I. STUDY NUMBER	_____
II. TODAY'S DATE	__ __ / __ __ / __ __
III. RA INITIALS	___ ___ ___

SIX-MONTH QUESTIONNAIRE

Thank you for continuing to be a part of Project Viva!

Please complete this Six-Month Questionnaire and bring it to your next visit.

- **This questionnaire will take approximately 15 minutes to complete. (No long diet questionnaire this time!)**
- **Read each question carefully and answer it as best you can. Remember, there are no right or wrong answers.**
- **Your answers will be kept completely confidential. We use a study identification number instead of your name on all our forms.**

If you have any questions, please feel free to call us at (617) 421-6067.

SECTION A: YOUR HEALTH

	Excellent	Very good	Good	Fair	Poor
A1. In the past month, in general, would you say your health is:	❑1	❑2	❑3	❑4	❑5

	Much better now	Somewhat better now	About the same	Somewhat worse now	Much worse now
A2. Compared with before you were pregnant with this baby, how would you rate your health now?	❑1	❑2	❑3	❑4	❑5

A3. How would you classify your current weight?

- ❑1 Markedly underweight
- ❑2 Underweight
- ❑3 Average
- ❑4 Overweight
- ❑5 Markedly Overweight

A4. Are you actively trying to lose weight?

- ❑1 Yes → a) How are you trying to lose weight? (*Check all that apply*)
- ❑2 No (**SKIP to Section B)**

  - ❑ Changing what (or how much) I eat
  - ❑ Exercising
  - ❑ Breastfeeding my baby
  - ❑ Using diet pills/laxatives/diuretics/water pills
  - ❑ Bottle feeding my baby
  - ❑ Purging or making myself vomit
  - ❑ Smoking
  - ❑ Other means: _____

SECTION B: YOUR BABY'S GROWTH AND DEVELOPMENT

	Excellent	Very good	Good	Fair	Poor
B1. In general, would you say <u>your baby's</u> health is:	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

B2. Are you concerned that your baby will become overweight as he/she is growing up?

❑ 1 Yes

❑ 2 No

B3. Are you concerned that your baby will become underweight as he/she is growing up?

❑ 1 Yes

❑ 2 No

B4. <u>In the past month,</u> how much do you feel that your baby cries in comparison with other babies of his/her age?

❑ 1 Cries <u>more than</u> other babies

❑ 2 Cries <u>the same amount</u> as other babies

❑ 3 Cries <u>less than</u> other babies

❑ 9 Not sure

	A lot	Somewhat	A little bit	Not at all
B5. <u>In the past month,</u> how hard is it to calm your baby when he/she cries	❑ 1	❑ 2	❑ 3	❑ 4
B6. <u>Since your baby was born,</u> how much do you feel that his/her crying has been a problem?	❑ 1	❑ 2	❑ 3	❑ 4

B7. Has your baby ever had times when he/she appears to be in agony, screams, draws his/her legs up to his/her body, and can't be calmed?

❑1 Yes → a) Has this happened often, sometimes, or only once?

❑2 No

❑1 Often

❑2 Sometimes

❑3 Only once

B8. Has an eye doctor ever said that your baby has any of the following major eye problems?

	Yes	No
a) Retinal Disorder	❑1	❑2
b) Cataract	❑1	❑2
c) Eye Turn or Lazy Eye (strabismus or amblyopia)	❑1	❑2
d) Nystagmus	❑1	❑2

B9. Has an eye doctor ever said that your baby had Retinopathy of Prematurity (ROP)?

❑1 Yes → a) Did your baby receive treatment for ROP?

❑2 No (**SKIP to B10**)

❑1 Yes

❑2 No

❑9 Don't know

B10. Has an eye doctor ever said that <u>you</u> have any of the following major eye problems (not due to injury)?

		Yes	No
a)	Retinal Disorder	❑1	❑2
b)	Cataract	❑1	❑2
c)	Eye Turn or Lazy Eye (strabismus or amblyopia)	❑1	❑2
d)	Nystagmus	❑1	❑2
e)	Very poor vision (requiring very strong glasses)	❑1	❑2

B11. Has an eye doctor ever said that <u>your baby's biological father</u> has any of the following major eye problems (not due to injury)?

		Yes	No	Don't know
a)	Retinal Disorder	❑1	❑2	❑9
b)	Cataract	❑1	❑2	❑9
c)	Eye Turn or Lazy Eye (strabismus or amblyopia)	❑1	❑2	❑9
d)	Nystagmus	❑1	❑2	❑9
e)	Very poor vision (requiring very strong glasses)	❑1	❑2	❑9

B12. Has an eye doctor ever said that <u>any of your baby's brothers or sisters</u> has any of the following major eye problems (not due to injury)?

❑2 My baby does not have any brothers or sisters (**SKIP to Section C**)

		Yes	No
a)	Retinal Disorder	❑1	❑2
b)	Cataract	❑1	❑2
c)	Eye Turn or Lazy Eye (strabismus or amblyopia)	❑1	❑2
d)	Nystagmus	❑1	❑2
e)	Very poor vision (requiring very strong glasses)	❑1	❑2

SECTION C: FEEDING YOUR BABY

Please indicate how much you agree or disagree with each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
C1. I often have to encourage my baby to eat more	❑1	❑2	❑3	❑4	
C2. I have to be sure that my baby finishes the bottle	❑1	❑2	❑3	❑4	❑5
C3. I have to be sure that my baby finishes all the baby food in the jar	❑1	❑2	❑3	❑4	❑5
C4. If my baby refuses to eat a new food, I continue to offer it to him/her at other times	❑1	❑2	❑3	❑4	❑5
C5. My baby likes vegetables	❑1	❑2	❑3	❑4	❑5
C6. My baby likes fruits	❑1	❑2	❑3	❑4	❑5
C7. My baby usually likes new foods	❑1	❑2	❑3	❑4	❑5
C8. My partner encouraged me to breastfeed	❑1	❑2	❑3	❑4	❑5
C9. I had a bad experience breastfeeding a previous child	❑1	❑2	❑3	❑4	❑5
C10. My friends have had good breastfeeding experiences	❑1	❑2	❑3	❑4	❑5
C11. I have to be careful not to feed my baby too much	❑1	❑2	❑3	❑4	

Please indicate how much you agree or disagree with each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree
C12. Infant formula is just as good as breastmilk for babies	❑1	❑2	❑3	❑4
C13. Overall, bottle feeding is more convenient than breastfeeding	❑1	❑2	❑3	❑4
C14. Breastfeeding helps you lose weight	❑1	❑2	❑3	❑4
C15. Breastfeeding is healthier for mothers	❑1	❑2	❑3	❑4
C16. Breastfeeding is embarrassing	❑1	❑2	❑3	❑4
C17. Saving money is a reason to breastfeed	❑1	❑2	❑3	❑4
C18. My family discouraged me from breastfeeding	❑1	❑2	❑3	❑4
C19. Women who breastfeed end up with less attractive breasts	❑1	❑2	❑3	❑4
C20. It is worth it to breastfeed your child even if it is only for a few weeks	❑1	❑2	❑3	❑4
C21. Breastfeeding is tiring	❑1	❑2	❑3	❑4
C22. Breastfeeding decreases a woman's sex drive	❑1	❑2	❑3	❑4
C23. Breastfeeding improves mother-infant bonding more than bottle feeding	❑1	❑2	❑3	❑4

C24. Has any of the following health care providers encouraged you to breastfeed?

	Yes, a lot	Yes, a little	No
a) Your midwife	❑1	❑2	❑3
b) Your obstetrician	❑1	❑2	❑3
c) A nurse in the hospital	❑1	❑2	❑3
d) Your pediatrician or other pediatric clinician	❑1	❑2	❑3

C25. How old was your baby when you first fed him/her…

		Have not fed this to my child	Less than 2 months old	2 or 3 months old	4 or 5 months old	6 months or older
a)	Baby cereal	❑1	❑2	❑3	❑4	❑5
b)	Other starches (for example, teething biscuits, crackers)	❑1	❑2	❑3	❑4	❑5
c)	Fruit Juice	❑1	❑2	❑3	❑4	❑5
d)	Fruit (including baby food)	❑1	❑2	❑3	❑4	❑5
e)	Vegetables (including baby food)	❑1	❑2	❑3	❑4	❑5
f)	Meat, chicken, or turkey (including baby food)	❑1	❑2	❑3	❑4	❑5
g)	Cow's milk (not formula)	❑1	❑2	❑3	❑4	❑5
h)	Other cow's milk dairy products (for example, yogurt, cheese)	❑1	❑2	❑3	❑4	❑5
i)	Soy milk (not formula)	❑1	❑2	❑3	❑4	❑5
j)	Peanut butter	❑1	❑2	❑3	❑4	❑5
k)	Eggs	❑1	❑2	❑3	❑4	❑5
l)	Fish	❑1	❑2	❑3	❑4	❑5
m)	Sweets (for example, candy, soft drinks, cookies, ice cream)	❑1	❑2	❑3	❑4	❑5

C26. In the past month, how many ounces of fruit juice does your baby drink in an average day (24-hour period)?

❑1 None

❑2 Less than 8 ounces

❑3 8 to 15 ounces

❑4 16 to 31 ounces

❑5 32 ounces or more

C27. In the past month, how many ounces of water does your baby drink in an average day (24-hour period)?

- ❑1 None
- ❑2 Less than 8 ounces
- ❑3 8 to 15 ounces
- ❑4 16 to 31 ounces
- ❑5 32 ounces or more

SECTION D: SOCIAL AND PHYSICAL ACTIVITY UPDATE

D1. Do you currently smoke cigarettes?

- ❑1 Yes → a) On average, how many cigarettes per day do you currently smoke?
  - ❑1 Less than 1 cigarette per day
  - ❑2 1 to 4 cigarettes per day
  - ❑3 5 to 14 cigarettes per day
  - ❑4 15 to 24 cigarettes per day
  - ❑5 25 cigarettes or more per day
- ❑2 No

D2. Since your baby was born, on average, how many hours per week has your baby been exposed to cigarette smoke? Please include time spent at home, in restaurants, and in day care.

- ❑1 0 to less than 1 hour per week
- ❑2 1 to 4 hours per week
- ❑3 5 to 8 hours per week
- ❑4 9 to 12 hours per week
- ❑5 More than 12 hours per week

D3. In the past month, on average, how many hours per week have you spent...

a) Watching TV or video tapes?

___ ___ hours per week

b) Walking (include walking for fun or exercise, walking to work, but not walking at work)?

___ ___ hours per week

D4. In the past month, on average, how many hours per week have you spent engaged in…

a) Light or moderate recreational activities or sports such as bowling, yoga, stretching classes, skating, or other similar activities? (Do not include walking.)

___ ___ hours per week

b) Vigorous recreational activities or sports such as jogging, swimming, cycling, aerobic dance, skiing, or other similar activities?

___ ___ hours per week

D5. Do you wish you could get more exercise?

❑$_1$ Yes

❑$_2$ No (**SKIP to Section E**)

a) How much does each of the things on this list keep you from getting more exercise?

	A lot	**A little**	**Not at all**
i) I don't have enough time to get exercise	❑$_1$	❑$_2$	❑$_3$
ii) I don't have enough energy to exercise	❑$_1$	❑$_2$	❑$_3$
iii) I don't like how I look when I exercise	❑$_1$	❑$_2$	❑$_3$
iv) I would rather spend the time with my child(ren) than get exercise	❑$_1$	❑$_2$	❑$_3$
v) I don't enjoy exercising	❑$_1$	❑$_2$	❑$_3$
vi) It is hard to get good childcare so that I can get exercise	❑$_1$	❑$_2$	❑$_3$
vii) There is no place I can go to get exercise	❑$_1$	❑$_2$	❑$_3$
viii) My physical health keeps me from getting exercise	❑$_1$	❑$_2$	❑$_3$

b) Does anything else keep you from getting more exercise?

❑$_1$ Yes, Specify: _____

❑$_2$ No

SECTION E: YOUR HOUSEHOLD

E1. Which of the following best describes your current marital status?

- ❑1 Married
- ❑2 Not married, but living with a partner
- ❑3 Never married
- ❑4 Divorced
- ❑5 Separated
- ❑6 Widowed

E2. If you suddenly lost all sources of your household income right now, how long would you be able to do the following:

	Less than 3 months	3 to 6 months	7 to 12 months	More than 12 months	Don't know
a) Maintain your standard of living...	❑1	❑2	❑3	❑4	❑9
b) Stay in your current home.....	❑1	❑2	❑3	❑4	❑9

E3. Since your baby was born, have you always had enough money to…

	Yes	No	I don't feed this to my baby
a) Buy infant formula	❑1	❑2	❑3
b) Buy baby food	❑1	❑2	❑3
c) Buy diapers	❑1	❑2	
d) Buy food	❑1	❑2	
e) Pay rent or mortgage	❑1	❑2	

E4. In the past month, have you gotten WIC food for your baby? (WIC is a program that provides food for pregnant and nursing women, infants and young children).

❑$_1$ Yes

❑$_2$ No

E5. In the past month, have you gotten WIC food for yourself? (WIC is a program that provides food for pregnant and nursing women, infants and young children).

❑$_1$ Yes

❑$_2$ No

SECTION F: YOUR FEELINGS

Please take a moment to think about your relationship with your partner (spouse or other partner). Please indicate how much you agree or disagree with the following statements.

If you don't currently have a partner, *check here*: ❑$_2$ **and SKIP** to question **F6** below.

		Strongly agree	**Agree**	**Disagree**	**Strongly disagree**
F1.	I can count on my partner for financial assistance should I need it.	❑$_1$	❑$_2$	❑$_3$	❑$_4$
F2.	My partner is affectionate toward me.	❑$_1$	❑$_2$	❑$_3$	❑$_4$
F3.	My partner helps a lot with the baby.	❑$_1$	❑$_2$	❑$_3$	❑$_4$
F4.	My partner understands how I am feeling.	❑$_1$	❑$_2$	❑$_3$	❑$_4$
F5.	I can count on my partner to be there when I need him/her.	❑$_1$	❑$_2$	❑$_3$	❑$_4$

These next questions are about your family or friends.

		Strongly agree	**Agree**	**Disagree**	**Strongly disagree**
F6.	My family or friends let me know they think I am a worthwhile person.	❑$_1$	❑$_2$	❑$_3$	❑$_4$
F7.	My family or friends have confidence in me.	❑$_1$	❑$_2$	❑$_3$	❑$_4$
F8.	My family or friends provide me with help in finding solutions to my problems.	❑$_1$	❑$_2$	❑$_3$	❑$_4$
F9.	My family or friends will always stand by me.	❑$_1$	❑$_2$	❑$_3$	❑$_4$
F10.	I can count on my family or friends for financial assistance should I need it.	❑$_1$	❑$_2$	❑$_3$	❑$_4$

In the past 7 days...

		As much as always	Somewhat less than usual	Much less than usual	Not at all
F11.	I have been able to laugh and see the funny side of things	❑1	❑2	❑3	❑4
F12.	I have looked forward with enjoyment to things	❑1	❑2	❑3	❑4

In the past 7 days...		Most of the time	Some of the time	Not very often	Not at all
F13.	I have blamed myself unnecessarily when things went wrong	❑1	❑2	❑3	❑4
F14.	I have been anxious or worried for no good reason	❑1	❑2	❑3	❑4
F15.	I have felt scared or panicky for no good reason	❑1	❑2	❑3	❑4
F16.	Things have been overwhelming me	❑1	❑2	❑3	❑4
F17.	I have been so unhappy that I have had difficulty sleeping	❑1	❑2	❑3	❑4
F18.	I have felt sad or miserable	❑1	❑2	❑3	❑4
F19.	I have been so unhappy that I have been crying	❑1	❑2	❑3	❑4
F20.	The thought of harming myself has occurred to me	❑1	❑2	❑3	❑4

SECTION G: YOUR DIET

For each of the following questions, please average your use of these foods since your baby was born.

- **Your diet may have changed since your baby was born. Please average over the entire time period.**
- **Remember to include things you cook with.**
- **These questions are not intended to assess your total diet, and may not ask about all of the foods you eat.**

Since your baby was born, how often, on average, have you eaten…

		Never/ less than once per week	Once per week	2 to 4 times per week	Nearly daily or daily	Twice or more per day
G1.	Dark Green Leafy Vegetables (for example, spinach, romaine lettuce, kale, turnip greens, bok choy)	❑1	❑2	❑3	❑4	❑5
G2.	Broccoli, Cauliflower, Cabbage, Brussels Sprouts	❑1	❑2	❑3	❑4	❑5
G3.	Carrots	❑1	❑2	❑3	❑4	❑5
G4.	Other Vegetables (for example, peas, corn, green beans, tomatoes, squash)	❑1	❑2	❑3	❑4	❑5
G5.	Citrus Fruits (for example, orange juice or grapefruit juice, oranges, grapefruit)	❑1	❑2	❑3	❑4	❑5
G6.	Other Fruits (for example, apples or pears, bananas, berries, grapes, melons)	❑1	❑2	❑3	❑4	❑5
G7.	Whole Milk Dairy Foods (for example, whole milk, hard cheese, butter, ice cream)	❑1	❑2	❑3	❑4	❑5
G8.	Low-fat Milk Products (for example, low-fat/skim milk, yogurt, cottage cheese)	❑1	❑2	❑3	❑4	❑5
G9.	A whole egg (that means with the yolk)	❑1	❑2	❑3	❑4	❑5
G10.	Margarine (stick-type not tub)	❑1	❑2	❑3	❑4	❑5
G11.	Whole Grain Foods (for example, whole grain breads, brown rice)	❑1	❑2	❑3	❑4	❑5
G12.	Pasta, White Rice, Noodles	❑1	❑2	❑3	❑4	❑5

<u>Since your baby was born</u>, how often, on average, have you eaten…

		Never/ less than once per week	Once per week	2 to 4 times per week	Nearly daily or daily	Twice or more per day
G13.	Baked Products (for example, crackers, donuts, cookies, muffins, cakes, sweet rolls, pastries but not including bread, English muffins or bagels)	❑1	❑2	❑3	❑4	❑5
G14.	Beef, Pork or Lamb as Main Dish	❑1	❑2	❑3	❑4	❑5
G15.	Processed Meats (for example, sausages, salami, bologna, hot dogs, bacon)	❑1	❑2	❑3	❑4	❑5
G16.	Deep Fried Foods (for example, deep fried chicken, fish or seafood, French fries, onion rings)	❑1	❑2	❑3	❑4	❑5
G17.	Canned tuna fish	❑1	❑2	❑3	❑4	❑5
G18.	Dark meat fish (for example mackerel, salmon, sardines, bluefish, or swordfish)	❑1	❑2	❑3	❑4	❑5
G19.	Other fish (for example cod, haddock, or halibut)	❑1	❑2	❑3	❑4	❑5
G20.	Chicken or turkey	❑1	❑2	❑3	❑4	❑5
G21.	Shrimp, lobster, scallops or clams as a main dish	❑1	❑2	❑3	❑4	❑5

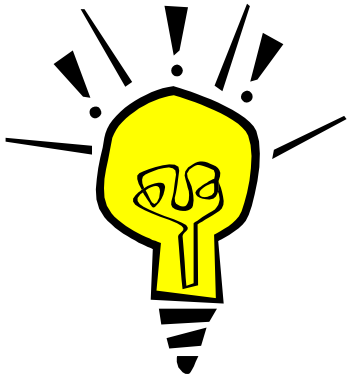
Since your baby was born, how often, on average, have you had…

		Never/ less than once per week	Once per week	2 to 4 times per week	Nearly daily or daily	2 to 3 times per day	4 or more times per day
G22.	Low calorie cola with caffeine (for example, Diet Coke, Diet Pepsi) (1 glass, bottle, can)	❑1	❑2	❑3	❑4	❑5	❑6
G23.	Low calorie caffeine-free cola (for example, caffeine-free Diet Coke, Diet Pepsi) (1 glass, bottle, can)	❑1	❑2	❑3	❑4	❑5	❑6
G24.	Regular Coke, Pepsi, or other cola with sugar (1 glass, bottle, can)	❑1	❑2	❑3	❑4	❑5	❑6
G25.	Caffeine-free Coke, Pepsi, or other cola with sugar (1 glass, bottle, can)	❑1	❑2	❑3	❑4	❑5	❑6
G26.	Beer, regular or light (1 glass, bottle, can)	❑1	❑2	❑3	❑4	❑5	❑6
G27.	Liquor, (for example, whiskey, gin, etc.) (1 drink or shot)	❑1	❑2	❑3	❑4	❑5	❑6
G28.	Wine (4 oz. glass)	❑1	❑2	❑3	❑4	❑5	❑6
G29.	Decaffeinated coffee (1 cup)	❑1	❑2	❑3	❑4	❑5	❑6
G30.	Caffeinated coffee (1 cup)	❑1	❑2	❑3	❑4	❑5	❑6
G31.	Caffeinated tea, not herbal teas (1 cup)	❑1	❑2	❑3	❑4	❑5	❑6

Please fill in today's date:

__ __/ __ __/ __ __

MONTH / DATE / YEAR



Please remember to bring your completed questionnaire to your next visit!

THANK YOU!