

BABI2 Item-Level Crosswalk

| Item #        | Domain/Question   | 6W | 6M | 12M | 18M | 24M | Source   |
|---------------|---|----|----|-----|-----|-----|--|
| <b>DEM###</b> | <b>DEMOGRAPHICS</b>   | 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 |
| <b>DEM001</b> | Do you have a prior history of gestational diabetes?  | X  |    |     |     |     | New (Pilot)  |
| <b>DEM002</b> | How many times were you diagnosed with gestational diabetes?  | X  |    |     |     |     | New (BABI)   |
| <b>DEM003</b> | What is your date of birth?   | X  |    |     |     |     | Current Population Survey  |
| <b>DEM004</b> | What is the highest grade or year of school you completed?  | X  |    |     |     |     | Behavioral Risk Factor Surveillance System 2011  |
| <b>DEM005</b> | Would you say your general health is:   | X  | X  | X   | X   | X   | Behavioral Risk Factor Surveillance System 2011 (Modified)   |
| <b>DEM006</b> | Do you have a family history of type 2 diabetes? Please specify (select all that apply):                                | X  | X  | X   | X   | X   | New (Pilot)  |
| <b>DEM007</b> | What is your marital status?  | X  |    | X   |     | X   | Behavioral Risk Factor Surveillance System 2011 (Modified)   |
| <b>DEM008</b> | In what country were you born?  | X  |    |     |     |     | (NHANES) 2013-14 (Modified)  |
| <b>DEM009</b> | Do you speak a primary language other than English at home?   | X  |    |     |     |     | U.S. Department of Health and Human Services Data Collection Standards (Modified)  |
| <b>DEM010</b> | What is this language?  | X  |    |     |     |     | U.S. Department of Health and Human Services Data Collection Standards (Modified)  |
| <b>DEM011</b> | 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)  |
| <b>DEM012</b> | What is your race? (select all that apply)  | X  |    |     |     |     | U.S. Department of Health and Human Services Data Collection Standards   |
| <b>DEM013</b> | 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)   |
| <b>DEM014</b> | Please describe:  | X  | X  | X   | X   | X   | New (Pilot)  |
| <b>DEM015</b> | What is your annual household income from all sources?  | X  |    | X   |     | X   | Behavioral Risk Factor Surveillance System 2011 (Modified)   |
| <b>DEM016</b> | How many children do you have living at home?   | X  |    | X   |     | X   | Behavioral Risk Factor Surveillance System 2011 (Modified)   |
| <b>DEM017</b> | What are their ages?  | X  |    | X   |     | X   | New (Pilot)  |
| <b>DEM018</b> | From where do you access the internet? (select all that apply)  | X  | X  | X   | X   | X   | New (BABI)   |
| <b>DEM019</b> | 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)   |
| <b>DEM020</b> | How long did you or have you not had access to the internet?  |    | X  | X   | X   | X   | New (BABI)   |
| <b>DEM021</b> | 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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| <b>DEM022</b> | 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)  |
| <b>DEM023</b> | Do you ever use your cell phone to do any of the following things, select all that apply:  | X  |    |     |     |     | New (Pilot) (Modified)   |
| <b>DEM024</b> | Have you changed cell phone numbers 2 or more times in the last 12 months?   | X  |    |     |     |     | New (BABI)   |
| <b>DEM025</b> | Do you have a prepaid cell phone, such as a Cricket or GoPhone phone?  | X  |    |     |     |     | New (BABI)   |
| <b>DEM026</b> | Does your current cell phone plan have: (Text)   | X  | X  | X   | X   | X   | New (BABI)   |
| <b>DEM027</b> | Does your current cell phone plan have: (Data)   | X  | X  | X   | X   | X   | New (BABI)   |
| <b>MHU###</b> | <b>MEDICAL HISTORY UPDATE</b>  | X  | X  | X   | X   | X   | PhenX Toolkit: Tobacco Use Supplement to the Current Population Survey, National Health Interview Survey, New (Pilot/BABI) |
| <b>MHU001</b> | 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)  |
| <b>MHU002</b> | Have you had any surgeries in the past 6 months not including a cesarean section?  | X  | X  |     |     |     | New (Pilot)  |
| <b>MHU002</b> | Have you had any surgeries in the past 6 months?   |    |    | X   | X   | X   | New (Pilot)  |
| <b>MHU003</b> | Were you hospitalized for any reason in the past 6 months other than for delivery?   | X  | X  |     |     |     | New (Pilot)  |
| <b>MHU003</b> | Were you hospitalized for any reason in the past 6 months?   |    |    | X   | X   | X   | New (Pilot)  |
| <b>MHU004</b> | Have you been diagnosed with any medical conditions in the past year?  | X  | X  | X   | X   | X   | New (Pilot)  |
| <b>MHU005</b> | List all your medications (including over the counter), vitamins, supplements, or herbs:   | X  | X  | X   | X   | X   | New (Pilot) (Modified)   |
| <b>MHU006</b> | Are you using contraception?   | X  | X  | X   | X   | X   | New (Pilot)  |
| <b>MHU007</b> | What form of contraception are you currently using? Indicate all that apply.   | X  | X  | X   | X   | X   | New (Pilot) (Modified)   |
| <b>MHU008</b> | 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)        |
| <b>MHU009</b> | 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                   |
| <b>MHU010</b> | 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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| <b>RPS###</b> | <b>RISK PERCEPTION SURVEY</b>  | X  |    | X   |     | X   | Risk Perception Survey for Developing Diabetes (RPS –DD) |
|               | <b><u>Please select the statement that best reflects your opinion for each.</u></b>  |    |    |     |     |     |  |
| <b>RPS001</b> | I feel that I have little control over risks to my health  | X  |    | X   |     | X   | Risk Perception Survey for Developing Diabetes (RPS –DD) |
| <b>RPS002</b> | 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) |
| <b>RPS003</b> | 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) |
| <b>RPS004</b> | 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) |
| <b>RPS005</b> | 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) |
| <b>RPS006</b> | 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) |
|               | <b><u>For each item below, let us know the response that best describes your opinion about possible ways to prevent diabetes.</u></b>                                |    |    |     |     |     |  |
| <b>RPS007</b> | Doing regular physical activity and following a diet take a lot of effort  | X  |    | X   |     | X   | Risk Perception Survey for Developing Diabetes (RPS –DD) |
| <b>RPS008</b> | Regular physical activity and diet may prevent diabetes from developing  | X  |    | X   |     | X   | Risk Perception Survey for Developing Diabetes (RPS –DD) |
| <b>RPS009</b> | 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) |
|               | <b><u>For each item below, let us know the response that best describes your opinion about possible ways to prevent diabetes.</u></b>                                |    |    |     |     |     |  |
| <b>RPS010</b> | 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) |
| <b>RPS011</b> | 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) |
| <b>PHY###</b> | <b>PHYSICAL ACTIVITY</b>   | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
|               | <b><u>During the past three months, when you are NOT at work, how much time do you usually spend:</u></b>  |    |    |     |     |     |  |
| <b>PHY001</b> | Preparing meals (cook, set table, wash dishes)   | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
| <b>PHY002</b> | Dressing, bathing, feeding children while you are <u>sitting</u>   | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
| <b>PHY003</b> | Dressing, bathing, feeding children while you are <u>standing</u>  | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
| <b>PHY004</b> | Playing with children while you are <u>sitting or standing</u>   | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
| <b>PHY005</b> | Playing with children while you are <u>walking or running</u>  | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
| <b>PHY006</b> | Carrying children  | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
| <b>PHY007</b> | Talking care of an older adult   | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
| <b>PHY008</b> | Sitting and using a computer or writing, while <u>not</u> at work  | X  | X  | X   | X   | X   | Pregnancy Physical Activity Questionnaire (PPAQ)         |
| <b>PHY009</b> | 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)            |
|        | <b><u>During the past three months, when you are NOT at work, how much time do you usually spend:</u></b> |    |    |     |     |     |   |
| 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)            |
|        | <b><u>During the past 3 months, how much time do you usually spend:</u></b>                               |    |    |     |     |     |   |
| 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)            |
|        | <b><u>During the past 3 months, how much time do you usually spend:</u></b>                               |    |    |     |     |     |   |
| 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)            |
|        | <b><u>During the past 3 months, how much time do you usually spend:</u></b>                               |    |    |     |     |     |   |
| 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)            |
|        | <b><u>During the past 3 months, how much time do you usually spend:</u></b>                               |    |    |     |     |     |   |
| 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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| <b>SLP###</b> | <b>SLEEP</b>   | X  | X  | X   | X   | X   | Corporate British Household Questionnaire, Health and Wellbeing Questionnaire  |
| <b>SLP001</b> | 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)   |
| <b>SLP002</b> | 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)   |
| <b>SLP003</b> | 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)   |
| <b>BRF###</b> | <b>BREASTFEEDING</b>   | 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) |
| <b>BRF001</b> | 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   |
| <b>BRF002</b> | 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   |
| <b>BRF003</b> | 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   |
| <b>BRF004</b> | 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)   |
| <b>BRF005</b> | 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)   |
| <b>SS###</b>  | <b>SOCIAL SUPPORT</b>  | X  |    | X   |     | X   | Social Support and Eating Habits Survey, Social Support and Exercise Survey  |
|               | <b><u>During the past six weeks, my family (or members of my household) or friends:</u></b>  |    |    |     |     |     |  |
| <b>SS001</b>  | 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)   |
| <b>SS002</b>  | 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### | <b>EDINBURGH POSTNATAL DEPRESSION SCALE</b>   | X  | X  | X   | X   | X   | Edinburgh Postnatal Depression Scale               |
|        | <b><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></b> |    |    |     |     |     |  |
| 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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| <b>DPR006</b> | Things have been getting on top of me                      | X  | X  | X   | X   | X   | Edinburgh Postnatal Depression Scale |
| <b>DPR007</b> | I have been so unhappy that I have had difficulty sleeping | X  | X  | X   | X   | X   | Edinburgh Postnatal Depression Scale |
| <b>DPR008</b> | I have felt sad or miserable                               | X  | X  | X   | X   | X   | Edinburgh Postnatal Depression Scale |
| <b>DPR009</b> | I have been so unhappy that I have been crying             | X  | X  | X   | X   | X   | Edinburgh Postnatal Depression Scale |
| <b>DPR010</b> | The thought of harming myself has occurred to me           | X  | X  | X   | X   | X   | Edinburgh Postnatal Depression Scale |

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| <b>PSS###</b> | <b>PERCEIVED STRESS SCALE</b>  | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
|               | <b><u>In the last month, how often have you:</u></b>   |    |    |     |     |     |  |
| <b>PSS001</b> | Been upset because of something that happened unexpectedly?  | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>PSS002</b> | Felt that you were unable to control the important things in your life?  | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>PSS003</b> | Felt nervous and "stressed"?   | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>PSS004</b> | Felt confident about your ability to handle your personal problems?  | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>PSS005</b> | Felt that things were going your way?  | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>PSS006</b> | 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                                   |
| <b>PSS007</b> | Been able to control irritations in your life?   | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>PSS008</b> | Felt that you were on top of things?   | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>PSS009</b> | Been angered because of things that were outside of your control?  | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>PSS010</b> | Felt difficulties were piling up so high that you could not overcome them?   | X  | X  | X   | X   | X   | Cohen's Perceived Stress Scale                                   |
| <b>EFF###</b> | <b>SELF-EFFICACY</b>   | X  | X  | X   | X   | X   | Eating Habits Confidence Survey, New (Pilot)                     |
|               | <b><u>Please rate how confident you are that you could motivate yourself to do things like these consistently, for at least three months.</u></b>        |    |    |     |     |     |  |
| <b>EFF001</b> | <b>Eating Habits</b><br>How sure are you that you can eat smaller portions?  | X  | X  | X   | X   | X   | Eating Habits Confidence Survey (Modified)                       |
| <b>EFF002</b> | 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)            |
| <b>EFF003</b> | 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)            |
| <b>EFF004</b> | 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)            |
| <b>EFF005</b> | 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)                       |
| <b>EFF006</b> | 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)            |
| <b>EFF007</b> | 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)                       |
| <b>EFF008</b> | 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) |
|               | <b><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></b> |    |    |     |     |     |  |



BABI2 Item-Level Crosswalk

| Item #        | Domain/Question  | 6W | 6M | 12M | 18M | 24M | Source   |
|---------------|--|----|----|-----|-----|-----|--|
| <b>EFF009</b> | <b>Physical Activity</b><br>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)                  |
| <b>EFF010</b> | 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)                  |
| <b>EFF011</b> | How sure are you that you can exercise even if you are feeling depressed?  | X  | X  | X   | X   | X   | Exercise Confidence Survey (Modified)                  |
| <b>EFF012</b> | 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)                  |
| <b>EFF013</b> | 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)                  |
| <b>EFF014</b> | 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)                  |
| <b>EFF015</b> | 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)                  |
| <b>EFF016</b> | 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)                  |
| <b>EFF017</b> | 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)                  |
| <b>EFF018</b> | 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)                  |
| <b>EFF019</b> | 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)                  |
| <b>RTC###</b> | <b>READINESS TO CHANGE</b>   | X  | X  | X   | X   | X   | Readiness to Change Questionnaire, New (BABI)          |
| <b>RTC001</b> | Please select the answer that best describes your current interest in losing weight.   | X  | X  | X   | X   | X   | Readiness to Change Questionnaire (Modified)           |
| <b>RTC002</b> | 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) |
| <b>RTC003</b> | Please select the answer that best describes your current level of physical activity.  | X  | X  | X   | X   | X   | Readiness to Change Questionnaire (Modified)           |
| <b>FFQ###</b> | <b>FOOD FREQUENCY QUESTIONNAIRE</b>  | X  | X  | X   | X   | X   | 2005 Block© FFQ  |
| <b>SAT###</b> | <b>PARTICIPANT SATISFACTION</b>  |    |    | X   |     | X   | New (Pilot/BABI)                                       |

BABI2 Item-Level Crosswalk

| Item #        | Domain/Question   | 6W | 6M | 12M | 18M | 24M | Source   |
|---------------|---|----|----|-----|-----|-----|--|
| <b>SAT001</b> | 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)   |
| <b>SAT002</b> | Do you have any concerns about your weight, for example that it is too low or too high?   |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT003</b> | How do you feel your eating habits have changed since your last visit, if at all? Select all that apply.  |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT004</b> | Why do you think your eating habits haven't changed? (check all that apply)   |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT005</b> | How do you feel your level of physical activity has changed since your last visit, if at all?   |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT006</b> | Why do you think your level of physical activity hasn't changed? (check all that apply)   |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT007</b> | Did you keep track of your physical activity?   |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT008</b> | How? Select all that apply.   |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT009</b> | How do you feel the changes have affected your family, if at all?   |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT010</b> | Is there anything else you'd like to tell us that we haven't already asked about?   |    |    | X   |     | X   | New (Pilot)  |
| <b>SAT011</b> | What?   |    |    | X   |     | X   | New (BABI)   |
| <b>EVA###</b> | <b>EVALUATION</b>   |    |    |     |     |     | X<br>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: <a href="http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm">http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm</a> . New (Pilot/BABI) |
| <b>EVA001</b> | Overall, how satisfied are you with the program?  |    |    |     |     |     | X<br>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: <a href="http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm">http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm</a> |
| 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: <a href="http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm">http://www.cdc.gov/pcd/issues/2004/oct/04_0034.htm</a> |
| 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)   |