

18-Month Questionnaire

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BABI2 18m Questionnaire

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Welcome to the Balance After Baby 18 Month Survey!

THANK YOU for taking part in this important project to help us test whether a lifestyle program, designed specifically for women like you with a recent history of gestational diabetes mellitus (GDM), will help women lose weight gained during pregnancy and reduce risk factors for developing type 2 diabetes. We will be asking you to complete two questionnaires. The first questionnaire will take about 16 minutes. It will tell us about your medical history, physical activity levels, mood, and perceived stress. The second questionnaire will take about 18 minutes. It will tell us about the foods you usually eat. You can skip any questions you choose not to answer. Your answers will not be shared with anyone outside of the study staff.

Public reporting of this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1115). Exp. Date 6/30/2019

Today's Date

 Today M-D-Y
Click on Today

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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 no 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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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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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 <u>walking or running</u>	<input type="radio"/> None <input type="radio"/> Less than 1/2 hour per day <input type="radio"/> 1/2 to almost 1 hour per day <input type="radio"/> 1 to almost 2 hours per day <input type="radio"/> 2 to almost 3 hours per day <input type="radio"/> 3 or more hours per day reset
Carrying children	<input type="radio"/> None <input type="radio"/> Less than 1/2 hour per day <input type="radio"/> 1/2 to almost 1 hour per day <input type="radio"/> 1 to almost 2 hours per day <input type="radio"/> 2 to almost 3 hours per day <input type="radio"/> 3 or more hours per day reset
Taking care of an older adult	<input type="radio"/> None <input type="radio"/> Less than 1/2 hour per day <input type="radio"/> 1/2 to almost 1 hour per day <input type="radio"/> 1 to almost 2 hours per day <input type="radio"/> 2 to almost 3 hours per day <input type="radio"/> 3 or more hours per day reset
Sitting and using a computer, a tablet, a smartphone, or writing, while <u>not</u> at work	<input type="radio"/> None <input type="radio"/> Less than 1/2 hour per day <input type="radio"/> 1/2 to almost 1 hour per day <input type="radio"/> 1 to almost 2 hours per day <input type="radio"/> 2 to almost 3 hours per day <input type="radio"/> 3 or more hours per day reset
Watching TV or a video	<input type="radio"/> None <input type="radio"/> Less than 1/2 hour per day <input type="radio"/> 1/2 to almost 1 hour per day <input type="radio"/> 1 to almost 2 hours per day <input type="radio"/> 2 to almost 3 hours per day <input type="radio"/> 3 or more hours per day reset
Sitting and reading, talking, or on the phone, while <u>not</u> at work	<input type="radio"/> None <input type="radio"/> Less than 1/2 hour per day <input type="radio"/> 1/2 to almost 1 hour per day <input type="radio"/> 1 to almost 2 hours per day <input type="radio"/> 2 to almost 3 hours per day <input type="radio"/> 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 (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

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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18-Month Sleep

Section D

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?
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

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	<input type="radio"/> As much as I always could <input type="radio"/> Not quite so much now <input type="radio"/> Definitely not so much now <input type="radio"/> Not at all
	reset
I have looked forward with enjoyment to things	<input type="radio"/> As much as I ever did <input type="radio"/> Rather less than I used to <input type="radio"/> Definitely less than I used to <input type="radio"/> Hardly at all
	reset
I have blamed myself unnecessarily when things went wrong	<input type="radio"/> Yes, most of the time <input type="radio"/> Yes, some of the time <input type="radio"/> Not very often <input type="radio"/> No, not at all
	reset
I have been anxious or worried for no good reason	<input type="radio"/> Yes, very often <input type="radio"/> Yes, sometimes <input type="radio"/> Hardly ever <input type="radio"/> No, not at all
	reset
I have felt scared or panicky for no very good reason	<input type="radio"/> Yes, quite a lot <input type="radio"/> Yes, sometimes <input type="radio"/> No, not much <input type="radio"/> No, not at all
	reset
Things have been getting on top of me	<input type="radio"/> Yes, most of the time I haven't been able to cope at all <input type="radio"/> Yes, sometimes I haven't been coping as well as usual <input type="radio"/> No, most of the time I have coped quite well <input type="radio"/> 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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18-Month Perceived Stress Scale

Section G

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you been angered because of the things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset

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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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
How sure are you that you can replace white bread with whole wheat or whole grain bread?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
How sure are you that you can eat at least 5 servings of fruits and vegetables a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
How sure are you that you can include at least one vegetable for dinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
How sure are you that you can replace whole or 2% milk with nonfat or low-fat 1% milk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
How sure are you that you can replace sugar-sweetened beverages with low-calories or calorie-free options?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <small>reset</small>
	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <small>reset</small>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <small>reset</small>
	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <small>reset</small>
	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <small>reset</small>
	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <small>reset</small>

	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
How sure are you that you can stick to your physical activity program when your family is demanding more time from you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
How sure are you that you can stick to your physical activity program when you have household chores to attend to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
How sure are you that you can stick to your physical activity program even when you have excessive demands at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
How sure are you that you can stick to your physical activity program when social obligations are very time-consuming?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
How sure are you that you can watch less TV in order to increase your physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> << Previous Page Next Page >> </div> <div style="display: flex; justify-content: center;"> Save & Return Later </div>						

18-Month Readiness to Change

Section I

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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18-Month Participant Satisfaction

Control

Section J

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? (select all that apply)

- No
- Joined a commercial program (i.e., Jenny Craig, Weight Watchers, etc.)
- Met with a nutritionist
- Met with a lifestyle coach
- Joined a gym
- Used a fitness tracking program or app (such as Fitbit or other apps)
- Used a pedometer
- Other fitness tools

Please describe:

Expand

Again, thank you for taking part in this important project designed to learn more about how to help women with gestational diabetes to prevent type 2 diabetes.

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Finally we have a few questions about the Balance After Baby program as we try to make this as helpful as possible for women like you

Overall, how satisfied are you with the program?

- Extremely satisfied
- Satisfied
- Neutral (neither satisfied or dissatisfied)
- Dissatisfied
- Extremely dissatisfied

reset

How much do you agree with the following statement: I would recommend the program to a family member, friend, or colleague who had gestational diabetes?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

reset

Website: Are you using the website? Tell me what you think about it.

Prompts:

What was helpful or not helpful?

Is there anything you want to see added to the website?

Do you feel like your eating has changed since you started the study? If so, how?

Do you feel like your level of physical activity has changed since you started the study? If so, how?

Do you feel the program has affected your family? If so, how?

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.