

# End of Study Questionnaire

Resize font:



[IMAGE]

## End of Study Questionnaire


Page 2 of 23

### Welcome to the Balance After Baby End of Study 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 15 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 15 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

<< Previous Page

Next Page >>

Save & Return Later

## End of Study Demographics

### Section A

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

What is your marital status?

- Married
- Partnered
- Separated
- Divorced
- Never Married
- Widowed

reset

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

What is your annual household income from all sources?

- \$0.00 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 +
- I do not know
- Prefer not to answer

reset

How many children do you have living at home?

- 0
- 1
- 2
- 3
- 4
- 5 or more

reset

What are their ages?

- < 1 years old
- 1 years old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

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

- Home
- Work
- Library
- Friend's house
- Cell phone
- Other

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
- 1 GB limit
- 2 GB limit
- 3 GB limit
- More than 3 GB limit
- I am not sure

[reset](#)

[<< Previous Page](#)

[Next Page >>](#)

[Save & Return Later](#)

## End of Study 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? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | reset |
| Please describe:   | <input type="text"/>   |       |
| Have you had any surgeries in the past 6 months?   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | reset |
| Please describe:   | <input type="text"/>   |       |
| Were you hospitalized for any reason in the past 6 months?   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | reset |
| Please describe:   | <input type="text"/>   |       |
| Have you been diagnosed with any medical conditions in the past 6 months?  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | reset |
| Please describe:   | <input type="text"/>   |       |

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

<< Previous Page

Next Page >>

Save & Return Later

## End of Study Risk Perception Survey

| Section C   |                       |                       |                           |                       |                       |
|---|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| Please select the statement that best reflects your opinion for each.   |                       |                       |                           |                       |                       |
|   | Strongly Agree        | Agree                 | Disagree                  | Strongly Disagree     |                       |
| I feel that I have little control over risks to my health.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | reset                 |
|   | Strongly Agree        | Agree                 | Disagree                  | Strongly Disagree     |                       |
| If I am going to get diabetes, there is not much I can do about it.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | reset                 |
|   | Strongly Agree        | Agree                 | Disagree                  | Strongly Disagree     |                       |
| I think that my personal efforts will help control my risks of getting diabetes.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | reset                 |
|   | Strongly Agree        | Agree                 | Disagree                  | Strongly Disagree     |                       |
| People who make a good effort to control the risks of getting diabetes are much less likely to get diabetes.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | reset                 |
|   | Strongly Agree        | Agree                 | Disagree                  | Strongly Disagree     |                       |
| Compared to other women of my same age, I am less likely than they are to get diabetes.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | reset                 |
|   | Strongly Agree        | Agree                 | Disagree                  | Strongly Disagree     |                       |
| Compared to other women of my same age, I am less likely than they are to get a serious disease.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | reset                 |
| For each item below, let us know the response that best describes your opinion about possible ways to prevent diabetes. |                       |                       |                           |                       |                       |
|   | Strongly Agree        | Agree                 | Neither Agree or Disagree | Disagree              | Strongly Disagree     |
| Doing regular physical activity and following a diet take a lot of effort.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
|   | Strongly Agree        | Agree                 | Neither Agree or Disagree | Disagree              | Strongly Disagree     |
| Regular physical activity and diet may prevent diabetes from developing.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
|   | Strongly Agree        | Agree                 | Neither Agree or Disagree | Disagree              | Strongly Disagree     |
| Benefits of following a diet and physical activity program outweigh the effort to do it.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |

For each item below, let us know the response that best describes your opinion about possible ways to prevent diabetes.

|   | Almost No Chance      | Slight Chance         | Moderate Chance       | High Chance           |       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-------|
| What do you think your risk or chance is for getting diabetes in the next 10 years? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | reset |

|   | Almost No Chance      | Slight Chance         | Moderate Chance       | High Chance           |       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-------|
| If you don't change your lifestyle behaviors, such as diet or physical activity, what do you think your risk or chance is of getting diabetes in the next 10 years? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | reset |

<< Previous Page

Next Page >>

Save & Return Later



## End of Study 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)  | <p><input type="radio"/> None</p> <p><input type="radio"/> Less than 1/2 hour per day</p> <p><input type="radio"/> 1/2 to almost 1 hour per day</p> <p><input type="radio"/> 1 to almost 2 hours per day</p> <p><input type="radio"/> 2 to almost 3 hours per day</p> <p><input type="radio"/> 3 or more hours per day</p> <p style="text-align: right;">reset</p> |
| Dressing, bathing, feeding children while you are <u>sitting</u>                            | <p><input type="radio"/> None</p> <p><input type="radio"/> Less than 1/2 hour per day</p> <p><input type="radio"/> 1/2 to almost 1 hour per day</p> <p><input type="radio"/> 1 to almost 2 hours per day</p> <p><input type="radio"/> 2 to almost 3 hours per day</p> <p><input type="radio"/> 3 or more hours per day</p> <p style="text-align: right;">reset</p> |
| Dressing, bathing, feeding children while you are <u>standing</u>                           | <p><input type="radio"/> None</p> <p><input type="radio"/> Less than 1/2 hour per day</p> <p><input type="radio"/> 1/2 to almost 1 hour per day</p> <p><input type="radio"/> 1 to almost 2 hours per day</p> <p><input type="radio"/> 2 to almost 3 hours per day</p> <p><input type="radio"/> 3 or more hours per day</p> <p style="text-align: right;">reset</p> |
| Playing with children while you are <u>sitting or standing</u>                              | <p><input type="radio"/> None</p> <p><input type="radio"/> Less than 1/2 hour per day</p> <p><input type="radio"/> 1/2 to almost 1 hour per day</p> <p><input type="radio"/> 1 to almost 2 hours per day</p> <p><input type="radio"/> 2 to almost 3 hours per day</p> <p><input type="radio"/> 3 or more hours per day</p> <p style="text-align: right;">reset</p> |

|   |   |       |
|---|---|-------|
| <b>Playing with children while you are <u>walking or running</u></b>                              | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Carrying children</b>  | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Taking care of an older adult</b>  | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Sitting and using a computer, a tablet, a smartphone, or writing, while <u>not</u> at work</b> | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Watching TV or a video</b>   | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Sitting and reading, talking, or on the phone, while <u>not</u> at work</b>                    | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><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

|  |   |       |
|--|---|-------|
| <b>Walking more <u>quickly</u> for fun or exercise</b>               | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Walking <u>quickly up hills</u> for fun or exercise</b>           | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>During the past 3 months, how much time do you usually spend:</b> |   |       |
| <b>Jogging</b>   | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Exercise class or program, including DVDs and online classes</b>  | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Swimming</b>  | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Dancing, including zumba</b>                                      | <input type="radio"/> None<br><input type="radio"/> Less than 1/2 hour per day<br><input type="radio"/> 1/2 to almost 1 hour per day<br><input type="radio"/> 1 to almost 2 hours per day<br><input type="radio"/> 2 to almost 3 hours per day<br><input type="radio"/> 3 or more hours per day | reset |
| <b>Doing other things for fun or exercise?</b>                       | <input type="radio"/> Yes<br><input type="radio"/> 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

<< Previous Page

Next Page >>

Save & Return Later

## End of Study Sleep

| Section E   |  |
|---|--|
| During the past month, how many hours of sleep did you get at night?                                      | <input type="text"/><br>Hours  |
| During the past month, how many hours of sleep did you get during the day?                                | <input type="text" value="0"/><br>Hours  |
| Why have you been getting 0 hours of sleep during the day?  | <input type="radio"/> I have not been able to nap as I would like<br><input type="radio"/> I do not usually nap during the day<br><span style="float: right;">reset</span>   |
| In the past month, how satisfied are you with the amount of sleep that you have gotten?                   | <input type="radio"/> Very dissatisfied<br><input type="radio"/> Dissatisfied<br><input type="radio"/> Neither dissatisfied nor satisfied<br><input type="radio"/> Satisfied<br><input type="radio"/> Very Satisfied<br><span style="float: right;">reset</span> |
| <input type="button" value=" &lt;&lt; Previous Page"/> <input type="button" value=" Next Page &gt;&gt;"/> |  |
| <input type="button" value=" Save &amp; Return Later"/>   |  |

## End of Study Breastfeeding

| Section E  |   |
|--|---|
| Are you currently breastfeeding or feeding pumped milk to your new baby?   | <input type="radio"/> No, I never breastfed or used pumped milk<br><input type="radio"/> I breastfed/pumped milk for less than one week<br><input type="radio"/> I breastfed/pumped milk and stopped between 1-4 weeks<br><input type="radio"/> I breastfed/pumped milk and stopped between 5-8 weeks<br><input type="radio"/> I breastfed/pumped milk and stopped between 9-12 weeks<br><input type="radio"/> I breastfed/pumped milk and stopped after 12 weeks<br><input type="radio"/> Yes, I am currently breastfeeding.<br><span style="float: right;">reset</span> |
| 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. | <input type="radio"/> My baby was less than 1 week old<br><input type="radio"/> My baby was between 1-4 weeks old<br><input type="radio"/> My baby was between 5-8 weeks old<br><input type="radio"/> My baby was between 9-12 weeks old<br><input type="radio"/> My baby was over 12 weeks old<br><input type="radio"/> My baby has not had liquids other than breast milk<br><span style="float: right;">reset</span>   |
| How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?   | <input type="radio"/> My baby was less than 1 week old<br><input type="radio"/> My baby was between 1-4 weeks old<br><input type="radio"/> My baby was between 5-8 weeks old<br><input type="radio"/> My baby was between 9-12 weeks old<br><input type="radio"/> My baby was over 12 weeks old<br><input type="radio"/> My baby has not yet had food<br><span style="float: right;">reset</span>   |



## End of Study Social Support

### Social Support

Below is a list of things people might do or say to someone who is trying to improve their lifestyle habits. Please rate each question twice. Under family, rate how often anyone living in your household has said or done what is described during the last six weeks. Under friends, rate how often your friends, acquaintances, or coworkers have said or done what is described during the last six weeks.

During the past six weeks, my:

Family encouraged me not to eat "unhealthy foods" (cake, soda) when I'm tempted to do so.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

Friends encouraged me not to eat "unhealthy foods" (cake, soda) when I'm tempted to do so.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

Family discussed my eating habit changes with me (asked me how I'm doing with my eating changes).

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

Friends discussed my eating habit changes with me (asked me how I'm doing with my eating changes).

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family** reminded me not to eat foods high in sugar or saturated fat (cookies, bacon).

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** reminded me not to eat foods high in sugar or saturated fat (cookies, bacon).

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family** complimented me on changing my eating habits. ("Keep it up," "We are proud of you")

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** complimented me on changing my eating habits. ("Keep it up," "We are proud of you")

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family** commented if I went back to my old eating habits.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** commented if I went back to my old eating habits.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

**Family ate high sugar or high saturated fat foods in front of me.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends ate high sugar or high saturated fat foods in front of me.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family refused to eat the same foods I eat.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends refused to eat the same foods I eat.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family brought home foods I'm trying not to eat.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends brought home foods I'm trying not to eat.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family got angry when I encouraged them to eat low sugar, low saturated fat foods.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends got angry when I encouraged them to eat low sugar, low saturated fat foods.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family offered me food I'm trying not to eat.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends offered me food I'm trying not to eat.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family engaged in physical activity with me.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends engaged in physical activity with me.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

|  |  |       |
|--|--|-------|
| <b><u>Family</u> offered to do physical activity with me.</b>  | <input type="radio"/> None<br><input type="radio"/> Rarely<br><input type="radio"/> A few times<br><input type="radio"/> Often<br><input type="radio"/> Very Often<br><input type="radio"/> Does Not Apply | reset |
| <b><u>Friends</u> offered to do physical activity with me.</b>   | <input type="radio"/> None<br><input type="radio"/> Rarely<br><input type="radio"/> A few times<br><input type="radio"/> Often<br><input type="radio"/> Very Often<br><input type="radio"/> Does Not Apply | reset |
| <b><u>Family</u> gave me helpful reminders to increase physical activity ("Are you going to take a 30 min walk today?")</b>  | <input type="radio"/> None<br><input type="radio"/> Rarely<br><input type="radio"/> A few times<br><input type="radio"/> Often<br><input type="radio"/> Very Often<br><input type="radio"/> Does Not Apply | reset |
| <b><u>Friends</u> gave me helpful reminders to increase physical activity ("Are you going to take a 30 min walk today?")</b> | <input type="radio"/> None<br><input type="radio"/> Rarely<br><input type="radio"/> A few times<br><input type="radio"/> Often<br><input type="radio"/> Very Often<br><input type="radio"/> Does Not Apply | reset |
| <b><u>Family</u> gave me encouragement to stick with my physical activity program.</b>                                       | <input type="radio"/> None<br><input type="radio"/> Rarely<br><input type="radio"/> A few times<br><input type="radio"/> Often<br><input type="radio"/> Very Often<br><input type="radio"/> Does Not Apply | reset |
| <b><u>Friends</u> gave me encouragement to stick with my physical activity program.</b>                                      | <input type="radio"/> None<br><input type="radio"/> Rarely<br><input type="radio"/> A few times<br><input type="radio"/> Often<br><input type="radio"/> Very Often<br><input type="radio"/> Does Not Apply | reset |

**Family** changed their schedule so we could do physical activity together.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** changed their schedule so we could do physical activity together.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family** discussed physical activity with me.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** discussed physical activity with me.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family** complained about the time I spend doing physical activity.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** complained about the time I spend doing physical activity.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family** criticized me or made fun of me for my physical activity.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** criticized me or made fun of me for my physical activity.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family** gave me rewards for doing physical activity. (bought me something, or gave me something I liked).

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** gave me rewards for doing physical activity. (bought me something, or gave me something I liked).

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family** planned for physical activity on recreational outings.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends** planned for physical activity on recreational outings.

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

**Family helped plan activities around my physical activity.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends helped plan activities around my physical activity.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family asked me for ideas on how they can get more physical activity.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends asked me for ideas on how they can get more physical activity.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Family talked about how much they like to be physically active.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

**Friends talked about how much they like to be physically active.**

- None
- Rarely
- A few times
- Often
- Very Often
- Does Not Apply

reset

<< Previous Page

Next Page >>

Save & Return Later



## End of Study 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<br><input type="radio"/> Not quite so much now<br><input type="radio"/> Definitely not so much now<br><input type="radio"/> Not at all  |
|   | reset   |
| I have looked forward with enjoyment to things  | <input type="radio"/> As much as I ever did<br><input type="radio"/> Rather less than I used to<br><input type="radio"/> Definitely less than I used to<br><input type="radio"/> Hardly at all  |
|   | reset   |
| I have blamed myself unnecessarily when things went wrong   | <input type="radio"/> Yes, most of the time<br><input type="radio"/> Yes, some of the time<br><input type="radio"/> Not very often<br><input type="radio"/> No, not at all  |
|   | reset   |
| I have been anxious or worried for no good reason   | <input type="radio"/> Yes, very often<br><input type="radio"/> Yes, sometimes<br><input type="radio"/> Hardly ever<br><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<br><input type="radio"/> Yes, sometimes<br><input type="radio"/> No, not much<br><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<br><input type="radio"/> Yes, sometimes I haven't been coping as well as usual<br><input type="radio"/> No, most of the time I have coped quite well<br><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

<< Previous Page

Next Page >>

Save & Return Later

## End of Study Perceived Stress Scale

| Section I   |                       |                       |                       |                       |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <p><b>Instructions:</b> 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.</p>  |                       |                       |                       |                       |  |
|   | 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
|   | Never                 | Almost never          | Sometimes             | Fairly often          | Very often                                 |
| 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"/> <small>reset</small> |
| <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <span>&lt;&lt; Previous Page</span> <span>Next Page &gt;&gt;</span> </div> <div style="text-align: center;"> <span>Save &amp; Return Later</span> </div> |                       |                       |                       |                       |  |

## End of Study Self-Efficacy

| Challenges to Being Physically Active  |                       |                       |                       |                       |                       |  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <b>Eating Habits</b>   |                       |                       |                       |                       |                       |  |
| 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"/> <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 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"/> <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 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"/> <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 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"/> <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 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"/> <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 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"/> <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;"> <span>&lt;&lt; Previous Page</span> <span>Next Page &gt;&gt;</span> </div> <div style="display: flex; justify-content: center;"> <span>Save &amp; Return Later</span> </div> |                       |                       |                       |                       |                       |                             |

## End of Study Readiness to Change

| Section K   |   |
|---|---|
| <p>Please select the answer that best describes your current interest in losing weight.</p>   | <p><input type="radio"/> I am not interested in weight loss and I don't plan on losing weight in the near future.</p> <p><input type="radio"/> I am not trying to lose weight at the moment but I am thinking about losing weight.</p> <p><input type="radio"/> I am preparing to lose weight and intend to start in the next month.</p> <p><input type="radio"/> I am currently losing weight.</p> <p style="text-align: right;"><a href="#">reset</a></p>   |
| <p>Please select the answer that best describes your current interest in healthy eating.</p>  | <p><input type="radio"/> I am not interested in making healthy changes to my diet and I don't plan on doing so in the near future.</p> <p><input type="radio"/> I am not trying to make healthy changes to my diet at the moment but I am thinking about making healthy changes.</p> <p><input type="radio"/> I am preparing to make healthy changes to my diet and intend to start in the next month.</p> <p><input type="radio"/> I am currently eating a healthy diet.</p> <p style="text-align: right;"><a href="#">reset</a></p> |
| <p>Please select the answer that best describes your current level of physical activity.</p> <p>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.</p> | <p><input type="radio"/> I am not physically active and I don't plan on doing any physical activity in the near future.</p> <p><input type="radio"/> I am not active at the moment but I am thinking about being more active.</p> <p><input type="radio"/> I am preparing to do more activity and intend to start in the next month.</p> <p><input type="radio"/> I am currently physically active.</p> <p style="text-align: right;"><a href="#">reset</a></p>   |
| <p><a href="#">&lt;&lt; Previous Page</a>      <a href="#">Submit</a></p> <p><a href="#">Save &amp; Return Later</a></p>  |   |

## End of Study Participant Satisfaction

### Section L

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 (Control Version Only)
- Joined a gym
- Used a fitness tracking program or app (such as Fitbit or other apps)
- Used a pedometer (Control Version Only)
- Other fitness tools

Please describe:

Expand

Do you have any concerns about your weight, for example that it is too low or too high?

- No
- Weight is too low
- Weight is too high
- Other

reset

Please describe:

Expand

How do you feel your eating habits have changed since your last visit, if at all? (select all that apply)

- Eating more fruits and vegetables
- Reduced portion size
- Substituted whole grains for refined products
- Other:
- None of the above/ no change

Please describe:

Expand



How do you feel your eating habits have changed since your last visit, if at all? (select all that apply)

- Eating more fruits and vegetables
- Reduced portion size
- Substituted whole grains for refined products
- Other:
- None of the above/ no change

Why do you think your eating habits haven't changed? (select all that apply)

- No changes needed
- Too busy
- Too expensive
- I don't do the grocery shopping
- Don't know how to change
- Other

How do you feel your level of physical activity has changed since your last visit, if at all?

- Increased
- Decreased
- No change

reset

Why do you think your level of physical activity hasn't changed? (select all that apply)

- No changes needed
- Too busy
- Not feeling well
- No childcare
- Don't know how to change
- Other

Did you keep track of your physical activity?

- Yes
- No

reset

How? (select all that apply)

- Pedometer
- Log
- Other

How do you feel the changes have affected your family, if at all? (select all that apply)

- Family member(s) lost weight
- Family member(s) ate healthier
- Family member(s) engaged in more physical activity
- Other:
- None of the above / No changes in family

Please describe:

Expand

Is there anything else you'd like to tell us that we haven't already asked about?

- Yes  
 No

reset

What would you like to tell us?

Expand

<< Previous Page

Submit

Save & Return Later

## End of Study Evaluation

| Section M  |   |
|--|---|
| Overall, how satisfied are you with the program?   | <input type="radio"/> Extremely satisfied<br><input type="radio"/> Satisfied<br><input type="radio"/> Neutral (neither satisfied or dissatisfied)<br><input type="radio"/> Dissatisfied<br><input type="radio"/> 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. | <input type="radio"/> Strongly agree<br><input type="radio"/> Agree<br><input type="radio"/> Neither agree or disagree<br><input type="radio"/> Disagree<br><input type="radio"/> Strongly disagree   |
|  | reset   |
| Did you use the website?   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
|  | reset   |
| How would you rate the modules?  | <input type="radio"/> Excellent<br><input type="radio"/> Very good<br><input type="radio"/> Good<br><input type="radio"/> Fair<br><input type="radio"/> Poor  |
|  | reset   |
| Did you use the website?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
|  | reset   |
| Why didn't you use the website? (select all that apply)  | <input type="checkbox"/> Too busy<br><input type="checkbox"/> Too complicated<br><input type="checkbox"/> Not interested<br><input type="checkbox"/> No computer<br><input type="checkbox"/> No internet access<br><input type="checkbox"/> Forgot or lost my password<br><input type="checkbox"/> Other: |
| Do you feel like the modules are too short, too long, or just right?   | <input type="radio"/> Too short<br><input type="radio"/> Too long<br><input type="radio"/> Just right   |
|  | reset   |
| Did you feel the number of modules was adequate?   | <input type="radio"/> Yes<br><input type="radio"/> No   |
|  | reset   |

**Did you use the community forum?**  Yes  
 No reset

**How would you rate the community forum?**  Excellent  
 Very good  
 Good  
 Fair  
 Poor reset

**Did you use the community forum?**  Yes  
 No reset

**Why didn't you use the community forum? (select all that apply)**

- Too busy
- Too complicated
- Not interested
- No computer
- No internet access
- Forgot or lost my password
- Worried about confidentiality
- Other:

**Is there anything you want to see added to the website?**  Yes  
 No reset

**Please describe:**

Expand

**Did you interact with the lifestyle coach?**  Yes  
 No reset

**Why didn't you interact with the lifestyle coach? (select all that apply)**

- Too busy
- Not interested
- No computer
- No internet access
- Forgot or lost my password
- Worried about confidentiality
- Other:

**Please describe:**

Expand

Did you interact with the lifestyle coach?

- Yes  
 No

reset

Why didn't you interact with the lifestyle coach? (select all that apply)

- Too busy  
 Not interested  
 No computer  
 No internet access  
 Forgot or lost my password  
 Worried about confidentiality  
 Other:

Did the lifestyle coach help you with any of the following? (select all that apply)

- Achieve or maintain a healthy weight  
 Eat more healthfully  
 Increase physical activity  
 Reduce stress  
 Quit smoking  
 Improve health  
 Improve quality of life  
 Reduce risk of disease  
 Address a recent health concern  
 Other:  
 None of the above

Please describe:

Expand

What did you like about the lifestyle coach, if anything? (select all that apply)

- Getting tips/suggestions  
 Receiving support/motivation  
 Accountability  
 Other:  
 None of the above

Do you think the frequency of contact with the lifestyle coach was too much, not enough, or just right?

- Too much  
 Not enough  
 Just right

reset

Would you change anything about the lifestyle coach?

- Yes  
 No

reset

Please describe:

Expand

How much do you agree with the following statement: This program helped me to achieve my weight loss goal.

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

reset

Would you have liked any part of the program delivered by cell phone? Which part(s)? (select all that apply)

- Tracking food intake
- Tracking physical activity
- Watching modules
- Text reminders for appointments
- Text reminders for goals
- Other:
- None of the above

Please describe:

Expand

Did anything keep you from participating in the program more than you did?

- Yes
- No

reset

What? (select all that apply)

- I was worried about confidentiality
- I was too busy
- It required too much time
- No computer or internet access
- Other:

Is there anything else you'd like to see or information you'd like to get from us?

- Yes
- No

reset

Is there anything else you'd like to tell us that we haven't already asked about?

- Yes
- No

reset

<< Previous Page

Submit

Save & Return Later

Close survey

Thank you for taking the survey.

Have a nice day!

REDCap Software - Version 6.5.9 - © 2015 Vanderbilt University

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