

**MULTI-SITE
 BEHAVIOR IN PREGNANCY STUDY
 (MS BIPS)
 QUESTIONNAIRE PACKET - TIME 3
 (November 2, 1998)**

Subject # _____
 Date _____
 Administered by _____

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 DR. C. DUNKEL-SCHETTER, (310) 206-8116, DUNKEL@PSYCH.UCLA.EDU

C. Sandman, Ph.D. (P.I.)
 Professor
 Dept. of Psychiatry & Human
 Behavior
 University of California, Irvine
 101 City Drive, South
 Orange, CA 92668

C. Hobel, M.D. (Co-P.I.)
 Professor of OB/GYN
 University of California, Los Angeles
 Director of Maternal-Fetal Medicine
 Dept. of Obstetrics & Gynecology
 Cedars-Sinai Medical Center
 8635 West Third Street
 Suite 160W
 Los Angeles, CA 90048

C. Dunkel-Schetter, Ph.D. (Co-P.I.)
 Professor
 Department of Psychology
 University of California, Los Angeles
 405 Hilgard Avenue
 Los Angeles, CA 90095

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:

— with little or no movement: 1 or less 2 3 4 5 6 7 8 9 10 11 12 or more

B. Sitting:

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

C. Slowly

— moving around: 1 or less 2 3 4 5 6 7 8 9 10 11 12 or more

D. Rapidly

— moving around: 1 or less 2 3 4 5 6 7 8 9 10 11 12 or more

E. Getting up

— and down from a sitting position: 1 or less 2 3 4 5 6 7 8 9 10 11 12 or more

F. Lifting

— heavy 1 2 3 4 5 6 7 8 9 10 11 12

things:

or
less

or
more

4

G. Bending

over:

1
or
less

2

3

4

5

6

7

8

9

10

11

12
or
more

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 less or more

I. Walking

— where you must go: 1 2 3 4 5 6 7 8 9 10 11 12 or less or 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 less or 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

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 secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel strained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am presently worrying over possible misfortunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel frightened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I feel self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am jittery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel indecisive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. I feel confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I feel steady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I feel pleasant	<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.

<i>During the last 7 days:</i>	RARELY OR NONE OF THE TIME (1)	SOME OR A LITTLE OF THE TIME (2)	OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3)	MOST OR ALL OF THE TIME (4)
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 -- LIFE EVENTS

This next set of questions concerns events that may have occurred in the past 3 months.

In the last 3 months...

1. have you had a change in where you live or who you live with?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

2. has anyone important to you moved away?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

3. have you lived apart from your partner or spouse for practical reasons (such as he works somewhere far away or he has to live somewhere else)?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

4. have you had extra-heavy home or family responsibilities (such as housework or caring for an older relative or a child)?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

5. have you had pressures or problems at work?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

6. have you lost your apartment, home, car or something else you value?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

7. did you or someone close to you lose a job or experience a lay off from work?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

8. did you have serious problems with money (such as a major loss of income or a debt that cannot be repaid)?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

MONTH KEY:

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	2	3	4	5	6	7	8	9	10	11	12



In the last 3 months...

9. have you had serious arguments several times with any one person?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

10. have you and your partner (or spouse) had any problems in your relationship?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

11. have you had serious problems in your sexual relationship?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

12. have you or has someone close to you separated or divorced from a partner or spouse?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

13. have you or has someone close to you had problems with use of alcohol or drugs?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

14. have you or has someone close to you had nervous or emotional problems (other than any associated with drinking or drug use)?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

15. have you or has someone close to you had a serious injury, illness, or hospitalization?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

16. have you or has someone close to you been mugged or personally attacked?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

17. has anyone close to you died?

NO YES

↓

CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

MONTH KEY:

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	2	3	4	5	6	7	8	9	10	11	12

In the last 3 months...

18. have you been in a serious motor vehicle accident?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

19. have you or has someone close to you been arrested by the police, had problems with the law or immigration, or been in jail?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

20. have you been threatened with physical harm by anyone?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

21. have you been robbed or burglarized?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

22. have you experienced sexual harassment or discrimination?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

23. have you experienced racial discrimination or prejudice?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

24. have you been in an earthquake, fire, flood, mudslide, or other major disaster?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

25. have you had any medical problems or complications in this pregnancy?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

26. have any other events or problems come up during this time period that we have not mentioned?

NO YES

↓ CIRCLE MONTH: 1 2 3 4 5 6 7 8 9 10 11 12

↓

MONTH KEY:

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	2	3	4	5	6	7	8	9	10	11	12

