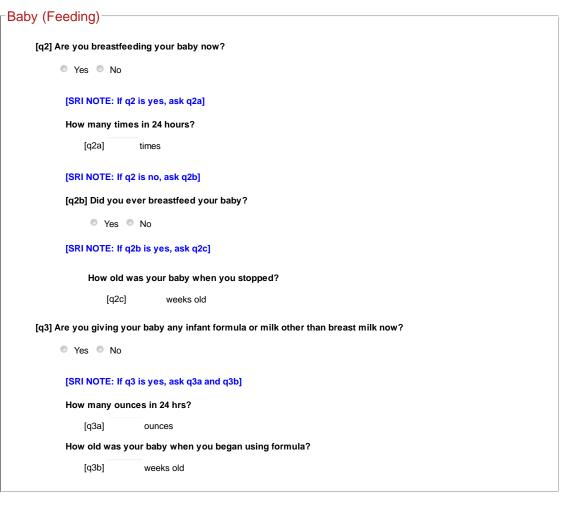
Baby (Health)
baby (Health)
[q1] Has your baby had colic (cries all the time), jaundice, surgery or any other illnesses or hospitalizations since being born?
Yes No
[SRI NOTE: If q1 is yes, ask q1a and q1b.]
[q1a] What illnesses?
If hospitalized, for how many days?
[q1b] days





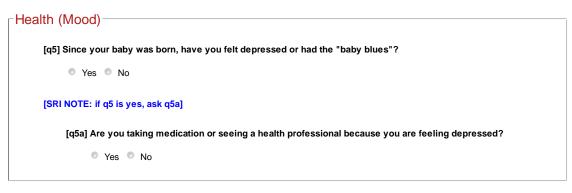


ealth (Mood)	
As you have recently had a baby, we would like to know how you are feeling. Please check the response that closest to how you have felt in <u>THE PAST 7 DAYS</u> , not just how you feel today.	comes
[q4a] I have blamed myself unnecessarily when things went wrong.	
Yes, most of the time	
Yes, some of the time	
Not very often	
No, never	
[q4b] I have felt scared or panicky for no very good reason.	
Yes, quite a bit	
Yes, sometimes	
No, not much	
No, not at all	
[q4c] I have been anxious or worried for no good reason.	
No, not at all	
Hardly ever	
Yes, sometimes	
 Yes, very often 	



alth (Mo	ood)
	recently had a baby, we would like to know how you are feeling. Please check the response that comes by you have felt in THE PAST 7 DAYS, not just how you feel today.
[SRI NO	TE: If q4a, q4b and q4c are all answered, and (q4a + q4b + q4c) * (10/3) < 10, then respondents will skip this
[q4d] I h	ave been able to laugh and see the funny side of things.
0	As much as I always could
0	Not quite so much now
0	Definitely not so much now
0	Not at all
[q4e] I h	ave been so unhappy that I have had difficulty sleeping.
0	Yes, most of the time
0	Yes, sometimes
0	Not very often
0	No, not at all
[q4f] l ha	ave been so unhappy that I have been crying.
0	Yes, most of the time
0	Yes, quite often
0	Only occasionally
0	No, never
[q4g] l h	ave looked forward with enjoyment to things.
0	As much as I ever did
0	Rather less than I used to
0	Definitely less than I used to
0	Hardly at all
[q4h] Th	ings have been getting on top of me.
0	Yes, most of the time I haven't been able to cope at all
0	Yes, sometimes I haven't been coping as well as usual
0	No, most of the time I have coped quite well
0	No, I have been coping as well as ever
[q4i] l ha	ave felt sad or miserable.
0	Yes, most of the time
0	Yes, quite often
0	Not very often
0	No, not at all
[q4j] The	e thought of harming myself has occurred to me.
0	Yes, quite often
0	Sometimes
0	Hardly ever
0	Never







Health (Weight) [SRI NOTE: if q6a is "Increase", ask q6b. If q6a is decrease, ask q6c.] [q6a] During your most recent pregnancy, did your weight: Increase [q6b] - I gained: pounds Stay the same Decrease [q6c] - I lost: pounds How much do you weigh now without shoes? [q7] pounds When was this weight measured? --Month-- --Day-- --Year--[q9] How satisfied are you with your current body weight? Very satisfied Somewhat satisfied Not very satisfied Not at all satisfied

Previous Next
Finish Later

[CIGFREQ] Do you now smoke cigarettes every day, some days, or not at all? Every day Some days Not at all [SRI NOTE: if CIGFREQ is "Every day" or "Some days", ask CIGAMNT] [CIGAMNT] On average, how many cigarettes do you smoke each day? I did not smoke cigarettes during the past 30 days 1 cigarette or less per day 2 to 5 cigarettes per day 6 to 10 cigarettes per day 11 to 20 cigarettes per day More than 20 cigarettes per day



Health (Physical Activity)
[q12] Currently, how often do you do physical activity that makes your heart and breathing rate moderately increase?
Often (Every day)
Sometimes (Every other day)
Rarely (Once a week)
Hardly ever
Never
[q13] Do you currently work out or do exercises other than walking? (Here we mean vigorous physical activity that causes large increases in breathing and heart rate and makes you sweat.)
Yes No



Health (Sleep)

In the past 24 hours, what is the longest stretch of time that you have slept without waking up?

[q14] hours (answer to the nearest half hour)

In the past 24 hours, how many hours did you sleep in total?

[q15] hours (answer to the nearest half hour)

[q16_continuous] Please rate your general level of tiredness during the past week.

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

Not at all tired

The most tired I could be

[SRI NOTE: q16_continuous contains values 0 to 100. Q16 is computed from q16_continuous into a discrete 7-point scale: q16_continuous / 14.2857]



Your household [REALT] 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 How many children under the age of 18 live in your household? [NCHILD] children How many adults (age 18 or older) live in your household? [NADULT] (count yourself in the total) [q20] Are you currently working at a job for pay? Yes No [SRI NOTE: If q20 is yes, ask q20a and q20b.] How old was your baby when you started to work for pay? [q20a] weeks old How many hours per week do you work for pay? [q20b] hours per week [q21] Please select your pediatric practice from the list below: [q21] -- Select --[q21_spec] If your pediatrician is not in the above drop down menu, please specify:



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

