

**MULTI-SITE  
 BEHAVIOR IN PREGNANCY STUDY  
 (MS BIPS)  
 QUESTIONNAIRE PACKET - TIME 4  
 (November 12, 1998)**

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

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## 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:

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

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

3. How strenuous would you say your level of activity is in your daily life (activities such 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.

	<b>Not At All (1)</b>	<b>Somewhat (2)</b>	<b>Moderately (3)</b>	<b>Very Much (4)</b>
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><u><i>During the last 7 days:</i></u></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 – THOUGHTS ABOUT OTHERS**

The next set of questions concern the people close to you.

Please indicate the extent to which you agree or disagree with each statement by checking the box corresponding to your response.

	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
1. I always place the needs of others above my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I never find myself getting overly involved in others' problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For me to be happy, I need others to be happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I worry about how other people get along without me when I am not there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have no trouble getting to sleep at night when other people are upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It is impossible for me to satisfy my own needs when they interfere with the needs of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can't say no when someone asks me for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Even when exhausted, I will always help other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I often worry about others' problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>