

BABI2 Item-Level Crosswalk

Item #	Domain/Question	6W	6M	12M	18M	24M	Source
DEM###	DEMOGRAPHICS	X	X	X	X	X	(NHANES) 2013-14, Behavioral Risk Factor Surveillance System 2011, Current Population Survey, Pew Internet Project 25th Anniversary Omnibus Survey, New (Pilot/BABI), U.S. Department of Health and Human Services Data Collection Standards
DEM001	Do you have a prior history of gestational diabetes?	X					New (Pilot)
DEM002	How many times were you diagnosed with gestational diabetes?	X					New (BABI)
DEM003	What is your date of birth?	X					Current Population Survey
DEM004	What is the highest grade or year of school you completed?	X					Behavioral Risk Factor Surveillance System 2011
DEM005	Would you say your general health is:	X	X	X	X	X	Behavioral Risk Factor Surveillance System 2011 (Modified)
DEM006	Do you have a family history of type 2 diabetes? Please specify (select all that apply):	X	X	X	X	X	New (Pilot)
DEM007	What is your marital status?	X		X		X	Behavioral Risk Factor Surveillance System 2011 (Modified)
DEM008	In what country were you born?	X					(NHANES) 2013-14 (Modified)
DEM009	Do you speak a primary language other than English at home?	X					U.S. Department of Health and Human Services Data Collection Standards (Modified)
DEM010	What is this language?	X					U.S. Department of Health and Human Services Data Collection Standards (Modified)
DEM011	Are you of Hispanic, Latino/a, or Spanish Origin? (select all that apply)	X					U.S. Department of Health and Human Services Data Collection Standards (Modified)
DEM012	What is your race? (select all that apply)	X					U.S. Department of Health and Human Services Data Collection Standards
DEM013	Which of the following best describes your current employment status? Select all that apply.	X	X	X	X	X	Behavioral Risk Factor Surveillance System 2011 (Modified)
DEM014	Please describe:	X	X	X	X	X	New (Pilot)
DEM015	What is your annual household income from all sources?	X		X		X	Behavioral Risk Factor Surveillance System 2011 (Modified)
DEM016	How many children do you have living at home?	X		X		X	Behavioral Risk Factor Surveillance System 2011 (Modified)
DEM017	What are their ages?	X		X		X	New (Pilot)
DEM018	From where do you access the internet? (select all that apply)	X	X	X	X	X	New (BABI)
DEM019	Was there a period of time when you did not have access to the internet for more than week since your last study visit?		X	X	X	X	New (BABI)
DEM020	How long did you or have you not had access to the internet?		X	X	X	X	New (BABI)
DEM021	Do you have a cell phone... or a Blackberry or iPhone or other device that is also a cell phone?	X	X	X	X	X	Pew Internet Project 25th Anniversary Omnibus Survey (Modified)

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DEM022	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 Windowsphone?	X	X	X	X	X	Pew Internet Project 25th Anniversary Omnibus Survey (Modified)
DEM023	Do you ever use your cell phone to do any of the following things, select all that apply:	X					New (Pilot) (Modified)
DEM024	Have you changed cell phone numbers 2 or more times in the last 12 months?	X					New (BABI)
DEM025	Do you have a prepaid cell phone, such as a Cricket or GoPhone phone?	X					New (BABI)
DEM026	Does your current cell phone plan have: (Text)	X	X	X	X	X	New (BABI)
DEM027	Does your current cell phone plan have: (Data)	X	X	X	X	X	New (BABI)
MHU###	MEDICAL HISTORY UPDATE	X	X	X	X	X	PhenX Toolkit: Tobacco Use Supplement to the Current Population Survey, National Health Interview Survey, New (Pilot/BABI)
MHU001	Outside of your general pregnancy care, have you seen a doctor for any reason except for routine cf	X	X	X	X	X	New (Pilot)
MHU002	Have you had any surgeries in the past 6 months not including a cesarean section?	X	X				New (Pilot)
MHU002	Have you had any surgeries in the past 6 months?			X	X	X	New (Pilot)
MHU003	Were you hospitalized for any reason in the past 6 months other than for delivery?	X	X				New (Pilot)
MHU003	Were you hospitalized for any reason in the past 6 months?			X	X	X	New (Pilot)
MHU004	Have you been diagnosed with any medical conditions in the past year?	X	X	X	X	X	New (Pilot)
MHU005	List all your medications (including over the counter), vitamins, supplements, or herbs:	X	X	X	X	X	New (Pilot) (Modified)
MHU006	Are you using contraception?	X	X	X	X	X	New (Pilot)
MHU007	What form of contraception are you currently using? Indicate all that apply.	X	X	X	X	X	New (Pilot) (Modified)
MHU008	Have you smoked at least 100 cigarettes (approximately 5 packs) in your entire life?	X					PhenX Toolkit: Tobacco Use Supplement to the Current Population Survey, National Health Interview Survey (Modified)
MHU009	Do you now smoke cigarettes every day, some days, or not at all?	X	X	X	X	X	PhenX Toolkit: Tobacco Use Supplement to the Current Population Survey, National Health Interview Survey
MHU010	Do you now use electronic cigarettes or e-cigarettes, every day, some days, or not at all?	X	X	X	X	X	New (BABI, based on wording from question from PhenX Toolkit)

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RPS###	RISK PERCEPTION SURVEY	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
	<u>Please select the statement that best reflects your opinion for each.</u>						
RPS001	I feel that I have little control over risks to my health	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
RPS002	If I am going to get diabetes, there is not much I can do about it	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
RPS003	I think that my personal efforts will help control my risks of getting diabetes	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
RPS004	People who make a good effort to control the risks of getting diabetes are much less likely to get diabetes	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
RPS005	Compared to other women of my same age, I am less likely than they are to get diabetes	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
RPS006	Compared to other women of my same age, I am less likely than they are to get a serious disease	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
	<u>For each item below, let us know the response that best describes your opinion about possible ways to prevent diabetes.</u>						
RPS007	Doing regular physical activity and following a diet take a lot of effort	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
RPS008	Regular physical activity and diet may prevent diabetes from developing	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
RPS009	Benefits of following a diet and physical activity program outweigh the effort to do it	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
	<u>For each item below, let us know the response that best describes your opinion about possible ways to prevent diabetes.</u>						
RPS010	What do you think your risk or chance is for getting diabetes in the next 10 years?	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
RPS011	If you don't change your lifestyle behaviors, such as diet or physical activity, what do you think your risk or chance is for getting diabetes in the next 10 years?	X		X		X	Risk Perception Survey for Developing Diabetes (RPS –DD)
PHY###	PHYSICAL ACTIVITY	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
	<u>During the past three months, when you are NOT at work, how much time do you usually spend:</u>						
PHY001	Preparing meals (cook, set table, wash dishes)	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY002	Dressing, bathing, feeding children while you are <u>sitting</u>	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY003	Dressing, bathing, feeding children while you are <u>standing</u>	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY004	Playing with children while you are <u>sitting or standing</u>	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY005	Playing with children while you are <u>walking or running</u>	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY006	Carrying children	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY007	Talking care of an older adult	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY008	Sitting and using a computer or writing, while <u>not</u> at work	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY009	Watching TV or a video	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)

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PHY010	Sitting and reading, talking, or on the phone, while <u>not</u> at work	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY011	Playing with pets	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY012	Light cleaning (make beds, laundry, iron, put things away)	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY013	Shopping (for food, clothes, or other items)	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
	<u>During the past three months, when you are NOT at work, how much time do you usually spend:</u>						
PHY014	Heavier cleaning (vacuum, mop, sweep, wash windows)	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY015	Mowing lawn while on a riding mower	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY016	Mowing lawn using a walking mower, raking, gardening	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
	<u>During the past 3 months, how much time do you usually spend:</u>						
PHY017	Walking slowly to go places (such as to the bus, work, visiting) Not for fun or exercise	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY018	Walking quickly to go places (such as to the bus, work, or school) <u>Not</u> for fun or exercise	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY019	Driving or riding in a car or bus	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
	<u>During the past 3 months, how much time do you usually spend:</u>						
PHY020	Walking slowly for fun or exercise	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY021	Walking more <u>quickly</u> for fun or exercise	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY022	Walking <u>quickly up hills</u> for fun or exercise	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
	<u>During the past 3 months, how much time do you usually spend:</u>						
PHY023	Jogging	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY024	Exercise class or program, including DVDs and online classes	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ) (Modified)
PHY025	Swimming	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY026	Dancing, including zumba	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ) (Modified)
PHY027	Doing other things for fun or exercise? Please tell us what they are.	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY028	Doing other things for fun or exercise? Please tell us what they are.	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
	<u>During the past 3 months, how much time do you usually spend:</u>						
PHY029	Sitting at working or in class	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY030	Standing or slowly walking at work while carrying things (heavier than a 1 gallon milk jug)	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY031	Standing or <u>slowly</u> walking at work <u>not</u> carrying anything	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY032	Walking <u>quickly</u> at work while <u>carrying</u> things (heavier than a 1 gallon milk jug)	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)
PHY033	Walking <u>quickly</u> at work <u>not</u> carrying anything	X	X	X	X	X	Pregnancy Physical Activity Questionnaire (PPAQ)

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SLP###	SLEEP	X	X	X	X	X	Corporate British Household Questionnaire, Health and Wellbeing Questionnaire
SLP001	During the past month, how many hours of sleep did you get at night?	X	X	X	X	X	Corporate British Household Questionnaire, Health and Wellbeing Questionnaire (Modified)
SLP002	During the past month, how many hours of sleep did you get during the day?	X	X	X	X	X	Corporate British Household Questionnaire, Health and Wellbeing Questionnaire (Modified)
SLP003	In the past month, how satisfied are you with the amount of sleep that you have gotten?	X	X	X	X	X	Corporate British Household Questionnaire, Health and Wellbeing Questionnaire (Modified)
BRF###	BREASTFEEDING	X	X	X	X	X	Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 6 Core Questionnaire, Study of Women, Infant Feeding, and Type 2 Diabetes (SWIFT), Infant Feeding Practices Study II 6-Month Questionnaire (IFPS II)
BRF001	Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?	X					Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 6 Core Questionnaire
BRF002	Are you currently breastfeeding or feeding pumped milk to your new baby?	X	X	X	X	X	Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 6 Core Questionnaire
BRF003	How many weeks or months did you breastfeed or pump milk to feed your baby?	X	X	X	X	X	Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 6 Core Questionnaire
BRF004	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.	X	X	X	X	X	Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 6 Core Questionnaire (Modified), Infant Feeding Practices Study II 6-Month Questionnaire (IFPS II)
BRF005	How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?	X	X	X			Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 6 Core Questionnaire (Modified), Infant Feeding Practices Study II 6-Month Questionnaire (IFPS II)
SS###	SOCIAL SUPPORT	X		X		X	Social Support and Eating Habits Survey, Social Support and Exercise Survey
	<u>During the past six weeks, my family (or members of my household) or friends:</u>						
SS001	Encouraged me not to eat "unhealthy foods" (cake, soda) when I'm tempted to do so.	X		X		X	Social Support and Eating Habits Survey (Modified)
SS002	Discussed my eating habits changes with me (asked me how I'm doing with my eating changes).	X		X		X	Social Support and Eating Habits Survey

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SS003	Reminded me not to eat foods high in sugar or saturated fat (cookies, bacon).	X		X		X	Social Support and Eating Habits Survey (Modified)
SS004	Complimented me on changing my eating habits. ("Keep it up," "We are proud of you")	X		X		X	Social Support and Eating Habits Survey
SS005	Commented if I went back to my old eating habits.	X		X		X	Social Support and Eating Habits Survey
SS006	Ate high sugar or high saturated fat foods in front of me.	X		X		X	Social Support and Eating Habits Survey (Modified)
SS007	Refused to eat the same foods I eat.	X		X		X	Social Support and Eating Habits Survey
SS008	Brought home foods I'm trying not to eat.	X		X		X	Social Support and Eating Habits Survey
SS009	Got angry when I encouraged them to eat low sugar, low saturated fat foods.	X		X		X	Social Support and Eating Habits Survey (Modified)
SS010	Offered me food I'm trying not to eat.	X		X		X	Social Support and Eating Habits Survey
SS011	Engaged in physical activity with me.	X		X		X	Social Support and Exercise Survey (Modified)
SS012	Offered to do physical activity with me.	X		X		X	Social Support and Exercise Survey (Modified)
SS013	Gave me helpful reminders to increase physical activity ("Are you going to take a 30 min walk today?")	X		X		X	Social Support and Exercise Survey (Modified)
SS014	Gave me encouragement to stick with my physical activity program.	X		X		X	Social Support and Exercise Survey (Modified)
SS015	Changed their schedule so we could do physical activity together.	X		X		X	Social Support and Exercise Survey (Modified)
SS016	Discussed physical activity with me.	X		X		X	Social Support and Exercise Survey (Modified)
SS017	Complained about the time I spend doing physical activity.	X		X		X	Social Support and Exercise Survey (Modified)
SS018	Criticized me or made fun of me for my physical activity.	X		X		X	Social Support and Exercise Survey (Modified)
SS019	Gave me rewards for doing physical activity.(bought me something, or gave me something I liked).	X		X		X	Social Support and Exercise Survey (Modified)
SS020	Planned for physical activity on recreational outings.	X		X		X	Social Support and Exercise Survey (Modified)
SS021	Helped plan activities around my physical activity.	X		X		X	Social Support and Exercise Survey (Modified)
SS022	Asked me for ideas on how they can get more physical activity.	X		X		X	Social Support and Exercise Survey (Modified)
SS023	Talked about how much they like to be physically active.	X		X		X	Social Support and Exercise Survey (Modified)
DPR###	EDINBURGH POSTNATAL DEPRESSION SCALE	X	X	X	X	X	Edinburgh Postnatal Depression Scale
	<u>Please select the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.</u>						
DPR001	I have been able to laugh and see the funny side of things	X	X	X	X	X	Edinburgh Postnatal Depression Scale
DPR002	I have looked forward with enjoyment to things	X	X	X	X	X	Edinburgh Postnatal Depression Scale
DPR003	I have blamed myself unnecessarily when things went wrong	X	X	X	X	X	Edinburgh Postnatal Depression Scale
DPR004	I have been anxious or worried for no good reason	X	X	X	X	X	Edinburgh Postnatal Depression Scale
DPR005	I have felt scared or panicky for no very good reason	X	X	X	X	X	Edinburgh Postnatal Depression Scale

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DPR006	Things have been getting on top of me	X	X	X	X	X	Edinburgh Postnatal Depression Scale
DPR007	I have been so unhappy that I have had difficulty sleeping	X	X	X	X	X	Edinburgh Postnatal Depression Scale
DPR008	I have felt sad or miserable	X	X	X	X	X	Edinburgh Postnatal Depression Scale
DPR009	I have been so unhappy that I have been crying	X	X	X	X	X	Edinburgh Postnatal Depression Scale
DPR010	The thought of harming myself has occurred to me	X	X	X	X	X	Edinburgh Postnatal Depression Scale

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PSS###	PERCEIVED STRESS SCALE	X	X	X	X	X	Cohen's Perceived Stress Scale
	<u>In the last month, how often have you:</u>						
PSS001	Been upset because of something that happened unexpectedly?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS002	Felt that you were unable to control the important things in your life?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS003	Felt nervous and "stressed"?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS004	Felt confident about your ability to handle your personal problems?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS005	Felt that things were going your way?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS006	Found that you could not cope with all the things that you had to do?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS007	Been able to control irritations in your life?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS008	Felt that you were on top of things?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS009	Been angered because of things that were outside of your control?	X	X	X	X	X	Cohen's Perceived Stress Scale
PSS010	Felt difficulties were piling up so high that you could not overcome them?	X	X	X	X	X	Cohen's Perceived Stress Scale
EFF###	SELF-EFFICACY	X	X	X	X	X	Eating Habits Confidence Survey, New (Pilot)
	<u>Please rate how confident you are that you could motivate yourself to do things like these consistently, for at least three months.</u>						
EFF001	Eating Habits How sure are you that you can eat smaller portions?	X	X	X	X	X	Eating Habits Confidence Survey (Modified)
EFF002	How sure are you that you can replace white bread with whole wheat or whole grain bread?	X	X	X	X	X	New (Pilot, based on Eating Habits Confidence Survey)
EFF003	How sure are you that you can eat at least 5 servings of fruits and vegetables a day?	X	X	X	X	X	New (Pilot, based on Eating Habits Confidence Survey)
EFF004	How sure are you that you can include at least one vegetable for dinner?	X	X	X	X	X	New (Pilot, based on Eating Habits Confidence Survey)
EFF005	How sure are you that you can replace whole or 2% milk with nonfat or low-fat 1% milk?	X	X	X	X	X	Eating Habits Confidence Survey (Modified)
EFF006	How sure are you that you can replace sugar-sweetened beverages with low-calorie or calorie-free options?	X	X	X	X	X	New (Pilot, based on Eating Habits Confidence Survey)
EFF007	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?	X	X	X	X	X	Eating Habits Confidence Survey (Modified)
EFF008	How sure are you that you can cut down on processed and high sugar foods like cookies, cakes, pastries, candy and ice cream?	X	X	X	X	X	New (Pilot, based on Eating Habits Confidence Survey) (Modified)
	<u>Please rate how confident you are that you could really motivate yourself to do things like these consistently, for at least three months.</u>						

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EFF009	Physical Activity How sure are you that you can get up early, even on weekends, to engage in physical activity?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF010	How sure are you that you can stick to your physical activity program after a long, tiring day?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF011	How sure are you that you can exercise even if you are feeling depressed?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF012	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?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF013	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?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF014	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)?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF015	How sure are you that you can stick to your physical activity program when your family is demanding more time from you?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF016	How sure are you that you can stick to your physical activity program when you have household chores to attend to?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF017	How sure are you that you can stick to your physical activity program even when you have excessive demands at work?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF018	How sure are you that you can stick to your physical activity program when social obligations are very time-consuming?	X	X	X	X	X	Exercise Confidence Survey (Modified)
EFF019	How sure are you that you can watch less TV in order to increase your physical activity?	X	X	X	X	X	Exercise Confidence Survey (Modified)
RTC###	READINESS TO CHANGE	X	X	X	X	X	Readiness to Change Questionnaire, New (BABI)
RTC001	Please select the answer that best describes your current interest in losing weight.	X	X	X	X	X	Readiness to Change Questionnaire (Modified)
RTC002	Please select the answer that best describes your current interest in healthy eating.	X	X	X	X	X	New (BABI, based on Readiness to Change Questionnaire)
RTC003	Please select the answer that best describes your current level of physical activity.	X	X	X	X	X	Readiness to Change Questionnaire (Modified)
FFQ###	FOOD FREQUENCY QUESTIONNAIRE	X	X	X	X	X	2005 Block© FFQ
SAT###	PARTICIPANT SATISFACTION			X		X	New (Pilot/BABI)

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SAT001	Since you had your baby, did you participate in a weight loss or lifestyle program or use any other tools to help you get healthy other than the Balance After Baby program? (check all that apply)			X		X	New (BABI)
SAT002	Do you have any concerns about your weight, for example that it is too low or too high?			X		X	New (Pilot)
SAT003	How do you feel your eating habits have changed since your last visit, if at all? Select all that apply.			X		X	New (Pilot)
SAT004	Why do you think your eating habits haven't changed? (check all that apply)			X		X	New (Pilot)
SAT005	How do you feel your level of physical activity has changed since your last visit, if at all?			X		X	New (Pilot)
SAT006	Why do you think your level of physical activity hasn't changed? (check all that apply)			X		X	New (Pilot)
SAT007	Did you keep track of your physical activity?			X		X	New (Pilot)
SAT008	How? Select all that apply.			X		X	New (Pilot)
SAT009	How do you feel the changes have affected your family, if at all?			X		X	New (Pilot)
SAT010	Is there anything else you'd like to tell us that we haven't already asked about?			X		X	New (Pilot)
SAT011	What?			X		X	New (BABI)
EVA###	EVALUATION					X	Adams SR, Goler NC, Sanna RS, Boccio M, Bellamy DJ, Brown SD, et al. Patient Satisfaction and Perceived Success with a Telephonic Health Coaching Program: The Natural Experiments for Translation in Diabetes (NEXT-D) Study, Northern California, 2011. Prev Chronic Dis. Block G, Block T, Wakimoto P, Block CH. Demonstration of an e-mailed worksite nutrition intervention program. Prev Chronic Dis 2004 Oct. Available from: http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm . New (Pilot/BABI)
EVA001	Overall, how satisfied are you with the program?					X	Adams SR, Goler NC, Sanna RS, Boccio M, Bellamy DJ, Brown SD, et al. Patient Satisfaction and Perceived Success with a Telephonic Health Coaching Program: The Natural Experiments for Translation in Diabetes (NEXT-D) Study, Northern California, 2011. Prev Chronic Dis

BABI2 Item-Level Crosswalk

Item #	Domain/Question	6W	6M	12M	18M	24M	Source
EVA002	How much do you agree with the following statement: I would recommend the program to a family m					X	Adams SR, Goler NC, Sanna RS, Boccio M, Bellamy DJ, Brown SD, et al. Patient Satisfaction and Perceived Success with a Telephonic Health Coaching Program: The Natural Experiments for Translation in Diabetes (NEXT-D) Study, Northern California, 2011. Prev Chronic Dis
EVA003	Did you use the website?					X	New (Pilot)
EVA004	Why didn't you use the website? (check all that apply)					X	New (BABI)
EVA005	How would you rate the modules?					X	New (BABI)
EVA006	Do you feel like the modules are too short, too long, or just right?					X	New (Pilot)
EVA007	Did you feel the number of modules was adequate?					X	Adams SR, Goler NC, Sanna RS, Boccio M, Bellamy DJ, Brown SD, et al. Patient Satisfaction and Perceived Success with a Telephonic Health Coaching Program: The Natural Experiments for Translation in Diabetes (NEXT-D) Study, Northern California, 2011. Prev Chronic Dis
EVA008	Did you use the community forum?					X	New (Pilot)
EVA009	Why didn't you use the community forum? (check all that apply)					X	New (Pilot)
EVA010	How would you rate the community forum?					X	New (BABI)
EVA011	Is there anything you want to see added to the website?					X	New (Pilot)
EVA012	Did you interact with the lifestyle coach?					X	New (Pilot)
EVA013	Why didn't you interact with the lifestyle coach? (check all that apply)					X	New (Pilot)
EVA014	Did the lifestyle coach help you with any of the following? Select all that apply.					X	Adams SR, Goler NC, Sanna RS, Boccio M, Bellamy DJ, Brown SD, et al. Patient Satisfaction and Perceived Success with a Telephonic Health Coaching Program: The Natural Experiments for Translation in Diabetes (NEXT-D) Study, Northern California, 2011. Prev Chronic Dis
EVA015	What did you like about the lifestyle coach, if anything? Select all that apply.					X	New (BABI, using Pilot data)
EVA016	Do you think the frequency of contact with the lifestyle coach was too much, not enough, or just right?					X	New (Pilot)
EVA017	Would you change anything about the lifestyle coach?					X	New (Pilot)
EVA018	How much do you agree with the following statement: This program helped me achieve my weight loss goal.					X	Adams SR, Goler NC, Sanna RS, Boccio M, Bellamy DJ, Brown SD, et al. Patient Satisfaction and Perceived Success with a Telephonic Health Coaching Program: The Natural Experiments for Translation in Diabetes (NEXT-D) Study, Northern California, 2011. Prev Chronic Dis

BABI2 Item-Level Crosswalk

Item #	Domain/Question	6W	6M	12M	18M	24M	Source
EVA019	Would you have liked any part of the program delivered by cell phone? Which part(s)? Select all that apply.					X	New (Pilot)
EVA020	Did anything keep you from participating in the program more than you did					X	Block G, Block T, Wakimoto P, Block CH. Demonstration of an e-mailed worksite nutrition intervention program. Prev Chronic Dis 2004 Oct. Available from: http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm
EVA021	What					X	Block G, Block T, Wakimoto P, Block CH. Demonstration of an e-mailed worksite nutrition intervention program. Prev Chronic Dis 2004 Oct. Available from: http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm
EVA022	Is there anything else you'd like to see or information you'd like to get from us?					X	New (Pilot)
EVA023	Is there anything else you'd like to tell us that we haven't already asked about?					X	New (BABI)
EVA024	What?					X	New (BABI)