

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

Previous

Next

Finish Later

Baby (Feeding)

[q2] Are you breastfeeding your baby now?

- Yes No

[SRI NOTE: If q2 is yes, ask q2a]

How many times in 24 hours?

[q2a] times

[SRI NOTE: If q2 is no, ask q2b]

[q2b] Did you ever breastfeed your baby?

- Yes No

[SRI NOTE: If q2b is yes, ask q2c]

How old was your baby when you stopped?

[q2c] weeks old

[q3] Are you giving your baby any infant formula or milk other than breast milk now?

- Yes No

[SRI NOTE: If q3 is yes, ask q3a and q3b]

How many ounces in 24 hrs?

[q3a] ounces

How old was your baby when you began using formula?

[q3b] weeks old

Previous

Next

Finish Later

Health (Mood)

As you have recently had a baby, we would like to know how you are feeling. Please check the response that comes closest to how you have felt in **THE PAST 7 DAYS**, not just how you feel today.

[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

Previous

Next

Finish Later

Health (Mood)

As you have recently had a baby, we would like to know how you are feeling. Please check the response that comes closest to how you have felt in **THE PAST 7 DAYS**, not just how you feel today.

[SRI NOTE: If q4a, q4b and q4c are all answered, and $(q4a + q4b + q4c) * (10/3) < 10$, then respondents will skip this page]

[q4d] I have been able to laugh and see the funny side of things.

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

[q4e] I have been so unhappy that I have had difficulty sleeping.

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

[q4f] I have been so unhappy that I have been crying.

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

[q4g] I have looked forward with enjoyment to things.

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

[q4h] Things have been getting on top of me.

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

[q4i] I have felt sad or miserable.

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

[q4j] The thought of harming myself has occurred to me.

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Previous

Next

Finish Later

Health (Mood)

[q5] Since your baby was born, have you felt depressed or had the "baby blues"?

Yes No

[SRI NOTE: if q5 is yes, ask q5a]

[q5a] Are you taking medication or seeing a health professional because you are feeling depressed?

Yes No

Previous

Next

Finish Later

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

Health (Smoking)

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

- Every day Some days Not at all

[SRI NOTE: if CIGFREQ 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

Previous

Next

Finish Later

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

Previous

Next

Finish Later

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: $q16_continuous / 14.2857$]

Previous

Next

Finish Later

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:**

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](#)