 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

Eating Patterns

[FRTDRNK] Over the <u>past 30 days</u>, 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 <u>past 30 days</u>, 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 <u>past 30 days</u>, 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 <u>past 30 days</u>, 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 <u>past 30 days</u>, 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 <u>past 30 days</u>, 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 <u>past week</u>, how many times did you eat the following meals that were <u>prepared in your home</u> 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	○	○	○	○	○
[SNACK_MID_AM] Eat mid-morning snack	○	○	○	○	○
[LUNCH] Eat lunch	○	○	○	○	○
[SNACK_MID_PM] Eat mid-afternoon snack	○	○	○	○	○
[DINNER] Eat dinner	○	○	○	○	○
[SNACK_PM] Eat evening snack	○	○	○	○	○
[BEDTIME] Eat within an hour of bedtime	○	○	○	○	◉

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	1	2	3	4	5	6
○	○	○	○	○	○	○
Not at All						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...	○	○	○	○	○
[feelings_Q2b] When you have cravings...	○	○	○	○	○
[feelings_Q2c] When you are at parties...	○	○	○	○	○
[feelings_Q2d] When you feel your life is out of control...	○	○	○	○	◉

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...	○	○	○	○	○
[feelings_Q3b] When cooking takes a lot of effort...	○	○	○	○	○
[feelings_Q3c] When others around you eat unhealthy foods...	○	○	○	○	○
[feelings_Q3d] When you are in a bad mood...	○	○	○	○	○
[feelings_Q3e] When eating out...	○	○	○	○	○

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...	○	○	○	○	○
[feelings_Q4b] A healthy diet is too great a change from my current eating habits...	○	○	○	○	○
[feelings_Q4c] Healthy foods are too expensive...	○	○	○	○	○
[feelings_Q4d] I don't enjoy the taste of healthy food...	○	○	○	○	○
[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...	○	○	○	○	○

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	○	○	○
[feelings_Q5b] Give me encouragement to eat healthy foods	○	○	○
[feelings_Q5c] Avoid eating unhealthy foods around me	○	○	○
[feelings_Q5d] Help me to prepare healthy foods	○	○	○

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 ...	○	○	○	○	○
[feelings_Q6b] I tend to eat more when I am anxious, worried, or tense ...	○	○	○	○	○
[feelings_Q6c] I count calories as a conscious means of controlling my weight ...	○	○	○	○	○
[feelings_Q6d] When I feel lonely I console myself by eating ...	○	○	○	○	○
[feelings_Q6e] I tend to eat more food than usual when I have more available places that serve or sell food ...	○	○	○	○	○
[feelings_Q6f] I tend to eat when I am disappointed or feel let down ...	○	○	○	○	○
[feelings_Q6g] I often refuse foods or drinks offered because I am concerned about my weight ...	○	○	○	○	○
[feelings_Q6h] If I see others eating, I have a strong desire to eat too ...	○	○	○	○	◉

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.	○	○	○	○	○
[feelings_Q6j] When I have eaten too much during the day, I will often eat less than usual on the following day ...	○	○	○	○	○
[feelings_Q6k] I often eat so quickly I don't notice I'm full until I've eaten too much ...	○	○	○	○	○
[feelings_Q6l] If I eat more than usual during a meal, I try to make up for it at another meal ...	○	○	○	○	○
[feelings_Q6m] When I'm offered delicious food, it's hard to resist eating it even if I've just eaten.	○	○	○	○	○
[feelings_Q6n] I eat more when I'm having relationship problems ...	○	○	○	○	○
[feelings_Q6o] When I'm under a lot of stress, I eat more than I usually do ...	○	○	○	○	○
[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 ...	○	○	○	○	⦿

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)	○	○	○	○	○	○
[ppaq_q5] Dressing, bathing, feeding children while you are <u>sitting</u>	○	○	○	○	○	○
[ppaq_q6] Dressing, bathing, feeding children while you are <u>standing</u>	○	○	○	○	○	○
[ppaq_q7] Playing with children while you are <u>sitting or standing</u>	○	○	○	○	○	○
[ppaq_q8] Playing with children while you are <u>walking or running</u>	○	○	○	○	○	○
[ppaq_q9] Carrying children	○	○	○	○	○	○
[ppaq_q10] Taking care of an older adult	○	○	○	○	○	○
[ppaq_q11] Sitting and using a computer or writing, while <u>not</u> at work	○	○	○	○	○	○

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	○	○	○	○	○	○
[ppaq_q13] Sitting and reading, talking, or on the phone, while <u>not</u> at work	○	○	○	○	○	◉

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	○	○	○	○	○	○
[ppaq_q15] Light cleaning (make beds, laundry, iron, put things away)	○	○	○	○	○	○
[ppaq_q16] Shopping (for food, clothes, or other items)	○	○	○	○	○	○

During this trimester, when you are NOT at work, how much time <u>during the week</u> 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)	○	○	○	○	○	○
[ppaq_q18] Mowing lawn while on a riding mower	○	○	○	○	○	○
[ppaq_q19] Mowing lawn using a walking mower, raking, gardening	○	○	○	○	○	●

Previous   Next
Finish Later

Going Places...

During this trimester, how much time during the day do you usualy 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 excercise	○	○	○	○	○	○
[ppaq_q21] Walking quickly to go places (such as to the bus, work, or school) <u>Not</u> for fun or excercise	○	○	○	○	○	○
[ppaq_q22] Driving or riding in a car or bus	○	○	○	○	○	○

For Fun or Excercise...

During this trimester, how much time during the week do you usualy 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 excercise	○	○	○	○	○	○
[ppaq_q24] Walking more <u>quickly</u> for fun or excercise	○	○	○	○	○	○
[ppaq_q25] Walking <u>quickly up hills</u> for fun or excercise	○	○	○	○	○	○
[ppaq_q26] Jogging	○	○	○	○	○	○
[ppaq_q27] Prenatal exercise class	○	○	○	○	○	○
[ppaq_q28] Swimming	○	○	○	○	○	○
[ppaq_q29] Dancing	○	○	○	○	○	○
[ppaq_q30] Doing other things for fun or exercise? [ppaq_q30_spec] - Other activity 1:	○	○	○	○	○	○
[ppaq_q31] Doing other things for fun or exercise? [ppaq_q31_spec] - Other activity 2:	○	○	○	○	○	○

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 usualy 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	○	○	○	○	○	○
[ppaq_q34] Standing or slowly walking at work while carrying things (heavier than a 1 gallon milk jug)	○	○	○	○	○	○
[ppaq_q35] Standing or slowly walking at work not carrying anything	○	○	○	○	○	○
[ppaq_q36] Walking quickly at work while carrying things (heavier than a 1 gallon milk jug	○	○	○	○	○	○
[ppaq_q37] Walking quickly at work not carrying anything	○	○	○	○	○	◉

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 <u>physical activity</u> 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 <u>phyActivity_Q3</u>; 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 ...	○	○	○	○	○
[phyActivity_Q6b] You are in a bad mood ...	○	○	○	○	○
[phyActivity_Q6c] You don't feel you have the time	○	○	○	○	○
[phyActivity_Q6d] You are on vacation ...	○	○	○	○	○
[phyActivity_Q6e] It is raining or snowing ...	○	○	○	○	⦿

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 ...	○	○	○	○	○
[phyActivity_Q7b] Most women who never exercised can begin an exercise program during pregnancy ...	○	○	○	○	○
[phyActivity_Q7c] Pregnant women should not exercise while lying down on their back during the third trimester ...	○	○	○	○	○
[phyActivity_Q7d] Pregnant women will gain some benefit from moderate-intensity physical activity ...	○	○	○	○	○
[phyActivity_Q7e] Physical activity and exercise during pregnancy can make a woman feel more energetic	○	○	○	○	○
[phyActivity_Q7f] Physical activity and exercise during pregnancy will improve a woman's labor and delivery ...	○	○	○	○	◉

Previous   Next
Finish Later

Physical Activity

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

○	○	○	○	○
Very safe	Somewhat safe	Unsure	Somewhat unsafe	Very unsafe

[phyActivity_Q9] In your opinion, how safe or unsafe would you say <u>vigorous physical activity</u> 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

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 <u>UP</u> - 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

[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:

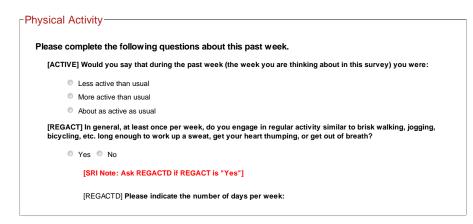| Sport, Fitness, or Recreation [SPORT]	Days per Week [SPORTDAYS]	Average Time per Day [SPORTMINUTES]
		Minutes per Day

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 <u>WEEKDAY</u>, 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).	○	○	○	○	○	○	○	○	○
[WDCWK] Sitting at work/school doing computer work (email, word or data processing, web-based applications, etc.).	○	○	○	○	○	○	○	○	○
[WDCNWK] Sitting while using the computer for non-work/school activities or playing video games.	○	○	○	○	○	○	○	○	○
[WDNCWK] Sitting at work/school doing non-computer office/school work or paperwork.	○	○	○	○	○	○	○	○	○
[WDNCNWK] Sitting while doing non-computer office work or paperwork <u>not</u> related to your job/school (paying bills, etc).	○	○	○	○	○	○	○	○	○
[WDMRA] Sitting listening to music, reading a book or magazine, or doing arts and crafts.	○	○	○	○	○	○	○	○	○
[WDPHONE] Sitting and talking on the phone or texting.	○	○	○	○	○	○	○	○	○
[WDTRANS] Sitting in a car, bus, train or other mode of transportation	○	○	○	○	○	○	○	○	●

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:**

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).	○	○	○	○	○	○	○	○	○
[WECWK] Sitting at work/school doing computer work (email, word or data processing, web-based applications, etc.).	○	○	○	○	○	○	○	○	○
[WECNWK] Sitting while using the computer for non-work/school activities or playing video games.	○	○	○	○	○	○	○	○	○
[WENCWK] Sitting at work/school doing non-computer office/non-school work or paperwork.	○	○	○	○	○	○	○	○	○
[WENCNWK] Sitting while doing non-computer office work or paperwork not related to your job/school (paying bills, etc).	○	○	○	○	○	○	○	○	○
[WEMRA] Sitting listening to music, reading a book or magazine, or doing arts and crafts.	○	○	○	○	○	○	○	○	○
[WEPHONE] Sitting and talking on the phone or texting.	○	○	○	○	○	○	○	○	○
[WETRANS] Sitting in a car, bus, train or other mode of transportation	○	○	○	○	○	○	○	○	◉

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   Much less
as I would   than I
like   would like

[SRI Note: Continuous value is saved in support_Q6_cont; Recoded discrete value is saved in <u>support_Q6</u>; 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   Much less
as I would   than I
like   would like

[SRI Note: Continuous value is saved in support_Q7_cont; Recoded discrete value is saved in <u>support_Q7</u>; 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   Much less
as I would   than I
like   would like

[SRI Note: Continuous value is saved in support_Q8_cont; Recoded discrete value is saved in <u>support_Q8</u>; 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   Much less
as I would   than I
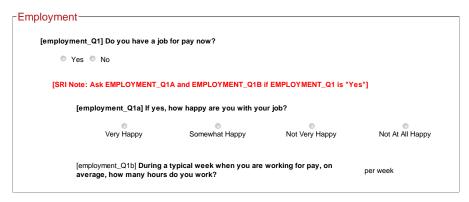like   would like

[SRI Note: Continuous value is saved in support_Q9_cont; Recoded discrete value is saved in <u>support_Q9</u>; 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   Much less
as I would   than I
like   would like

[SRI Note: Continuous value is saved in support_Q10_cont; Recoded discrete value is saved in <u>support_Q10</u>; Recoding: support_Q10_cont / 14.2857 to arrive at 7 categories]

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 <u>your neighborhood.</u>

[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

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.	○	○	○	○	○
[NTRANS] It is within a 10-15 minute walk to a transit stop (such as bus, train, trolley, or tram) from my home.	○	○	○	○	○
[NSIDEWLK] There are sidewalks on most of the streets in my neighborhood.	○	○	○	○	○
[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.	○	○	○	○	○
[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.	○	○	○	○	○
[NCRIME] The crime rate in my neighborhood makes it unsafe to go on walks at night.	○	○	○	○	●

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 <u>your</u> 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

Comments

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

[Previous] [Submit Survey]
[Finish Later]