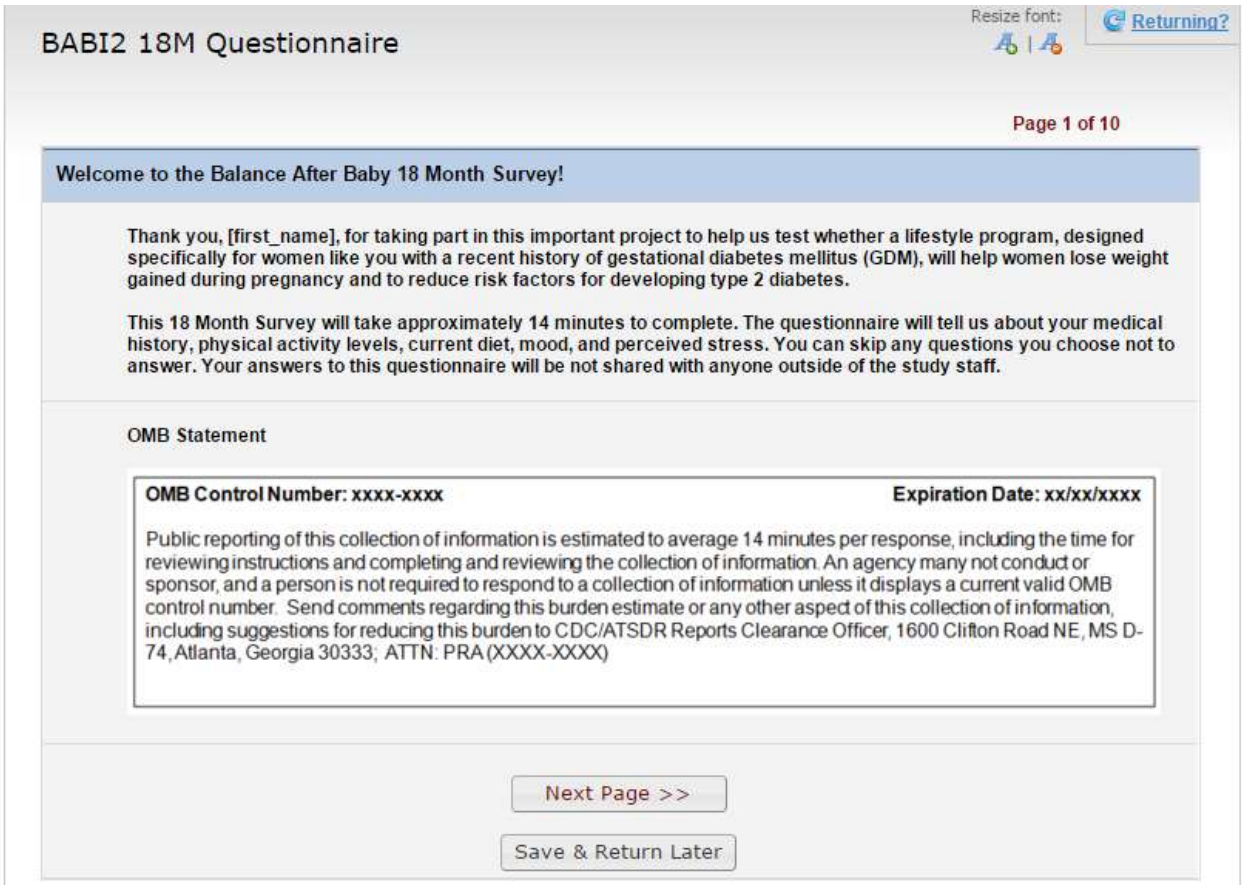
18-Month Questionnaire



18-Month Demographics

Demographic Information

Would you say your general health is:

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

reset

Do you have a family history of type 2 diabetes? Please specify (select all that apply):

- ☐ Paternal grandfather
- ☐ Paternal grandmother
- ☐ Father
- ☐ Brother/sister
- ☐ Maternal grandfather
- ☐ Maternal grandmother
- ☐ Mother
- ☐ Children
- ☐ None

Which of the following best describes your current employment status? (select all that apply)

- ☐ Employed for wages, currently working
- ☐ Employed for wages, currently on leave
- ☐ Self-employed, currently working
- ☐ Self-employed, currently on leave
- ☐ Out of work for less than 1 year
- ☐ Out of work for more than 1 year
- ☐ A homemaker
- ☐ Full-time student
- ☐ Part-time student
- ☑ Unable to work

Please describe

From where do you access the internet? (select all that apply)

- ☐ Home
- ☐ Work
- ☐ Library
- ☐ Friend's house
- ☐ Cell phone
- ☐ Other
- ☐ I longer have access to the internet

Was there a period of time when you did not have access to the internet for more than a week since your last visit?

- ○ No
- ◉ Yes

reset

How long did you or have you not had access to the internet?

- ○ < 1 month
- ○ 1-3 months
- ○ 3-6 months

reset

Do you have a cell phone, or a Blackberry or iPhone or other device that is also a cell phone?

- ○ Yes
- ○ No

reset

Some cell phones are called "smartphones" because of certain features they have, like being able to access the internet and run applications. Is your cell phone a smartphone, such as an iPhone, Android, Blackberry or Windows phone?

- ○ Yes
- ○ No
- ○ Not sure

reset

Does your current cell phone plan have:

- ○ Unlimited texting
- ○ Up to 200 Texts per month
- ○ Up to 500 Texts per month
- ○ Up to 1000 Texts per month
- ○ I am not sure

reset

Does your current cell phone plan have:

- ○ Unlimited data
- ○ Up to 1 GB limit
- ○ Up to 2 GB limit
- ○ Up to 3 GB limit
- ○ More than 3 GB limit
- ○ I am not sure

reset

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Save & Return Later

18-Month Medical History Update

Section B

Outside of your general pregnancy care, have you seen a doctor for any reason except for routine check-ups in the past 6 months?	◉ Yes ○ No	reset
Please describe:		
Have you had any surgeries in the past 6 months?	◉ Yes ○ No	reset
Please describe:		
Were you hospitalized for any reason in the past 6 months?	◉ Yes ○ No	reset
Please describe:		
Have you been diagnosed with any medical conditions in the past 6 months?	◉ Yes ○ No	reset
Please describe:		

List all your medications (including over the counter), vitamins, supplements, or herbs:

Are you using contraception?

- (•) Yes
- ( ) No

reset

What form of contraception are you currently using? Indicate all that apply.

- [ ] Birth control pills, progesterone only
- [ ] Birth control pills, combined estrogen and progesterone
- [ ] IUD, Paragard (Copper)
- [ ] IUD, Mirena (progestin)
- [ ] Nuva ring
- [ ] Contraceptive patch
- [ ] Depo-provera injections
- [ ] Nexplanon implant
- [ ] Rhythm method
- [ ] Tubal ligation or vasectomy
- [ ] Condoms

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

- ( ) Every day
- ( ) Some days
- ( ) Not at all

reset

Do you now use electronic cigarettes or e-cigarettes, every day, some days, or not at all?

- ( ) Every day
- ( ) Some days
- ( ) Not at all

reset

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Save & Return Later

18-Month Physical Activity

Recent Physical Activity

During the past three months, when you are NOT at work, how much time do you usually spend:

Preparing meals (cook, set table, wash dishes)

- ○ 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

reset

Dressing, bathing, feeding children while you are sitting

- ○ 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

reset

Dressing, bathing, feeding children while you are standing

- ○ 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

reset

Playing with children while you are sitting or standing

- ○ 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

reset

Playing with children while you are walking or running

- ○ 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

reset

Carrying children

- ○ 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

reset

Taking care of an older adult

- ○ 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

reset

Sitting and using a computer, a tablet, a smartphone, or writing, while not at work

- ○ 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

reset

Watching TV or a video

- ○ 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

reset

Sitting and reading, talking, or on the phone, while not at work

- ○ 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

Playing with pets

- ○ 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

reset

Light cleaning (make beds, laundry, iron, put things away)

- ○ 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

reset

Shopping (for food, clothes, or other items)

- ○ 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

reset

During the past three months, when you are NOT at work, how much time do you usually spend:

Heavier cleaning (vacuum, mop, sweep, wash windows)

- ○ 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

reset

Mowing lawn while on a riding mower

- ○ 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

reset

Mowing lawn using a walking mower, raking, gardening

- ○ 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

reset

Going Places...

During the past 3 months, how much time do you usually spend:

Walking slowly to go places (such as to the bus, work, visiting)
***Not* for fun or exercise**

- ○ 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

reset

Walking quickly to go places (such as to the bus, work, or school)
***Not* for fun or exercise**

- ○ 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

reset

Driving or riding in a car or bus

- ○ 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

reset

For Fun or Exercise...

During the past 3 months, how much time do you usually spend:

Walking slowly for fun or exercise

- ○ 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

Walking more quickly for fun or exercise

- ○ 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

reset

Walking quickly up hills for fun or exercise

- ○ 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

reset

During the past 3 months, how much time do you usually spend:

Jogging

- ○ 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

reset

Exercise class or program, including DVDs and online classes

- ○ 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

reset

Swimming

- ○ 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

reset

Dancing, including zumba

- ○ 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

reset

Doing other things for fun or exercise?

- ○ Yes
- ○ No

reset

Doing other things for fun or exercise?

- (•) Yes
- ( ) No

reset

Name of Activity

- ( ) 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

reset

Name of Activity

- ( ) 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

reset

Please fill out the next section if you work for wages, as a volunteer, or if you are a student. If you are a homemaker, out of work, or unable to work, you do not need to complete this last section.

At Work...

During the past 3 months, how much time did you usually spend:

Sitting at work or in class

- ( ) 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

reset

Standing or slowly walking at work while carrying things (heaver than a 1 gallon milk jug)

- ○ 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

reset

Standing or slowly walking at work not carrying anything

- ○ 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

reset

Walking quickly at work while carrying things (heavier than a 1 gallon milk jug)

- ○ 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

reset

Walking quickly at work not carrying anything

- ○ 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

reset

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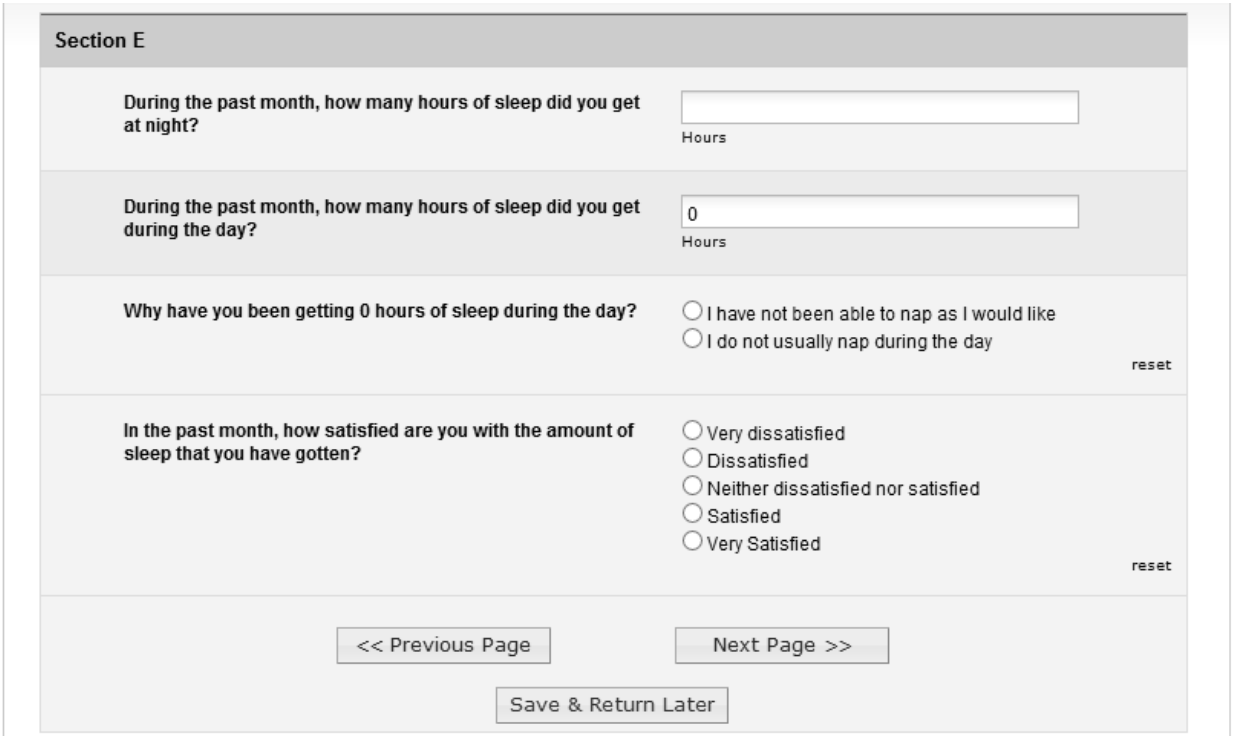
Save & Return Later

18-Month Sleep



Section E

During the past month, how many hours of sleep did you get at night?

Hours

During the past month, how many hours of sleep did you get during the day?

0

Hours

Why have you been getting 0 hours of sleep during the day?

- I have not been able to nap as I would like
- I do not usually nap during the day

reset

In the past month, how satisfied are you with the amount of sleep that you have gotten?

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Very Satisfied

reset

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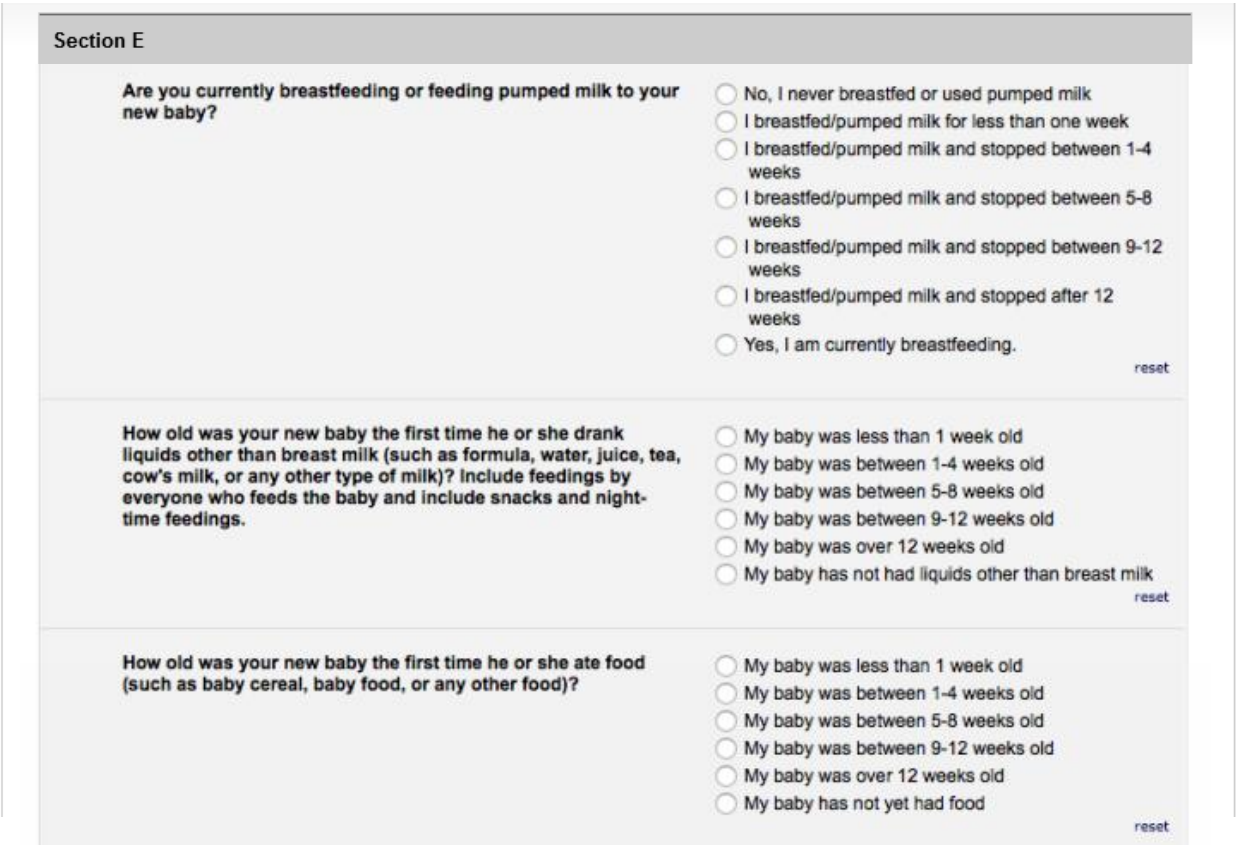
Save & Return Later

18-Month Breastfeeding



Section E

Are you currently breastfeeding or feeding pumped milk to your new baby?

- No, I never breastfed or used pumped milk
- I breastfed/pumped milk for less than one week
- I breastfed/pumped milk and stopped between 1-4 weeks
- I breastfed/pumped milk and stopped between 5-8 weeks
- I breastfed/pumped milk and stopped between 9-12 weeks
- I breastfed/pumped milk and stopped after 12 weeks
- Yes, I am currently breastfeeding.

reset

How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, cow's milk, or any other type of milk)? Include feedings by everyone who feeds the baby and include snacks and night-time feedings.

- My baby was less than 1 week old
- My baby was between 1-4 weeks old
- My baby was between 5-8 weeks old
- My baby was between 9-12 weeks old
- My baby was over 12 weeks old
- My baby has not had liquids other than breast milk

reset

How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

- My baby was less than 1 week old
- My baby was between 1-4 weeks old
- My baby was between 5-8 weeks old
- My baby was between 9-12 weeks old
- My baby was over 12 weeks old
- My baby has not yet had food

reset

18-Month Edinburgh Postnatal Depression Scale

Emotions, Mood and Stress

Please select the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

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

reset

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

reset

I have blamed myself unnecessarily when things went wrong

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

reset

I have been anxious or worried for no good reason

- ○ Yes, very often
- ○ Yes, sometimes
- ○ Hardly ever
- ○ No, not at all

reset

I have felt scared or panicky for no very good reason

- ○ Yes, quite a lot
- ○ Yes, sometimes
- ○ No, not much
- ○ No, not at all

reset

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

reset

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

reset

I have felt sad or miserable

- ○ Yes, most of the time
- ○ Yes, quite often
- ○ Not very often
- ○ No, never

reset

I have been so unhappy that I have been crying

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

reset

The thought of harming myself has occurred to me

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

reset

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Save & Return Later

18-Month Perceived Stress Scale

Section I

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way.

	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you been upset because of something that happened unexpectedly?	○	○	○	○	○ reset
In the last month, how often have you felt that you were unable to control the important things in your life?	○	○	○	○	○ reset
In the last month, how often have you felt nervous and "stressed"?	○	○	○	○	○ reset
In the last month, how often have you felt confident about your ability to handle your personal problems?	○	○	○	○	○ reset
In the last month, how often have you felt that things were going your way?	○	○	○	○	○ reset
In the last month, how often have you found that you could not cope with all the things that you had to do?	○	○	○	○	○ reset
In the last month, how often have you been able to control irritations in your life?	○	○	○	○	○ reset
In the last month, how often have you felt that you were on top of things?	○	○	○	○	○ reset
In the last month, how often have you been angered because of the things that were outside of your control?	○	○	○	○	○ reset
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	○	○	○	○	○ reset

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Save & Return Later

18-Month Self-Efficacy

Challenges to Being Physically Active

Eating Habits

Below is a list of things people might do while trying to change their eating habits. Please rate how confident you are that you could motivate yourself to do things like these consistently, for at least three months. Please select one circle for each of them.

	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can eat smaller portions?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can replace white bread with whole wheat or whole grain bread?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can eat at least 5 servings of fruits and vegetables a day?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can include at least one vegetable for dinner?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can replace whole or 2% milk with nonfat or low-fat 1% milk?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can replace sugar-sweetened beverages with low-calories or calorie-free options?	○	○	○	○	○	○ reset

	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can choose chicken, turkey, fish, or a vegetarian protein source (e.g. tofu) instead of red meat most of the time?	○	○	○	○	○	○ reset

	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can cut down on processed and high sugar foods like cookies, cakes, pastries, candy and ice cream?	○	○	○	○	○	○ reset

Physical Activity

Below is a list of things people might do while trying to increase or continue regular physical activity. We are interested in physical activities like running, swimming, brisk walking, bicycle riding, dancing, Zumba, or aerobics classes. Whether you currently engage in physical activity or not, please rate how confident you are that you could really motivate yourself to do activities like these consistently, for at least three months. Please select one number for each question.

	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can get up early, even on weekends, to engage in physical activity?	○	○	○	○	○	○ reset

	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can stick to your physical activity program after a long, tiring day?	○	○	○	○	○	○ reset

	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can exercise even if you are feeling depressed?	○	○	○	○	○	○ reset

	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can set aside time for a physical activity program; that is, walking, jogging, swimming, biking, dancing, or other activities for at least 30 minutes, 3 times per week?	○	○	○	○	○	○ reset

	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can continue to do physical activity with others even though they might seem too fast or too slow for you?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can stick to your physical activity program when undergoing a stressful life change (e.g., divorce, death in the family, moving)?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can stick to your physical activity program when your family is demanding more time from you?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can stick to your physical activity program when you have household chores to attend to?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can stick to your physical activity program even when you have excessive demands at work?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can stick to your physical activity program when social obligations are very time-consuming?	○	○	○	○	○	○ reset
	I know I cannot 1	2	Maybe I can 3	4	I know I can 5	Does not apply 8
How sure are you that you can watch less TV in order to increase your physical activity?	○	○	○	○	○	○ reset

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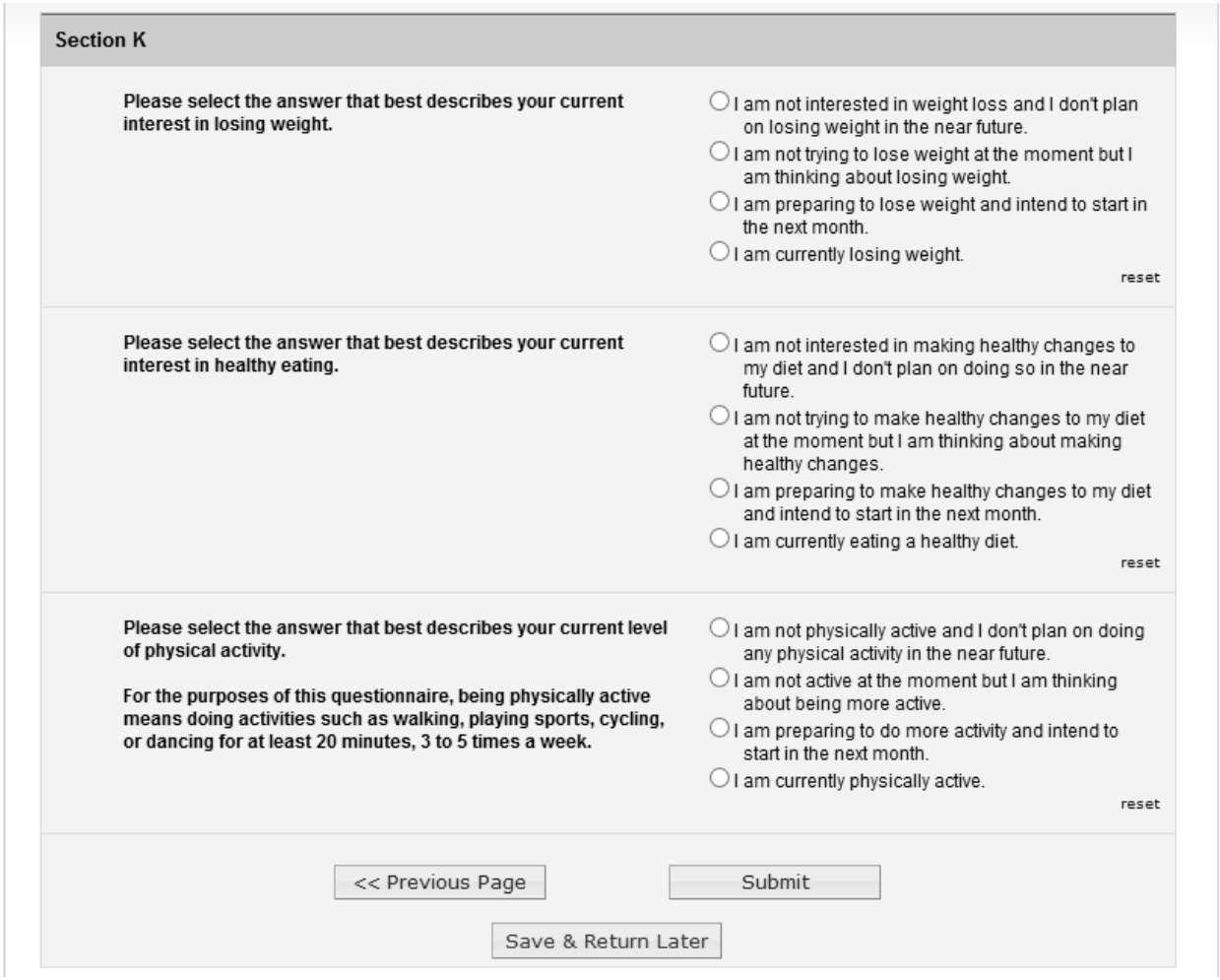
Save & Return Later

18-Month Readiness to Change



Section K

Please select the answer that best describes your current interest in losing weight.

- ○ I am not interested in weight loss and I don't plan on losing weight in the near future.
- ○ I am not trying to lose weight at the moment but I am thinking about losing weight.
- ○ I am preparing to lose weight and intend to start in the next month.
- ○ I am currently losing weight.

reset

Please select the answer that best describes your current interest in healthy eating.

- ○ I am not interested in making healthy changes to my diet and I don't plan on doing so in the near future.
- ○ I am not trying to make healthy changes to my diet at the moment but I am thinking about making healthy changes.
- ○ I am preparing to make healthy changes to my diet and intend to start in the next month.
- ○ I am currently eating a healthy diet.

reset

Please select the answer that best describes your current level of physical activity.

For the purposes of this questionnaire, being physically active means doing activities such as walking, playing sports, cycling, or dancing for at least 20 minutes, 3 to 5 times a week.

- ○ I am not physically active and I don't plan on doing any physical activity in the near future.
- ○ I am not active at the moment but I am thinking about being more active.
- ○ I am preparing to do more activity and intend to start in the next month.
- ○ I am currently physically active.

reset

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Close survey

Thank you for taking the survey.

Have a nice day!

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The Research Assistant will now log you into the Block© Food Frequency Questionnaire.