

**Supporting Women With Postnatal Weight
Management
SWAN STUDY**



BASELINE QUESTIONNAIRE

Code				
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Many thanks for agreeing to take part in our study which is trying to find out how best to support women to manage their weight after having a baby. We would like to find out a little more about your health in pregnancy (including how you are planning to feed your baby and about your own diet and activity).

Most of the questions can be answered with a 'tick (✓)'. If you have any questions about any of the sections in the questionnaire, please ask one of our Research Midwives,



Illustrations by Marie Furuta

Women's health and lifestyle in pregnancy

We would like to know about your health and lifestyle at the current time. As not all sections may apply to you, please read the instructions for each section carefully.

Section 1. This section asks some questions about you. Please ensure you answer all of the questions in this section by ticking a box unless you are asked otherwise

1. What is today's date? Date / Month / 20....
2. What is your expected delivery date: Date / Month / 20.....
3. How many children do you already have?

0 1 2 3 4 +

4. How do you describe the ethnic group to which you belong? Please tick below

<i>White</i>	<i>Black African/Caribbean or Black British</i>	<i>Asian / Asian British</i>	<i>Mixed / Multiple ethnic groups</i>	<i>Other Ethnic Groups</i>
<input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> N. Irish <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller <input type="checkbox"/> Gypsy / Romany <input type="checkbox"/> Any white other (describe) _____ _____	<input type="checkbox"/> Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black other / African / Caribbean (describe) _____ _____ _____	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian (describe) _____ _____ _____ _____	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed / multiple ethnic (describe) _____ _____	<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group (describe) _____ _____ _____

5. What is your current employment status?

- Full-time paid work, working Full-time paid work, but on maternity leave
 Part-time paid work, working Part-time paid work, but on maternity leave
 Voluntary Job Student
 Unemployed Other (specify).....

6. What is your total household income?

- £0- £5475 £5476- £15,000 £15,000 – £30,000
 £31,000 - £45,000 £46,000 - £60,000 £61,000-more would rather not say

7. Do you live with any other adults?

- None Partner Sister/brother/other relative
Other (please state)

8. Could you please tell us the highest level of education qualification you have gained?

- None GCSE level A Level or equivalent Degree or equivalent or higher qualification

Section 2 This section is about your general health. Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

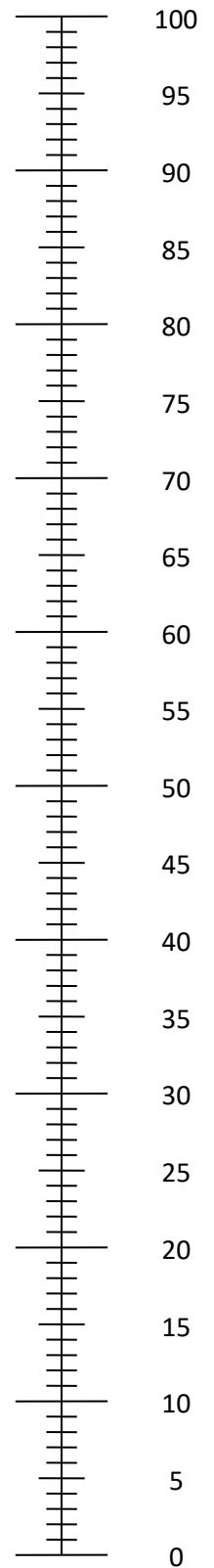
PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

The best health
you can imagine



We would like to know how good or bad your health is TODAY.

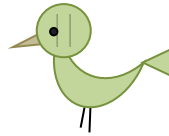
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The worst health
you can imagine

Section 3 This section asks questions about plans for feeding your baby. Please tick one box to answer each question

1. How do you plan to feed your baby?



- Breast feed only (please go to Q 2)
- Bottle (formula milk) feed only (please go to next section)
- Bottle and breast feed
- I haven't decided yet (please go to next section)

2. If you are planning to breastfeed your baby, how long do you hope to breastfeed for? Please tick one box only.

- first 1 to two weeks
- 2 to 4 weeks
- 1 to 2 months
- 2 to 3 months
- 4 to 6 months
- over 6 months

Section 4 The questions in this section ask about your smoking habits

1. Which of the following statements best describes your smoking? (please tick one box only)

a. I have never smoked*	
b. I had quit smoking <i>before</i> I found out I was pregnant and I don't currently smoke*	
c. I quit smoking <i>since</i> finding out I was pregnant and I don't currently smoke*	
d. I smoke every once in a while	
e. I smoke every day, but I've cut down since I found out I was pregnant	
f. I smoke every day, about the same as before finding out I was pregnant	

*If you ticked a,b,c please go to Section 5.

If you ticked boxes d, e, or f above, could you please tell us:

a) How soon after waking do you smoke your first cigarette (please tick the box below which best describes your answer)

Within 5 minutes

5-30 minutes

31-60 minutes

60+ minutes

b) Around how many cigarettes do you smoke a day?.....

3. Are you currently using:

Nicotine replacement therapy (e.g. patches): Yes No Electronic cigarettes Yes No

Section 5. The questions in this section ask about your alcohol consumption. Please circle the answer which is the closest to how many drinks you may have had *in the past six months*. The pictures on the next page illustrate how many units of alcohol there are in different drinks.

How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 or more units on a single occasion in the last six months?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

How many units in a drink?

1 =	 A small bottle (275ml) of lower strength (4%) alcopop	 A half pint of lower strength (4%) lager, beer or cider	 A single measure of spirit (40%)	
2 =	 A standard glass (175ml) of lower strength (12%) wine or champagne	 A pint of lower strength (4%) lager, beer or cider	 A 440ml can of medium strength (4.5%) lager, beer or cider	 A double measure of spirit (40%)
3 =	 A pint of medium strength (5%) lager, beer or cider	 A large glass (250ml) of low strength (12%)	 A large bottle (750ml) of lower strength (4%) alcopop	
4 =	 A large bottle (750ml) of higher strength (5.5%) alcopop	 A 500ml can of high strength (7.5%) lager, beer or cider		

Section 6. The following questions ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, or fast bicycling? _____ days per week if **No** vigorous physical activities please go to question 3

2. How much time did you usually spend doing **vigorous** physical activities on one of those days?

_____ hours per day

_____ minutes per day

Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, dancing or water aerobics? Do not include walking.

_____ days per week if **No** moderate physical activities please go to question 5

4. How much time did you usually spend doing **moderate** physical activities on one of those days?

_____ hours per day
_____ minutes per day Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?
_____ days per week if **No** walking for at least 10 minutes at a time please go to question 7

6. How much time did you usually spend **walking** on one of those days?

_____ hours per day
_____ minutes per day Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

_____ hours per day
_____ minutes per day Don't know/Not sure

Section 7. We now have some questions about your antenatal care for this pregnancy

1. Please write the number of contacts you have had with different healthcare professionals or other appointments/contacts you may have had during this pregnancy only

Antenatal contact	No. of contacts
..... Midwife in clinic/at GP surgery/health centre/hospital	
..... Midwife at home	
..... GP for pregnancy related reason	
..... Practice nurse for pregnancy related reason	
..... Hospital doctor – obstetrician	
..... Ultrasound scan	
..... Blood test for pregnancy related reason	
..... Oral glucose tolerance test (OGTT)	
..... Pregnancy diabetic clinic	
..... Physiotherapy for pregnancy related problem	
..... Parentcraft (hospital antenatal classes), breastfeeding group	
..... Other <i>please give details</i>	

2. Have you had any contact with any of the following community services? Please tick as many boxes as apply and write the number of contacts you've had.

Community service	No. of contacts
..... Health visitor	
..... GP for non-pregnancy reason	
..... Practice nurse for non-pregnancy reason	
..... Smoking cessation service	
..... Social worker	

.....
Housing/debt advice/citizen's advice worker

.....
Employment advice worker

.....
Other NHS/Social care service *not dentist*. Please say what

.....
3. Have you been admitted to hospital at any time during this pregnancy?

Yes please got to Q4

No please go to Q5

4. if YES What was the reason and for how many nights were you in hospital? Please tick any boxes that apply

Reason	Number of nights (if day only, please write "day")

5. Have you had an outpatient appointment/s for a health problem not connected with your pregnancy? If NO, please go to Q6

Yes

No

If YES, could you please tell us how many appointments you had and what these were for:

How many appointments? What for?.....

How many appointments? What for?.....

How many appointments? What for?.....

6. Have you attended and accident and emergency (A&E) department in the last 6 months for your own health?

Yes Please go to Q7

No Please go to next section

7. If **YES**, were you admitted to hospital and was an ambulance involved? How many times did this happen?

Admitted	Ambulance	Number of times
Yes / No	Yes / No	
Yes/No	Yes/No	
Yes/No	Yes/No	

Section 8. The questions below ask about the different foods you eat. Some questions ask you what you eat in a normal week but others what you eat in a normal day.

Please tick only one box on each line



1. How many pieces or slices of bread do you eat on a **usual day**? (choose one answer on each line)

	None	less than 1 a day	1 - 2 a day	3 - 4 a day	5 + a day
White bread, pitta or soft rolls					
Brown or granary bread; 'best of both', soft grain					
Wholemeal bread or 2 slices crispbread or wholemeal bagels/muffins/pitta or similar					

2. About how many **servings per week** do you eat of the following types of breakfast cereal or porridge? (choose one answer on each line)

Breakfast Cereal	None	less than 1 a week	1 – 2 a week	3 - 5 a week	6 or more a week
High sugar varieties: Frosties, Coco Pops or other chocolate covered cereals, Ricicles, Sugar puffs					
Rice/Corn type: Corn flakes, Rice Krispies, Special K.					
Porridge or Ready Brek Wheat type: Shredded Wheat, Weetabix, Puffed Wheat, Fruit'n Fibre, NutriGrain, Oat Krunchies, Muesli type: Alpen, Jordan's or home brand muesli					
Bran type: All-Bran, Bran Flakes, Sultana Bran					

3. About how many **servings per week** do you eat of the following foods? (choose one answer on each line)

Starchy foods	None	Less than 1 a week	1 – 2 a week	3 – 5 a week	6 – 7 a week	8 - 11 a week	12 or more a week
Pasta or rice							
Potatoes							
Beans and pulses such as lentils, chick peas, red kidney beans (baked, tinned, or dried)							

4. How many pieces of fruit and vegetable (excluding potatoes) do you eat, of any sort, on a typical day? **Please look at the end of the questionnaire for guidance on portion size for fruit and vegetables.** Please note: Fruit and vegetable juice can count as one portion (choose one on each line)

	None	1	2	3	4	5	6	7	8 or more
Fruit									
Vegetable									

5. About how many **servings per week** do you eat of the following foods? (choose one answer on each line)

Beefburgers or sausages							
Beef, pork, or lamb							
Bacon, meat pie, processed meat, sausage rolls							
Chicken or turkey							
Nuts/soya/quorn							
White fish (NOT fried fish) eg pollock, haddock, coley							
Oily fish e.g. sardines, mackerel							
ANY fried food: fried fish, chips, cooked breakfast, samosas							

Cakes, pies, puddings, pastries					
Biscuits, chocolate, or crisps					

6. About how much of the following types of milk do you yourself use **per day**, for example in cereal, tea, or coffee? (choose one answer on each line)

Milk	None	less than quarter pint	about a quarter pint	about a half pint	1 pint or more
Full cream					
Semi-skimmed					
Skimmed					

7. About how many **servings per week** do you eat of the following foods? (choose one answer on each line)

	None	less than 1 a week	1 - 2 a week	3 - 5 a week	6 or more a week
Full fat cheese (i.e. cheddar, stilton, goats cheese, full fat cream cheese, feta)					
Low fat cheese (i.e. Low Fat Cottage cheese, Low Fat cheese spread (e.g. a low fat "Philadelphia style" cheese) or Low Fat Hard cheese)					
Full fat yoghurt/fromage frais					
Low fat yoghurt/fromage frais					
Full fat yoghurt/fromage frais – sweetened					
Low fat yoghurt/fromage frais – unsweetened					

8. About how many **rounded teaspoons** per day do you usually use of the following types of spreads, for example on bread, sandwiches, toast, potatoes or vegetables, (choose one answer on each line)

Spreads	None	1 a day	2 a day	3 a day	4 a Day	5 a day	6 a day	7 or more
Regular margarine or butter or reduced fat spread such as sunflower or olive spread, Flora, Vitalite, Clover, Olivio, Stork, Utterly Butterly								
Low fat spread such as Flora Light, St Ivel Gold, Half-fat butter, Olivite, Flora Pro-activ, Light spread								

9. What sort of fat do you usually use for the following purposes? (choose one answer on each line)

	Butter, lard or dripping	Ghee	Solid cooking fat (White Flora, Cookeen) Half-fat butter, Hard margarine (Stork)	Soft margarine (sunflower, soya) Reduced fat spread (olive, Flora Buttery, Olivio)	Vegetable oil or Low fat spread (Flora Light, Olivite, St. Ivel Gold)	No fat used
On bread and vegetables						
For frying						
For baking or cooking						

Please go back and check that you have ticked one box on every line



1 medium apple



2 broccoli florets



2 halves of canned peaches



1 handful of grapes



1 medium banana



3 heaped tablespoons of peas



1 medium glass of orange juice



7 strawberries



3 whole dried apricots



Just Eat More
(fruit & veg)



3 heaped tablespoons of cooked kidney beans



16 okra



Section 9. This section asks questions about the types of soft drinks, fruit juices or smoothies you may have on a usual day

1. How many of the following types of soft drinks do you have **on a usual day?** Please tick one box on each line.

	None	1-2 weekly	3-6 weekly	1 daily	2-3 daily	4-5 daily	6 plus daily
Fizzy drinks (non-diet) e.g. Coke, Lucozade,							
Sugar free fizzy drinks e.g. Diet Coke							
Squash (non-diet or sugar free), e.g. Ribena							
Squash (diet or sugar free) e.g. Ribena Light							
Fruit juices or Smoothies							

Section 10. The questions in this section ask about how you feel about yourself. Please tick the box according to how much you agree or disagree with each of the following statements.

	Strongly Agree	Agree	Strongly Disagree	Disagree
On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times, I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I'm a person of worth, at least on an equal plane with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments you would like to make about your health and well-being during this pregnancy?



Positive



Negative

Many thanks for completing this questionnaire

Please fill in the date you completed the questionnaire Date / Month / 20.....

Please return it in the FREEPOST envelope which is enclosed or give to the Research Midwife.

Please tick a box if you wish to receive a copy of the results when study is completed in 2018

**Please return the questionnaire
using the FREEPOST envelope
enclosed or hand to the Research
Midwife if completing at your clinic
appointment**

