

**PIN Postpartum Study
Focus Group In-depth Interview
3 Month**

RESPONDENT ID _____

Interview Date _____

Version _____

**** This booklet contains confidential information**.**
If found please contact the Pin Postpartum Study at the Carolina Population Center

1-877-668-0651

Introductory Script

Hi, my name is _____ and I'm calling from First Research as part of the PIN Postpartum Study. You participated in a focus group a while back and were recently contacted by the PIN Postpartum Study staff. At that time, you agreed to participate in a follow-up phone interview. We have been hired by the PIN study staff to conduct this interview.

Is this still a good time to talk?

If no: When would be a better time? (Interviewer: arrange alternate time for interview).

Again, thank you for taking the time to participate in our research study. We are going to ask you some questions about your opinions and experiences on a variety of topics related to your weight, eating, and physical activity habits since you've had your baby. There are no right or wrong answers. We are simply interested in your views. Some answers may be hard to remember but please answer as best as you can.

All of the information you share will be kept confidential and will help us to learn about women's eating and physical activity habits after their baby is born. Our conversation will be tape-recorded. This tape is only used to help us with our note taking and will be destroyed at the completion of the research study.

The interview will probably take around an hour depending upon your answers. After completing the full interview, we will send you a check for \$20.00 to thank you for your time. Do you have any questions before we begin?

I. Weight Status

To understand

Whether she returned to her prepregnancy weight and if so how she thinks it happened
Importance of returning to her prepregnancy weight
Satisfaction with current weight
Weight loss goal for the postpartum period

Questions

1. How satisfied are you with your current weight?
2. Do you have a goal for your weight that you hoped to achieve at this time (since the baby was born)?
Yes _____
No _____
 - a. *If NO:* Can you tell me more about that?
Is it because you are already at the weight you were before pregnancy?
(**SKIP** to Section II.)
 - b. *If YES:* What is your goal?
Is this your prepregnancy weight?
 - a. *If it is NOT her prepregnancy weight:* Did you want to achieve a different weight?
 - i. *If YES:* What was/is that weight?
3. How did you decide on this goal?
4. Since the birth of the baby, what kinds of things have you done to help you reach your goal?
5. Do you think you have made any progress in meeting your goal?
If so, how much progress have you made?
How can you tell?

Probe: For example, did you weigh yourself, or use clothing as a marker?
6. How important is/was it for you to return to the weight you were before you got pregnant?

II. Eating Habits

To understand

Changes in eating habits since delivery that have resulted in a weight loss or gain
Barriers and enablers to eating healthy since the baby was born

Questions

7. When you think of healthy foods and healthy meals, what comes to mind?
8. How important is it for you to eat healthy foods or healthy meals?
9. Have your eating habits changed since the birth of the baby?
Yes _____
No _____
Tell me about that.
10. Are there things in your life that make it *hard* for you to eat the kind of food that you know you should be eating to be healthy?
Tell me about that.
Has this changed since the baby was born?

Probe: For example, things such as finding the time to eat well, having enough money to eat well, the location of grocery stores or restaurants, tempting sweets at work, lack of a refrigerator at work to keep your lunch, finding affordable healthy foods, having a cafeteria or vending machine at work, etc.

11. Are there things in your life that make it *easier* for you to eat the kind of food that you know you should be eating to be healthy?
Tell me about that.
Has this changed since the baby was born?

Probe: For example, things such as someone preparing healthy foods for you, convenient packaging of healthy foods, the location of grocery stores or restaurants, a refrigerator at work to keep your lunch, affordable healthy foods, having a cafeteria or vending machine at work, you now have a crockpot so it is easy to make meals, etc.

12. Do you think that the way you have been eating has influenced your current weight?

Yes _____

No _____

Please explain.

13. If you could change anything about the way you eat in order to be healthier, what kinds of changes would you make?

Please describe.

III. Physical Activity

To understand Changes in physical activity behaviors that may have resulted in a weight loss or gain
Barriers and enablers to physical activity since the baby was born
Support from partner, family or others with child care such that she is free to exercise

Questions

14. What kinds of things do you do to be physically active?

15. How important is it to you to be physically active?

16. Did you have a goal regarding physical activity after having the baby?

Yes _____

No _____

a. *If YES:* What is that goal?

Are you having success in meeting your goal? Explain.

b. *If NO:* Tell me more about that.

17. Are there things in your life that make it *hard* for you to be physically active?

Tell me more about that.

Has this changed since the baby was born?

Probe: What about family, friends, personal, or environmental things, such as: lack of facilities, too much traffic around home, or other barriers to physical activity?

18. Are there things in your life that make it *easier* for you to be physically active?

Tell me more about that.

Has this changed since the baby was born?

Probe: What about family, friends, personal, or environmental things, such as: walking trails near home, a place to work out at work, a friend to exercise with, or other enablers to physical activity?

19. If you could change anything about your physical activity in order to be healthier, what kinds of changes would you make?

Please describe.

Probe: For example, have places to walk near where you live, have a gym nearby, have more free time, have exercise equipment in the home, have childcare, have a buddy to exercise with...

IV. Advice from Others

To understand Who has given her advice about eating, physical activity, and/or weight loss/gain during the postpartum period? What was this advice?
Did she follow the advice? If yes, how did it work? If not, why not?

Questions

20. After having your baby, did you go to your 6-week check-up with your doctor, nurse practitioner, or midwife?

This visit would have been for your own check-up, not a well-baby visit.

Yes _____

No _____ (If no, **SKIP** to Q28.B.)

21. At the 6-week postpartum clinic visit, did you get any information regarding eating, or physical activity, or weight loss, from your health care provider?

Yes _____

No _____ (If no to all, **SKIP** to Q.28.B.)

<u>Eating</u> Yes _____ No _____	<u>Physical Activity</u> Yes _____ No _____	<u>Weight Loss</u> Yes _____ No _____
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22. Who gave you this advice?

Was it a WIC staff person/physician/nurse/dietician?

<u>Eating</u> Person: Person: Person:	<u>Physical Activity</u> Person: Person: Person:	<u>Weight Loss</u> Person: Person: Person:
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23. What was the advice?

<u>Eating</u>	<u>Physical Activity</u>	<u>Weight Loss</u>
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24. Was the advice believable or helpful to you? Why or why not?

<u>Eating</u>	<u>Physical Activity</u>	<u>Weight Loss</u>
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25. Did you follow the advice? Why or why not?

<u>Eating</u>	<u>Physical Activity</u>	<u>Weight Loss</u>
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26. Overall, were you satisfied with the *kind* of advice or information you received?

<u>Eating</u>	<u>Physical Activity</u>	<u>Weight Loss</u>
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27. Overall, were you satisfied with the *amount* of advice or information you received?

Probe: Did you want more information?
Did you think you received too much information?
Did you think you received the right amount of information?

<u>Eating</u>	<u>Physical Activity</u>	<u>Weight Loss</u>
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28.A. Have you received any *other* advice **about what to eat** since the baby was born, such as from friends, family members, or co-workers, or from media (such as TV, radio, books, magazines, or the internet), or from health care providers, other than at the 6-week postpartum clinic visit?

Yes ____ (If YES, continue to Q.29)

No ____ (If NO, **SKIP** to Q33.A.)

28.B. Have you received any advice **about what to eat** since the baby was born?

Yes ____ (If YES, continue to Q.29)

No ____ (If no, **CLARIFY** with the probe below. If yes, continue to Q.29. If still **NO**, then **SKIP** to Q33.B.)

Probe: For example, from friends, family members, co-workers, or anyone else?

Or from media, such as TV, radio, books, magazines, or the internet?

Or from health care providers, other than at the 6-week postpartum clinic visit?

29. Who gave you this advice?

Probe: Friends, family members, co-workers, or anyone else?
Or media, such as TV, radio, books, magazines, or the internet?
Or health care providers, other than at the 6-week postpartum clinic visit?

30. What was the advice?

31. Was the advice believable or helpful to you? Why or why not?

32. Did you follow the advice? Why or why not?

33.A. Have you received any *other* advice **about physical activity** since the baby was born, such as from friends, family members, or co-workers, or from media (such as TV, radio, books, magazines, or the internet), or from health care providers, other than at the 6-week postpartum clinic visit?

Yes ____ (If YES, continue to Q.34)

No ____ (If no, **SKIP** to Q38.A)

33.B. Have you received any advice **about physical activity** since the baby was born?

Yes ____ (If YES, continue to Q.34)

No ____ (If no, clarify with the probe below. If yes, continue to Q.34. If still **NO**, **SKIP** to Q38.B.)

Probe: For example, from friends, family members, co-workers, or anyone else?
Or from media, such as TV, radio, books, magazines, or the internet?
Or from health care providers, other than at the 6-week postpartum clinic visit?

34. Who gave you this advice?

Probe: Friends, family members, co-workers, or anyone else?
Or media, such as TV, radio, books, magazines, or the internet?
Or health care providers, other than at the 6-week postpartum clinic visit?

35. What was the advice?

36. Was the advice believable or helpful to you? Why or why not?

37. Did you follow the advice? Why or why not?

38.A. Have you received any *other* advice **about how to lose weight** since the baby was born, such as from friends, family members, or co-workers, or from media (such as TV, radio, books, magazines, or the internet), or from health care providers, other than at the 6-week postpartum clinic visit?

Yes _____ (If YES, continue to Q.39)

No _____ (If NO, then **SKIP** to Section V.)

38.B. Have you received any advice **about how to lose weight** since the baby was born?

Yes _____ (If YES, continue to Q.39)

No _____ (If no, **CLARIFY** with the probe below. If yes, continue to Q.39. If still **NO**, **SKIP** to Section V.)

Probe: For example, from friends, family members, co-workers, or anyone else?
Or from media, such as TV, radio, books, magazines, or the internet?
Or from health care providers, other than at the 6-week postpartum clinic visit?

39. Who gave you this advice?

Probe: Friends, family members, co-workers, or anyone else?
Or media, such as TV, radio, books, magazines, or the internet?
Or health care providers, other than at the 6-week postpartum clinic visit?

40. What was the advice?

41. Was the advice believable or helpful to you? Why or why not?

42. Did you follow the advice? Why or why not?

V. Breastfeeding

To understand How breastfeeding may affect dietary and physical activity patterns

Questions

43. Are you currently breastfeeding, or did you ever breastfeed your baby?

Yes _____

No _____ (If no, **SKIP** to Section VI.)

44. For how long?

(baby's age when she stopped, or baby's age now, in weeks)

45. Do you think that breastfeeding makes/made a difference with your current weight, eating habits, or physical activity patterns? In what way?

VI. Work Status

To understand How working may affect dietary and physical activity patterns

Questions

46. Are you currently working outside the home or in the home for pay?

Yes _____

No _____ (If no, **SKIP** to Section VII.)

47. When did you return to work? (i.e., how many weeks after the birth of the baby)

48. Are there ways that working makes a difference in *how and what you eat* at home or at work? Please describe.

Probe: For example, do you bring your lunch in, or have more money to buy food, or get free food at work, or have sweets at work all the time, etc.

49. Are there ways that working makes a difference in your *physical activity* at home or at work? Please describe.

Probe: For example, do you walk more because you are working, or sit more, or have less time for exercise, or have access to a gym because you are working, etc.

VII. Home Environment

To understand Have the family responsibilities shifted since the baby was born, and, if so, in what ways

Questions

50. Has anyone come into the home to help you cook, clean, take care of the baby or other children?

Yes _____

No _____ (If no, **SKIP** to section VIII.)

51. Who helped you?

52. Did the help they provided make a difference with how and what you ate?
Please describe.

53. Did the help they provided make a difference with your physical activity?
Please describe.

VIII. Emotional Influences

To understand How postpartum blues and/or depression may affect dietary and physical activity patterns

Questions

54. Since you had your baby, have you had periods of feeling down or depressed, or periods of mild sadness, tearfulness, anxiety, or irritability that lasted more than a day?

Yes _____

No _____ (If no, **SKIP** to Section IX.)

55. Do you still feel this way?

Yes _____ (If yes, continue with Q.56.)

No _____ (If no, **SKIP** to Q.58.)

No how often did you feel this way?

56. Does feeling this way influence how and what you eat?

Please describe.

57. Does feeling this way influence your physical activity?

Please describe.

(Now **SKIP** to Section IX.)

58. Did feeling this way influence how and what you eat?

Please describe.

59. Did/does feeling down or depressed influence your physical activity?

Please describe.

IX. Intervention

To understand

What are some possible interventions women would like to help them eat healthy and/or be more physically active

Questions

Now I would like you imagine that you have a magic wand and that you can make anything happen.

60. What are some things in your environment, such as where you live, work, shop, or spend your time, that you would change if you could to help you lead or maintain a healthy lifestyle? Just let your imagination go. What might you change?

Closing Script

I have two final questions for you:

61. Is there anything else you would like to tell me about the topics we have just discussed?

62. Do you have any questions for me?

Thank you again for taking the time to participate in our research study. We really appreciate your time. We will be sending you a check in the amount of \$20.00, as a thank you for your participation.

This is the address we have for you, is it still correct?
(Interviewer read address, record any changes.)

When your baby is nearing his/her first birthday, we will call you again to arrange a time for the 12-month phone interview, which will be similar to this one. That would occur about 8 months from now. It is really important that you let us know if you move or change your phone number so that we can reach you for the next interview. Please call us at our toll-free number 1-877-668-0651. Thank you!

Goodbye.