



Study ID:

Date:

Prenatal Participant Questionnaire

Title of Project: Grown in Wales

Version 1.1

22.05.15



Thank you for answering these questions. It would help us if you could answer all the questions, however if you feel unhappy about answering any of them, please feel free to leave them blank. All information is kept in the strictest confidence and will not affect the standard of care you receive.

QUESTIONNAIRE PART 1

Where known, please provide us with the answers to the following questions:

About You

- To which of these ethnic groups do you consider you belong? *(Please tick)*

Caucasian (White)	<input type="checkbox"/>	Indian/Pakistani/Bangladeshi	<input type="checkbox"/>
Far Eastern	<input type="checkbox"/>	African/Afro-Caribbean	<input type="checkbox"/>
South American/Hispanic	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>
Other	<input type="checkbox"/>	Do not wish to say	<input type="checkbox"/>

- What is your country of birth? *(Please tick)*

Wales	<input type="checkbox"/>	Scotland	<input type="checkbox"/>
England	<input type="checkbox"/>	Ireland	<input type="checkbox"/>
Other <i>(please specify)</i>	<input type="checkbox"/>	

- What is your age?

- What was your weight before pregnancy? kg or st lbs

- What is your height? m or ft

- If you are towards term (37 weeks), please record your final weight:
 kg or st lbs at weeks

- Do you know your birthweight? *(Please tick)*
 Yes it was
 No

- What is your highest level of education? *(Please tick)*

Left before GCSE	<input type="checkbox"/>	GCSE/O levels	<input type="checkbox"/>
A levels	<input type="checkbox"/>	University	<input type="checkbox"/>
Postgraduate Education	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>

About your family

- To which of these ethnic groups does your baby's father belong? *(Please tick)*

Caucasian (White)	<input type="checkbox"/>	Indian/Pakistani/Bangladeshi	<input type="checkbox"/>
Far Eastern	<input type="checkbox"/>	African/Afro-Caribbean	<input type="checkbox"/>
South American/Hispanic	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>
Other	<input type="checkbox"/>	Do not wish to say	<input type="checkbox"/>

- What is your baby's father's country of birth? *(Please tick)*

Wales	<input type="checkbox"/>	Scotland	<input type="checkbox"/>
England	<input type="checkbox"/>	Ireland	<input type="checkbox"/>
Other <i>(please specify)</i>	<input type="checkbox"/>	

- **What is your family income per year before deductions?** *(Please tick)*

<£18,000 £18,000 - £25,000 £25,000 - £43,000
 >£43,000 Do not wish to say

About your pregnancy

- **How many weeks pregnant are you today?**

- **Is this pregnancy a natural or assisted conception?** *(Please tick)*

Natural Assisted (IVF) Do not wish to say

- **Did you smoke in the three months before you found out you were pregnant?**

Yes (daily) Yes (Occasionally) but not every day
 No

- **Did you smoke during the first 12 weeks of your pregnancy?:**

Yes (daily) Yes (Occasionally) but not every day
 No

- **Did you smoke after the first 12 weeks of your pregnancy?:**

Yes (daily) Yes (Occasionally) but not every day
 No

- **Did you drink alcohol in the three months before you found out you were pregnant?**

Yes, almost every day Yes, once or twice a week
 Yes, once or twice a month Yes, once every couple of months
 No, ever

- **Did you drink alcohol during the first 12 weeks of your pregnancy?**

Yes, almost every day Yes, once or twice a week
 Yes, once or twice a month Yes, once every couple of months
 No, ever

- **Did you drink alcohol after the first 12 weeks of your pregnancy?**

Yes, almost every day Yes, once or twice a week
 Yes, once or twice a month Yes, once every couple of months
 No, ever

- **Have you taken any illicit drugs during your pregnancy? Yes / No**

If yes, what kind of drugs did you take?

- **Have you done any strenuous exercise during your pregnancy? Yes / No**

(Strenuous exercise could be for example: running, jogging, squash, swimming, aerobics, cycling or football done for at least 30 minutes, at least once a week)

- **Have you previously suffered from a diagnosed mood disorder (e.g. depression, bipolar disorder, pre or postnatal depression)? *(Please tick)***

Yes No Do not wish to say

If Yes:

Which Mood Disorder?.....

When was this first diagnosed (e.g. childhood, pre/during pregnancy)?

.....

Are you currently on medication for this mood disorder? Yes / No

Please Specify which medication and when in pregnancy this was taken

.....

QUESTIONNAIRE PART TWO

DIRECTIONS: **After** you found out you were pregnant, how often did you eat the following foods? For each food type, please tick one box that best describes how often you ate this food. If this is different to before you were pregnant, please circle in the right hand column whether you ate more or less of this food after you found out you were pregnant. If this was not different, please leave the right hand column blank.

Example: If since finding out you were pregnant you ate more chocolate, usually around 2 times per week, you would complete the row as shown:

	More than once/day	Once /day	2-3 times per/week	Once in 2 weeks	Never/ Rarely	Since I found out I was pregnant I ate..
Chocolate			✓			More / Less

Fruit and Vegetables

	More than once/day	Once/ day	2-3 times per/week	Once in 2 weeks	Never/ Rarely	Since I found out I was pregnant I ate..
Fresh Fruit						More / Less
Dried fruit e.g. raisins, dried apricots						More / Less
Salad and Cooked vegetables						More / Less

Dairy and Carbohydrates

	More than once/day	Once /day	2-3 times per/week	Once in 2 weeks	Never/ Rarely	Since I found out I was pregnant I ate..
Milk						More / Less
Cheese, yoghurt						More / Less
Bread, cereals, potatoes, rice, pasta						More / Less

Meat, Meat alternatives and Fish

	More than once/day	Once /day	2-3 times per/week	Once in 2 weeks	Never/ Rarely	Since I found out I was pregnant I ate..
Meat alternatives e.g. beans, peas, tofu, soy						More / Less
Meat (unprocessed) e.g. steak, ham, chicken slices						More / Less
Meat (processed) e.g. Burgers, sausages, fried chicken						More / Less
Fish/shellfish						More / Less

Snacks

	More than once/day	Once /day	2-3 times per/week	Once in 2 weeks	Never/ Rarely	Since I found out I was pregnant I ate..
Chocolate						More / Less
Chips, Crisps						More / Less
Cakes, biscuits, ice cream						More / Less
Take away meals e.g. Chinese food, Curry						More / Less

Drinks and Supplements

	More than once/day	Once /day	2-3 times per/week	Once in 2 weeks	Never/ Rarely	Since I found out I was pregnant I ate..
Soft drinks						More / Less
Caffeine e.g. tea, coffee, power drinks						More / Less
Supplements e.g. iron, folate						More / Less

QUESTIONNAIRE PART THREE

DIRECTIONS: Please UNDERLINE the answer which comes closest to how you have felt in the **past week**, not just how you feel today. Here is an example already completed:

I have felt happy:

Yes, all the time

Yes, most of the time

No, not very often

No, not at all

This would mean: I have felt happy most of the time in the past few days.

Please complete the other questions in the same way. Do not take too long over it and make sure you answer all the questions.

IN THE PAST WEEK

1. I have been able to laugh and see the funny side of things:

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

2. I have looked forward with enjoyment to things

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

3. I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No, never

4. I have been anxious or worried for no good reason

No, not at all

Hardly ever

Yes, sometimes

Yes, very often

5. I have felt scared or panicky for no very good reason

Yes, quite a lot

Yes, sometimes

No, not much

No, not at all

6. Things have been getting on top of me

Yes, most of the time I haven't been able to cope at all

Yes, sometimes I haven't been coping as well as usual

No, most of the time I have coped quite well

No, I have been coping as well as ever

7. 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

8. I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not very often

No, not at all

9. I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Only occasionally

No, never

10. The thought of harming myself had occurred to me

Yes, quite often

Sometimes

Hardly ever

Never

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then tick in the appropriate box on the right to indicate how you **generally** feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you **generally** feel, even before pregnancy.

	In general....	Almost never	Sometimes	Often	Almost always
1.	I feel pleasant				
2.	I feel nervous and restless				
3.	I feel satisfied with myself				
4.	I wish I could be as happy as others seem to be				
5.	I feel like a failure				
6.	I feel rested				
7.	I am "calm, cool and collected"				

	In general....	Almost never	Sometimes	Often	Almost always
8.	I feel that difficulties are piling up so that I cannot overcome them				
9.	I worry too much over something that really doesn't matter				
10.	I am happy				
11.	I have disturbing thoughts				
12.	I lack self-confidence				
13.	I feel secure				
14.	I make decisions easily				
15.	I feel inadequate				
16.	I am content				
17.	Some unimportant thought runs through my mind and bothers me				
18.	I take disappointments so keenly that I can't put them out of my mind				
19.	I am a steady person				
20.	I get in a state of tension or turmoil as I think over my recent concerns and interests				

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