

MULTI-SITE  
BEHAVIOR IN PREGNANCY STUDY  
(MS BIPS)  
QUESTIONNAIRE PACKET - TIME 2  
PACKET 2A  
(November 2, 1998)

Subject # \_\_\_\_\_  
Date \_\_\_\_\_  
Administered by \_\_\_\_\_

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Circle the number of hours per day:

H. Driving in a car or waiting for a bus: \_\_\_\_\_  
 1 2 3 4 5 6 7 8 9 10 11 12  
 or or  
 less more

I. Walking where you must go: \_\_\_\_\_  
 1 2 3 4 5 6 7 8 9 10 11 12  
 or or  
 less more

2. Thinking of an average week, how many hours do you spend in leisure activities like watching TV, reading, getting together with friends, going out, having fun, going to movies, or chatting on the phone?

\_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12  
 or or  
 less more

3. How strenuous would you say your level of activity is in your daily life (activities such as housework or childcare)? (Circle one)

Very strenuous ..... 1  
 Moderately strenuous ..... 2  
 Slightly strenuous ..... 3  
 Not at all strenuous ..... 4

4. Before you became pregnant, how frequently would you say that you felt exhausted at bedtime? (Circle one)

Almost every day ..... 1  
 About half the time ..... 2  
 Occasionally, but at least once a week ..... 3  
 Almost never ..... 4

5. In the last month, how frequently would you say that you felt exhausted at bedtime? (Circle one)

Almost every day ..... 1  
 About half the time ..... 2  
 Occasionally, but at least once a week ..... 3  
 Almost never ..... 4

## GENERAL INSTRUCTIONS

This packet includes several different questionnaires. Please be sure to read the instructions for each separate section. Answer each question as quickly, but carefully, as possible; do not go back over your answers. Please remember that your responses are completely confidential. If at any time you have any questions, feel free to ask the project interviewer.

**PART 1 -- YOUR DAILY ACTIVITIES**

1. During *a typical day*, how many hours per day are you *currently* engaged in each of the following behaviors in your activities, including work, school, housework, childcare, or other activities? If you don't know the exact number, please estimate.

Circle the number of hours per day:

- |   |   |   |   |   |   |   |   |   |    |    |      |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
|---|---|---|---|---|---|---|---|---|----|----|------|----|----|----|--|--|--|--|--|--|--|--|--|--|----|------|--|--|--|--|--|--|--|--|--|--|------|
| A. Standing:<br>with little<br>or no<br>movement            | <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>or</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>or</td> </tr> <tr> <td>less</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>more</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10   | 11 | 12 | or |  |  |  |  |  |  |  |  |  |  | or | less |  |  |  |  |  |  |  |  |  |  | more |
| 1   | 2   | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| or  |   |   |   |   |   |   |   |   |    |    | or   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| less  |   |   |   |   |   |   |   |   |    |    | more |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| B. Sitting:   | <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>or</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>or</td> </tr> <tr> <td>less</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>more</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10   | 11 | 12 | or |  |  |  |  |  |  |  |  |  |  | or | less |  |  |  |  |  |  |  |  |  |  | more |
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| less  |   |   |   |   |   |   |   |   |    |    | more |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| C. Slowly<br>moving<br>around:                              | <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>or</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>or</td> </tr> <tr> <td>less</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>more</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10   | 11 | 12 | or |  |  |  |  |  |  |  |  |  |  | or | less |  |  |  |  |  |  |  |  |  |  | more |
| 1   | 2   | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
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| less  |   |   |   |   |   |   |   |   |    |    | more |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| D. Rapidly<br>moving<br>around:                             | <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>or</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>or</td> </tr> <tr> <td>less</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>more</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10   | 11 | 12 | or |  |  |  |  |  |  |  |  |  |  | or | less |  |  |  |  |  |  |  |  |  |  | more |
| 1   | 2   | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| or  |   |   |   |   |   |   |   |   |    |    | or   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| less  |   |   |   |   |   |   |   |   |    |    | more |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| E. Getting up<br>and down<br>from a<br>sitting<br>position: | <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>or</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>or</td> </tr> <tr> <td>less</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>more</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10   | 11 | 12 | or |  |  |  |  |  |  |  |  |  |  | or | less |  |  |  |  |  |  |  |  |  |  | more |
| 1   | 2   | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| or  |   |   |   |   |   |   |   |   |    |    | or   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
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| F. Lifting<br>heavy<br>things:                              | <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>or</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>or</td> </tr> <tr> <td>less</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>more</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10   | 11 | 12 | or |  |  |  |  |  |  |  |  |  |  | or | less |  |  |  |  |  |  |  |  |  |  | more |
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| or  |   |   |   |   |   |   |   |   |    |    | or   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
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| G. Bending<br>over:   | <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>or</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>or</td> </tr> <tr> <td>less</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>more</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10   | 11 | 12 | or |  |  |  |  |  |  |  |  |  |  | or | less |  |  |  |  |  |  |  |  |  |  | more |
| 1   | 2   | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| or  |   |   |   |   |   |   |   |   |    |    | or   |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |
| less  |   |   |   |   |   |   |   |   |    |    | more |    |    |    |  |  |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |  |  |      |

6. In the last month, how many days per week did you exercise for fitness?

Circle the number of days per week:

0      1      2      3      4      5      6      7

- 6A. On the days that you did aerobic exercise, how long did you exercise?

\_\_\_\_\_MINUTES

7. In the last month, how many days per week did you get non-aerobic exercise, such as yoga or stretching?

Circle the number of days per week:

0      1      2      3      4      5      6      7

- 7A. On the days that you did non-aerobic exercise, how long did you exercise?

\_\_\_\_\_MINUTES

10. Some people tend to be regular exercisers. They exercise about the same amount each week and hardly ever go more than a week or two without exercising. Other people tend to be irregular exercisers. They tend to exercise for a few weeks or months and then go several weeks or months without getting exercise. In the past month, I have been: (Circle one)

A regular exerciser .....	1
An irregular exerciser .....	2
Not an exerciser .....	3

**PART 2 -- YOUR FEELINGS IN THE LAST FEW DAYS**

Listed below are statements that people sometimes use to describe themselves. Please read each statement and then check the box that best describes the extent to which you have been feeling each one *during the last few days (including today)*. Do not spend too much time on any one statement.

	Not At All (1)	Somewhat (2)	Moderately (3)	Very Much (4)
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am presently worrying over possible misfortunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am jittery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel steady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel frightened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 3 -- YOUR FEELINGS DURING THE PAST WEEK**

Below is a list of ways you might have felt or behaved lately. Please tell me how often you have felt this way *during the last 7 days* by checking the box corresponding to your response.

<b><i><u>During the last 7 days:</u></i></b>	<b>RARELY OR NONE OF THE TIME (1)</b>	<b>SOME OR A LITTLE OF THE TIME (2)</b>	<b>OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3)</b>	<b>MOST OR ALL OF THE TIME (4)</b>
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt that I could not shake off the blues even with help from my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 4 -- PERCEIVED SUPPORT**

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. Someone to help you if you were confined to bed.	1	2	3	4	5
2. Someone you can count on to listen to you when you need to talk.	1	2	3	4	5
3. Someone to give you good advice about a crisis.	1	2	3	4	5
4. Someone to take you to the doctor if you needed it.	1	2	3	4	5
5. Someone who shows you love and affection.	1	2	3	4	5
6. Someone to have a good time with.	1	2	3	4	5
7. Someone to give you information to help you understand a situation.	1	2	3	4	5
8. Someone to confide in or talk to about yourself or your problems.	1	2	3	4	5
9. Someone who hugs you.	1	2	3	4	5
10. Someone to get together with for relaxation.	1	2	3	4	5
11. Someone to prepare your meals if you were unable to do it yourself.	1	2	3	4	5
12. Someone whose advice you really want.	1	2	3	4	5



	None of the time	A little of the time	Some of the time	Most of the time	All of the time
13. Someone to do things with to help you get your mind off things.	1	2	3	4	5
14. Someone to help with daily chores if you were sick.	1	2	3	4	5
15. Someone to share your most private worries and fears with.	1	2	3	4	5
16. Someone to turn to for suggestions about how to deal with a personal problem.	1	2	3	4	5
17. Someone to do something enjoyable with.	1	2	3	4	5
18. Someone who understands your problems.	1	2	3	4	5
19. Someone to love and make you feel wanted.	1	2	3	4	5

**PART 5 -- RELATIONSHIPS WITH FRIENDS AND FAMILY**

The following statements concern your attitudes about friend and family relationships. Please read each statement and rate the extent to which you disagree or agree with it by circling a number to the right of each statement.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. Even when I'm far away from home, my family ties keep me feeling safe and secure.	1	2	3	4
2. My musical interests are extremely different from those of my parents.	1	2	3	4
3. I would prefer to stay with friends, rather than in a hotel, when I go to another town.	1	2	3	4
4. To this day, my parents' teachings serve as my best guide to behavior.	1	2	3	4
5. When I make an important decision, I do not consider whether it would have a positive or negative impact on my parents.	1	2	3	4
6. I prefer to deal with personal problems, instead of consulting friends about them.	1	2	3	4
7. In my opinion, the family is the most important social institution of all.	1	2	3	4
8. If a person received the Nobel Prize, his or her parents should not be praised.	1	2	3	4
9. It's okay to call on a friend, socially, without giving prior warning.	1	2	3	4
10. I cannot imagine what I would do without my family.	1	2	3	4
11. There is no reason for children to feel honored by their parents' success.	1	2	3	4
12. When making important decisions, I do not consider my close friend's opinion at all.	1	2	3	4

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
13. My family is always there for me in times of need.	1	2	3	4
14. I would not share my ideas and newly acquired knowledge with my parents.	1	2	3	4
15. I would take time off from work to visit a sick friend.	1	2	3	4
16. I know that my family has my best interests in mind.	1	2	3	4
17. As a family gets bigger, more problems occur.	1	2	3	4
18. When I am with my friends, I would rather assert my individual opinion than simply remain part of the group.	1	2	3	4
19. I cherish the time that I spend with my relatives.	1	2	3	4
20. Whether a person wastes money on extravagant indulgences or economizes like a penny-pincher, it is no concern of his or her relatives.	1	2	3	4
21. I would lend money to a friend who needs to buy something he or she needs.	1	2	3	4
22. I will do all that I can to keep alive the traditions passed on to me by my parents and grandparents.	1	2	3	4
23. If I had a car, I would not lend it to my cousin.	1	2	3	4
24. I owe it to my parents to do well in life.	1	2	3	4
25. When I make decisions about my life, I would not care for the opinion of my family members.	1	2	3	4
26. When it comes to social responsibility, blood is really thicker than water.	1	2	3	4
27. One should call a friend before dropping by for a visit.	1	2	3	4
28. Each family has its own problems; nothing will be solved by telling relatives about the problems.	1	2	3	4