

**Life Events, Physical Activity, and Pregnancy Study  
(PIN3)**

**AFTER-DELIVERY QUESTIONNAIRE  
(In Hospital)**

The University of North Carolina at Chapel Hill

Carolina Population Center  
University Square East  
Chapel Hill, NC 27516-3997

This project is funded by the National Institute of Child Health and Human Development. For more information, contact the Principal Investigator, Dr. David Savitz at the UNC Department of Epidemiology at 919-966-7427, or the Project Manager, Ms. Chyrise Bradley, at the Carolina Population Center, 919-966-0938.

**08 March, 2004**

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*For office use only:*

Coded: \_\_\_\_\_

Entered: \_\_\_\_\_

Checked: \_\_\_\_\_

Verified: \_\_\_\_\_

**SECTION D: Preliminary Information and Introduction to the Study**

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*[To be completed by the recruiter who did interview.]*

**D.1. Interviewer ID:** \_\_\_\_\_

**D.2. Date of interview:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**D.3. Time interview started:** \_\_\_\_\_ : \_\_\_\_\_ [circle one] AM PM

**D.4. Time interview ended:** \_\_\_\_\_ : \_\_\_\_\_ [circle one] AM PM

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*[To be completed by the recruiter who did interview.]*

**Date interviewer reviewed questionnaire:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

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*[To be completed by auditor at clinic.]*

**Questionnaire audited by – Interviewer ID:** \_\_\_\_\_

**Date questionnaire was audited:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**In-hospital Questionnaire**

**Hello, my name is \_\_\_\_\_ and I am with the PIN3 study that you have been participating in. I wanted to take a few minutes to ask you some questions about your activity and eating patterns.**

**SECTION A: Timing of Delivery**

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**My questions are mostly about the 7 days before you either went into labor or before you came to the hospital to have your baby, so I first need to find out about those two things.**

**A.1. What day and time did you come to the hospital for the delivery?** *[only take the last hospital admission prior to the delivery of the baby]*

DAY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy)

TIME: \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

**A.2. Did you have a scheduled c-section or cesarean section or scheduled to be induced? By scheduled we mean that the c-section (or inducement) was arranged before you came to the hospital.** *[scheduled means she had an appointment to have a c-section when she came to the hospital.]*

0. no

1. yes ⇒ **do not ask 24 hr questions** ⇒ A.9.a. page 4

**A.3. Did the doctor or nurse do anything to make your labor start** (e.g. induce labor with medications, break your water, etc.)? *[If medications were given or water was broken AFTER labor started, this answer is NO]*

0. no

1. yes ⇒ go to top of page 3 and read text before A.5.a

8. don't know

**A.3.a.** *[Check Delivery Report ⇒ If age < 18 years ⇒ Section B.] I would like you to think what might have started your labor. Did anything happen or did you do anything that you think may have made your labor start when it did? [do not read responses, circle all that apply]*

- 0. no
- 1. cesarean section
- 2. induced labor
- 3. water broke
- 4. baby was breech
- 5. high blood pressure
- 6. pre-eclampsia
- 7. other ⇒ specify *[record response verbatim]*

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**A.4.** **Did your water break more than four hours before you began having regular, painful uterine contractions about 3 to 5 minutes apart?** *[the contractions should have ended in delivery]*

- 0. no
- 1. yes
- 8. don't know/ not sure

I need to find out when your labor began. We are defining the beginning of labor as the time when regular, painful uterine contractions began occurring every 3 to 5 minutes and ended in delivery.

**A.5.a. Using this definition of labor, what day and time would you say your labor began?**

*[If woman reports window less than 1 hour, record earliest time in window as time labor began.]*

Noon is PM  
Midnight is AM

0. No labor - by our definition (**contractions about 3 to 5 minutes apart**) ⇒ A.6.c
1. Woman is not sure ⇒ A.5.b.
2. DAY: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ (mm/dd/yy)  
TIME: \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]* ⇒ A.6.c.

**A.5.b. Do you know about when your labor started?**

*Knows day  
and window  
of time > 1  
hour*

1. started after TIME: \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*  
**on DAY** : \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ (mm/dd/yy)  
but before TIME: \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*  
**on DAY**: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ (mm/dd/yy)
8. Woman has no idea

**A.6.c. What day and time did your water break?**

1. DAY: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ (mm/dd/yy)  
TIME: \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]* ⇒ A.7.
8. Woman is not sure ⇒ A.6.d.

*[If woman had a c-section and water did not break before the c-section then put the time of the c-section as the time of water breaking. ]*

**A.6.d. Do you know about when your water broke?**

*[If her water breaks while sleeping, record the time the woman last remembered sleeping and time when awakened. Also, if she is having a hard time defining an exact time, then record the narrowest time range possible.]*

1. started after TIME: \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

on DAY : \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ (mm/dd/yy)

but before TIME: \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

on DAY: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ (mm/dd/yy) ⇨ A.7.

Knows day &  
window of time  
> 1 hour

8. Woman is not sure ⇨ A.6.e

**A.6.e. Did your water break before or after you were admitted to the hospital?**

1. before hospital admission but woman is not sure when.

2. after hospital admission but woman is not sure when

8. Woman has no idea

**A.7. Was the baby born by cesarean section or c-section?**

0. no

1. yes

*[A.8 purposely eliminated 11/01]*

**We are interested in the size of your baby at birth.**

*[Write in DK if woman does not know the measurement.]*

**A.9.a. What was his/her head circumference?** \_\_\_\_\_ cm / inches *[please circle one]*

**A.9.b. What was his/her length?** \_\_\_\_\_ cm / inches *[please circle one]*

**A.9.c. What was his/her weight?** \_\_\_\_\_ pounds \_\_\_\_\_ ounces **OR** \_\_\_\_\_ grams

**SECTION B: General Injuries Associated with Physical Activity**

**B.1. Have you been injured as a result of your physical activity or exercise during this pregnancy?**

- 0. no ⇒ *Physical Activity Recall, page 8*
- 1. yes
- 8. don't know/refused ⇒ *Physical Activity Recall, page 8*

*[Ask questions B.2. through B.6. for the first incident, then repeat these questions for a second or third incident.]*

**B.2. The best that you can remember, on what date did the [first, second, third] incident that caused your injury occur?**

*[If woman is unsure of exact date, ask] Do you know how many weeks pregnant you were when this injury occurred? [Record her answer in the "weeks" blank. Write DK if unable to determine.]*

1st incident	2 <sup>nd</sup> incident	3rd incident
____ ____ / ____ ____ / ____ ____ month    day    year	____ ____ / ____ ____ / ____ ____ month    day    year	____ ____ / ____ ____ / ____ ____ month    day    year
OR ____ weeks	OR ____ weeks	OR ____ weeks

**B.3. Was the injury [of the first, second, third incident] a break, a sprain, a strain, or something else? [Circle all that apply.]**

1st incident	2nd incident	3rd incident
1. break	1. break	1. break
2. sprain or twist	2. sprain or twist	2. sprain or twist
3. strain	3. strain	3. strain
4. soreness	4. soreness	4. soreness
5. scrape (abrasion)	5. scrape (abrasion)	5. scrape (abrasion)
6. cut (laceration)	6. cut (laceration)	6. cut (laceration)
7. bruise (contusion)	7. bruise (contusion)	7. bruise (contusion)
8. concussion	8. concussion	8. concussion
9. dislocation	9. dislocation	9. dislocation
95. other: _____	95. other: _____	95. other: _____
98. don't know	98. don't know	98. don't know

**B.4. What part(s) of your body was injured? [Circle all that apply.]**

1st incident	2 <sup>nd</sup> incident	3rd incident
1. toe	1. toe	1. toe
2. ankle	2. ankle	2. ankle
3. knee	3. knee	3. knee
4. leg	4. leg	4. leg
5. thigh	5. thigh	5. thigh
6. hip	6. hip	6. hip
7. back	7. back	7. back
8. abdomen/stomach	8. abdomen/stomach	8. abdomen/stomach
9. chest	9. chest	9. chest
10. finger	10. finger	10. finger
11. arm	11. arm	11. arm
12. wrist	12. wrist	12. wrist
13. elbow	13. elbow	13. elbow
14. shoulder	14. shoulder	14. shoulder
15. neck	15. neck	15. neck
16a. head (internal)	16a. head (internal)	16a. head (internal)
16b. face (head external)	16b. face (head external)	16b. face (head external)
17. other _____	17. other _____	17. other _____
98. don't know/don't remember	98. don't know/don't remember	98. don't know/don't remember

**B.5.a. What physical activity were you doing when the injury occurred?**

(1<sup>st</sup> incident) \_\_\_\_\_ **[Write in name of activity]**

(2<sup>nd</sup> incident) \_\_\_\_\_ **[Write in name of activity]**

(3<sup>rd</sup> incident) \_\_\_\_\_ **[Write in name of activity]**



**Physical Activity Recall**

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**Instruction A (scheduled cesarean section) ADMITTED for SCHEDULED C-Section**

I am going to ask you some questions about activities that cause at least some increase in breathing and heart rate. Do not include activities that did not cause some increase in breathing or heart rate. The questions ask about “the week before you had your baby”, meaning the last 7 days up until the day you were admitted to the hospital for delivery. So that would mean from last \_\_\_\_\_ <day> to the day you were admitted or \_\_\_\_\_ <day in A.1 >.

Do you have any questions about this before we begin?

**Instruction B (went into labor)**

**WENT INTO LABOR**

I am going to ask you some questions about activities that cause at least some increase in breathing and heart rate. Do not include activities that did not cause some increase in breathing or heart rate. The questions ask about “the week before your labor began”, meaning the last 7 days up until the day you went into labor. So that would mean from last \_\_\_\_\_ <day> to the day labor began or \_\_\_\_\_ <day in A.5a or A5b or A.1 if didn't have labor >. [In cases when the woman gives a window for start of labor use the earliest time in the window as the start time for labor.]

*[If the woman should answer the 24 hour questions, please also read]*

Some of the questions will ask you to think about activities you did in the 24 hours before your labor began. For you, this means from \_\_\_\_\_ <TIME in A.5a or A.5b.> on \_\_\_\_\_ <day before DAY in A.5a or A5b.> to \_\_\_\_\_ <TIME in A.5a. or A.5b.> on \_\_\_\_\_ <DAY in A.5a or A.5b >.

Do you have any questions about this before we begin?

*[All questions are framed ‘during the week before labor began’. If a respondent is having difficulty adding up the time, such as in the occupational section, then reframe the question ‘per day’ and calculate based on the past 7 days.]*

***Work and Occupational Activity***

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**B.8. During the week before [your labor began/ you came to the hospital to have your baby], did you work for pay at any job?**

0. no ⇒ ***Recreational Activity ( B.14. pg. 12)***

1. yes

**B.9. During the week before [your labor began/ you came to the hospital to have your baby], did you participate in any work activities, such as walking, lifting, or carrying people or objects, that caused at least some increase in breathing and heart rate?**

0. no ⇒ **B.11. pg. 11**

1. yes

*[Note to interviewer: For lifting, carrying or shoveling: To help reference weight of object(s) - If they have small children they could reference how much child weighs OR use 1 gallon of milk = 8 pounds. For more than 1 job please add these together.]*

[Ask B.10a. and list all activities. Then ask B.10b., B.10c., and B.10d for every activity mentioned. B.10e. and B.10f. are only asked if relevant to the activity mentioned.]

ACTIVITY	# TIMES	HOW LONG	HOW HARD	[For walking]: HOW FAR	[For lifting, carrying, or shoveling]: HOW HEAVY	<b>**LAST 24-HOURS</b>
<b>B.10a. What type of work activities did you do during that week?</b>	<b>B.10b. How many times in that week did you [activity]?</b>	<b>B.10c. On average, for how many minutes or hours did you usually [activity] at a time?</b>	<b>B.10d. Thinking about your breathing and heart rate, how hard did this usually feel to you?</b> [read options below*]	<b>B.10e. On average, how far did you usually walk?</b>	<b>B.10f. On average, how much did the objects weigh that you [lifted/carried/shoveled]?</b>	<b>B.10g. Did you do this activity in the 24 hours before [your labor began/you came to the hospital to have your baby]?</b>
	____ times	____ hours ____ minutes	<b>FL SH H</b>	____ feet OR ____ miles OR ____ blocks	____ pounds ____ ounces ____ kilograms	<b>0.</b> no <b>1.</b> yes ⇨ Fill out 24-hour page
	____ times	____ hours ____ minutes	<b>FL SH H</b>	____ feet OR ____ miles OR ____ blocks	____ pounds ____ ounces ____ kilograms	<b>0.</b> no <b>1.</b> yes ⇨ Fill out 24-hour page
	____ times	____ hours ____ minutes	<b>FL SH H</b>	____ feet OR ____ miles OR ____ blocks	____ pounds ____ ounces ____ kilograms	<b>0.</b> no <b>1.</b> yes ⇨ Fill out 24-hour page
	____ times	____ hours ____ minutes	<b>FL SH H</b>	____ feet OR ____ miles OR ____ blocks	____ pounds ____ ounces ____ kilograms	<b>0.</b> no <b>1.</b> yes ⇨ Fill out 24-hour page

[For more than 4 activities, use a separate page.]

\***FL** - Fairly light = at least some increase in breathing and heart rate

\***SH** - Somewhat hard = moderate increase in breathing and heart rate

\***H** - Hard or very hard = large increase in breathing and heart rate

[If she did any of the activities listed above in the last 24-hours, then complete 24-hour activity page.]

**B.11.a In the past week, how often did your job require you to stand?**

1. very often
2. fairly often
3. sometimes
4. almost never
5. never

*[B.11 & B.12 purposely eliminated 11/01]*

**B.13. Think about how active you were at work during the week before [your labor began/ you came to the hospital to have your baby]. Would you say your work activities were usually...**

1. **Not hard** = did not feel any increase in breathing or heart rate
2. **Fairly light** = at least some increase in breathing and heart rate
3. **Somewhat hard** = moderate increase in breathing and heart rate
4. **Hard or very hard** = large increase in breathing and heart rate

**Recreational Activity**

**B.14. During the week before [your labor began/ you came to the hospital to have your baby], did you participate in any non-work, recreational activity or exercise, such as walking for exercise, swimming, or dancing that caused at least some increase in breathing and heart rate?**

0. no ⇒ **B.16.**

1. yes

ACTIVITY	# TIMES	HOW LONG	HOW HARD	[For biking, walking, running, lap swimming, or rowing]: HOW FAR	**LAST 24-HOURS
<b>B.15a. What type of recreational activities did you do during that week?</b>	<b>B.15b. How many times in that week did you [activity]?</b>	<b>B.15c. On average, for how many minutes or hours did you usually [activity] at a time?</b>	<b>B.15d. Thinking about your breathing and heart rate, how hard did this usually feel to you? [read options below*]</b>	<b>B.15e. On average, how far did you usually [activity]? [If swimming, get pool size estimate]</b>	<b>B.15f. Did you do this activity in the 24 hours before [your labor began/ you came to the hospital to have your baby]?</b>
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ miles ___ blocks ___ laps ___ pool size	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ miles ___ blocks ___ laps ___ pool size	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ miles ___ blocks ___ laps ___ pool size	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ miles ___ blocks ___ laps ___ pool size	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page

[For more activities, use a separate page.]

- \* **FL** - Fairly light = at least some increase in breathing and heart rate
- \* **SH** - Somewhat hard = moderate increase in breathing and heart rate
- \* **H** - Hard or very hard = large increase in breathing and heart rate

Lap swimming: Size pool / laps (1 lap = 2 lengths or down and back)  
 Size options: 50 foot pool, 100 foot pool, or 50 meter pool (Olympic size)  
 YMCA pool: 25 meters

**Outdoor Household Activity**

**B.16. During the week before [your labor began/ you came to the hospital to have your baby], did you participate in any outdoor household activities, such as gardening, mowing, or raking, that caused at least some increase in breathing and heart rate?**

- 0. no ⇒ **B.18.**
- 1. yes

ACTIVITY	# TIMES	HOW LONG	HOW HARD	[For lifting, carrying, or shoveling]: HOW HEAVY	**LAST 24-HOURS
<b>B.17a. What type of outdoor household activities did you do during that week?</b>	<b>B.17b. How many times in that week did you [activity]?</b>	<b>B.17c. On average, for how many minutes or hours did you usually [activity] at a time?</b>	<b>B.17d. Thinking about your breathing and heart rate, how hard did this usually feel to you?</b> [read options below*]	<b>B.17e. On average, how much did the objects weigh that you [lifted/carried/shoveled]?</b>	<b>B.17f. Did you do this activity in the 24 hours before [your labor began/ you came to the hospital to have your baby]?</b>
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page

[For more activities, use a separate page.]

- \***FL** - Fairly light = at least some increase in breathing and heart rate
- \***SH** - Somewhat hard = moderate increase in breathing and heart rate
- \***H** - Hard or very hard = large increase in breathing and heart rate

[If she did any of the activities listed above in the last 24-hours, then complete 24-hour activity page.]

**Indoor Household Activity**

**B.18. During the week before [your labor began/ you came to the hospital to have your baby], did you participate in any indoor household activities, such as scrubbing floors, mopping, laundry, or vacuuming, that caused at least some increase in breathing and heart rate?**

0. no ⇒ **B.22.**

1. yes

*[Note to interviewer: For lifting, carrying or shoveling: To help reference weight of object(s) - If they have small children they could reference how much child weighs OR use 1 gallon of milk = 8 pounds.]*

ACTIVITY	# TIMES	HOW LONG	HOW HARD	[For lifting or carrying]: HOW HEAVY	**LAST 24-HOURS
<b>B.19a. What type of indoor household activities did you do during that week?</b>	<b>B.19b. How many times in that week did you [activity]?</b>	<b>B.19c. On average, for how many minutes or hours did you usually [activity] at a time?</b>	<b>B.19d. Thinking about your breathing and heart rate, how hard did this usually feel to you?</b> <i>[read options below*]</i>	<b>B.19e. On average, how much did the objects weigh that you [lifted/carried]?</b>	<b>B.19f. Did you do this activity in the 24 hours before [your labor began/ you came to the hospital to have your baby]?</b>
	___times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___times	___ hours ___ minutes	<b>FL SH H</b>	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page

*[For more activities, use a separate page.]*

- \***FL** - Fairly light = at least some increase in breathing and heart rate
- \***SH** - Somewhat hard = moderate increase in breathing and heart rate
- \***H** - Hard or very hard = large increase in breathing and heart rate

*[B.20 & B.21 purposely eliminated 11/01]*

**Child and Adult Care Activity**

**B.22. During the week before [your labor began/ you came to the hospital to have your baby], did you participate in any child or adult care activities that caused at least some increase in breathing and heart rate? Those activities would be things like playing with children, pushing a stroller or wheelchair, carrying, or lifting a child or adult and does not include doing these things as part of a paid job.**

0. no ⇒ **B.24.**  
 1. yes

ACTIVITY	# TIMES	HOW LONG	HOW HARD	[for pushing stroller or wheel chair] HOW FAR	[For lifting or carrying]: HOW HEAVY	**LAST 24-HOURS
<b>B.23a. What type of child or adult care activities did you do during that week?</b>	<b>B.23b. How many times in that week did you [activity]?</b>	<b>B.23c. On average, for how many minutes or hours did you usually [activity] at a time?</b>	<b>B.23d. Thinking about your breathing and heart rate, how hard did this usually feel to you? [read options below*]</b>	<b>B.23e. On average, how far did you usually [activity]?</b>	<b>B.23f. On average, how much did the objects weigh that you [lifted/carried]?</b>	<b>B.23g. Did you do this activity in the 24 hours before [your labor began/ you came to the hospital to have your baby]?</b>
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ Miles OR ___ Blocks ___ Feet	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ Miles OR ___ Blocks ___ Feet	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ Miles OR ___ Blocks ___ Feet	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ Miles OR ___ Blocks ___ Feet	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page
	___ times	___ hours ___ minutes	<b>FL SH H</b>	___ Miles OR ___ Blocks ___ Feet	___ pounds ___ ounces ___ kilograms	<b>0.</b> no <b>1.</b> yes ⇒ Fill out 24-hour page

[For more activities, use a separate page.]

\***FL** - Fairly light = at least some increase in breathing and heart rate

\***SH** - Somewhat hard = moderate increase in breathing and heart rate

\***H** - Hard or very hard = large increase in breathing and heart rate

**Transportation Activity**

**B.24.** During the week before [your labor began/ you came to the hospital to have your baby], did you walk for transportation, such as to work or to the store, and had at least some increase in breathing and heart rate?

- 0. no ⇒ B.26.
- 1. yes

# TRIPS	HOW LONG	HOW FAR	HOW HARD	**LAST 24-HOURS
<b>B.25a.</b> How many one-way trips did you walk during the week before [your labor began/ you came to the hospital to have your baby]?	<b>B.25b.</b> On average, for how many minutes or hours did a <u>one-way</u> walking trip usually take?	<b>B.25c.</b> On average, how far did you usually walk one-way?	<b>B.25d.</b> Thinking about your breathing and heart rate, how hard did this usually feel to you? [read options below]	<b>B.25e.</b> Did you do this activity in the 24 hours before [your labor began/ you came to the hospital to have your baby]?
____ trips	____ hours ____ minutes	____ Miles OR ____ Blocks ____ Feet	<b>FL SH H</b>	<b>0.</b> no ⇒ B.26. <b>1.</b> yes ⇒ B.25f.

**\*\*24 hour Questions**

# TRIPS	HOW LONG	HOW FAR	HOW HARD
<b>B.25f.</b> How many <u>one-way</u> trips did you walk in the 24 hours before [your labor began/ you came to the hospital to have your baby]?	<b>B.25g.</b> On average, for how many minutes or hours did the <u>one-way</u> walking trip take?	<b>B.25h.</b> On average, how far did you walk <u>one-way</u> ?	<b>B.25i.</b> Thinking about your breathing and heart rate, how hard did this usually feel to you? [read options below]
____ trips	____ hours ____ minutes	____ Miles OR ____ Blocks ____ Feet	<b>FL SH H</b>

- \*FL - Fairly light = at least some increase in breathing and heart rate
- \*SH - Somewhat hard = moderate increase in breathing and heart rate
- \*H - Hard or very hard = large increase in breathing and heart rate

**B.26. During the week before [your labor began/ you came to the hospital to have your baby], did you bike for transportation, such as to work or to the store. Remember the biking had to cause at least some increase in breathing and heart rate?**

0. no ⇒ B.28.

1. yes

# TRIPS	HOW LONG	HOW FAR	HOW HARD	**LAST 24-HOURS
<b>B.27a.</b> How many <u>one-way</u> trips did you bike during the week before [your labor began/ you came to the hospital to have your baby]?	<b>B.27b.</b> On average, for how many minutes or hours did a <u>one-way</u> biking trip usually take?	<b>B.27c.</b> On average, how far did you usually bike <u>one-way</u> ?	<b>B.27d.</b> Thinking about your breathing and heart rate, how hard did this usually feel to you? [read options below]	<b>B.27e.</b> Did you do this activity in the last 24 hours before [your labor began/ you came to the hospital to have your baby]?
____ trips	____ hours ____ minutes	____ Miles OR ____ Blocks ____ Feet	<b>FL SH H</b>	<b>0.</b> no ⇒ B.28. <b>1.</b> yes ⇒ B.27f.

**\*\*24 hour Questions**

# TRIPS	HOW LONG	HOW FAR	HOW HARD
<b>B.27f.</b> How many one-way trips did you bike in the 24 hours before [your labor began/ you came to the hospital to have your baby]?	<b>B.27g.</b> On average, for how many minutes or hours did the <u>one-way</u> biking trip usually take?	<b>B.27h.</b> On average, how far did you bike one-way?	<b>B.27i.</b> Thinking about your breathing and heart rate, how hard did this feel to you? [read options below]
____ trips	____ hours ____ minutes	____ Miles OR ____ Blocks ____ Feet	<b>FL SH H</b>

\*FL - Fairly light = at least some increase in breathing and heart rate

\*SH - Somewhat hard = moderate increase in breathing and heart rate

\*H - Hard or very hard = heavy sweating and large increase in breathing and heart rate

## **Stairs**

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**B.28. How many times during the week before [your labor began/ you came to the hospital to have your baby], did you walk up a flight of stairs? [count each flight as one time]**

\_\_\_\_\_ [# flights during the week before labor began] If 0 ⇒ B.32.

**B.29. Thinking about your breathing and heart rate, how hard did this usually feel to you? Would you say.....**

1. **Not hard** = did not feel any increase in breathing or heart rate
2. **Fairly light** = at least some increase in breathing and heart rate
3. **Somewhat hard** = moderate increase in breathing and heart rate
4. **Hard or very hard** = large increase in breathing and heart rate

### **\*\*24 hour Questions (B.30 – B.31)**

**\*\*B.30. How many times in the 24 hours before [your labor began/ you came to the hospital to have your baby] did you walk up a flight of stairs?**

\_\_\_\_\_ [# flights during 24 hours before labor began] If 0 ⇒ B.32.

**\*\*B.31. Thinking about your breathing and heart rate, how hard did this usually feel to you? Would you say...**

1. **Not hard** = did not feel any increase in breathing or heart rate
2. **Fairly light** = at least some increase in breathing and heart rate
3. **Somewhat hard** = moderate increase in breathing and heart rate
4. **Hard or very hard** = large increase in breathing and heart rate

### ***Other Physical Activity***

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**B.32. Think about how active you were during your non-working and recreational hours during the week before [your labor began/ you came to the hospital to have your baby]. Would you say your activities were usually...**

1. **Not hard** = did not feel any increase in breathing or heart rate
2. **Fairly light** = at least some increase in breathing and heart rate
3. **Somewhat hard** = moderate increase in breathing and heart rate
4. **Hard or very hard** = large increase in breathing and heart rate

**B.33. Before we move on to another section, I want to be sure you had a chance to tell me about all the activities you did during the week before [your labor began/ you came to the hospital to have your baby] that caused at least some increase in breathing and heart rate. Can you think of any other activities, including lifting, you did during the week before labor began that we have not covered? [If they mention sexual activity, include it here.]**

0. no
1. yes ⇒ **Complete Additional Activities page**

## ***Walking Questions***

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**B.34.** During the week before *[your labor began/ you came to the hospital to have your baby]*, did you walk for at least 10 minutes at a time, even if it did not increase your breathing and heart rate?

0. no ⇒ **B.36.**

1. yes

**B.34a.** How many days in that week did you walk for at least 10 minutes at a time?

\_\_\_\_\_ *[# days during the week before labor began]*

**B.34b.** On the average, how much total time did you spend walking each day?

\_\_\_\_\_ hours      \_\_\_\_\_minutes *[hours and minutes per day]*

### **\*\*24 hour Questions (B.35a. – B.35.b)**

**\*\*B.35a.** In the 24 hours before *[your labor began/ you came to the hospital to have your baby]*, did you walk for at least 10 minutes at a time, even if it did not increase your breathing and heart rate?

0. no ⇒ **B.36.**

1. yes

**\*\*B.35b.** About how much total time did you spend walking in the 24 hours before *[your labor began/ you came to the hospital to have your baby]*?

\_\_\_\_\_ hours      \_\_\_\_\_minutes *[hours and minutes in that 24 hours]*

**Overall Brief Indication of Physical Activity at Work and Recreation**

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[Check delivery report for date of beginning of 28<sup>th</sup> week (28/0). If not on report, use LMP/EDC from file as start of pregnancy.]

**B.36. Did you work for pay for at least 1 month at any time since \_\_\_\_\_ <date> which was your 28<sup>th</sup> week of pregnancy?**

- 0. no ⇒ **B.38.**
- 1. yes

**B.36.a. When did you stop working?**

- 1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

**B.37. Think about how active you were at work since \_\_\_\_\_ <date of 28<sup>th</sup> week of pregnancy>. Would you say your work activities were usually...**

- 1. **Not hard** = did not feel any increase in breathing or heart rate
- 2. **Fairly light** = at least some increase in breathing and heart rate
- 3. **Somewhat hard** = moderate increase in breathing and heart rate
- 4. **Hard or very hard** = large increase in breathing and heart rate

**B.38. Think about how active you were during your non-working and recreational hours since \_\_\_\_\_ <date of 28<sup>th</sup> week of pregnancy> which was your 28<sup>th</sup> week of pregnancy. Would you say your activities were usually...**

- 1. **Not hard** = did not feel any increase in breathing or heart rate
- 2. **Fairly light** = at least some increase in breathing and heart rate
- 3. **Somewhat hard** = moderate increase in breathing and heart rate
- 4. **Hard or very hard** = large increase in breathing and heart rate

## Section C: Eating Patterns

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### Instruction A (scheduled c-section) ADMITTED for SCHEDULED C-Section

Now I want to ask about your eating patterns in the last week. The questions ask about “the week before you had your baby”, meaning the last 7 days up until the day you were admitted to the hospital for delivery. So that would mean from last \_\_\_\_\_ <day> to the day you were admitted or \_\_\_\_\_ <day in A.1 >.

Do you have any questions about this before we begin?”

### Instruction B (know start of labor) WENT into LABOR

Now I want to ask about your eating patterns in the last week. The questions ask about “the week before your labor began”, meaning the last 7 days up until the day you went into labor. So that would mean from last \_\_\_\_\_ <day> to the day labor began or \_\_\_\_\_ <day in A.5a or A5b or A.1 if didn't have labor>. [In cases when the woman gives a window for start of labor, use the earliest time in the window as the start time for labor.]

Do you have any questions about this before we begin?”

[C.1. was dropped 11/28/01]

**C.2. Think about your meal and snack pattern the last week of your pregnancy, not including the day [your labor began/you came to the hospital to have your baby]. This would be from \_\_\_\_\_ <day> to \_\_\_\_\_ <day>. Did you routinely eat:**

**a. BREAKFAST**

0. no

1. yes ⇒ around what time of the day \_\_\_\_ : \_\_\_\_ AM PM [circle AM or PM]

**b. LUNCH**

0. no

1. yes ⇒ around what time of the day \_\_\_\_ : \_\_\_\_ AM PM [circle AM or PM]

**c. DINNER**

0. no

1. yes ⇒ around what time of the day \_\_\_\_ : \_\_\_\_ AM PM [circle AM or PM]

**d. SNACKS** **[Write 98 if don't eat it]**

0. no

1. yes ⇒ around what time of the day \_\_\_\_ : \_\_\_\_ AM PM [circle AM or PM]

around what time of the day \_\_\_\_ : \_\_\_\_ AM PM [circle AM or PM]

around what time of the day \_\_\_\_ : \_\_\_\_ AM PM [circle AM or PM]

around what time of the day \_\_\_\_ : \_\_\_\_ AM PM [circle AM or PM]

around what time of the day \_\_\_\_ : \_\_\_\_ AM PM [circle AM or PM]

**\*\*24 hour Questions (C.4)**

*[C.3. was dropped 11/28/01]*

**\*\* C.4. Think about the day before [your labor began/ you came to the hospital to have your baby]. This would be \_\_\_\_\_ <day>. Did you eat:**

**a. BREAKFAST**

0. no

1. yes ⇒ what time \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

**b. LUNCH**

0. no

1. yes ⇒ what time \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

**c. DINNER**

0. no

1. yes ⇒ what time \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

**F. SNACKS *[Write 98 if don't eat it]***

0. no

1. yes ⇒ what time \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

what time \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

what time \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

what time \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

what time \_\_\_\_ : \_\_\_\_ AM PM *[circle AM or PM]*

## Additional OTHER activities page – 7 day

[Indicate whether activity listed is from Work, Recreational, Outdoor Household, Indoor Household, Child/Adult Care or Other activities section. Each activity is to be listed in a separate row. Ask # times, How Long, How Hard & Last 24-hours for ALL activities. Ask How Far or How Heavy only for relevant activities.]

RELEVANT SECTION	ACTIVITY	# TIMES	HOW LONG	HOW HARD	HOW FAR	HOW HEAVY	LAST 24-HOURS
[circle correct section below]	<b>What other activities did you do during the week before</b> [your labor began/ you came to the hospital to have your baby]?	<b>How many times during the week before</b> [your labor began/ you came to the hospital to have your baby] <b>did you</b> [activity]?	<b>On average, for how many minutes or hours did you usually [activity] at a time?</b>	<b>On average, thinking about your breathing and heart rate, how hard did this usually feel to you?</b> [read options below]	[For biking, walking, running, lap swimming, or rowing]: <b>On average, how far did you usually [activity]?</b>	[For lifting, carrying or shoveling]: <b>On average, how much did the objects/person weigh that you [lifted/carried/shoveled]?</b>	<b>Did you do this activity in the 24 hours before</b> [your labor began/ you came to the hospital to have your baby]?
<b>Work</b> <b>Recreation</b> <b>Outd. House</b> <b>Ind. House</b> <b>Child/Adult Care</b> <b>Other</b>		____ times	____ hours ____ minutes	<b>FL</b> <b>SH</b> <b>H</b>	____ miles ____ blocks ____ feet ____ laps ____ pool size	____ pounds ____ ounces ____ kilograms	<b>0. no</b> <b>1. yes ⇨</b> Fill out 24-hour page
<b>Work</b> <b>Recreation</b> <b>Outd. House</b> <b>Ind. House</b> <b>Child/Adult Care</b> <b>Other</b>		____ times	____ hours ____ minutes	<b>FL</b> <b>SH</b> <b>H</b>	____ miles ____ blocks ____ feet ____ laps ____ pool size	____ pounds ____ ounces ____ kilograms	<b>0. no</b> <b>1. yes ⇨</b> Fill out 24-hour page
<b>Work</b> <b>Recreation</b> <b>Outd. House</b> <b>Ind. House</b> <b>Child/Adult Care</b> <b>Other</b>		____ times	____ hours ____ minutes	<b>FL</b> <b>SH</b> <b>H</b>	____ miles ____ blocks ____ feet ____ laps ____ pool size	____ pounds ____ ounces ____ kilograms	<b>0. no</b> <b>1. yes ⇨</b> Fill out 24-hour page
<b>Work</b> <b>Recreation</b> <b>Outd. House</b> <b>Ind. House</b> <b>Child/Adult Care</b> <b>Other</b>		____ times	____ hours ____ minutes	<b>FL</b> <b>SH</b> <b>H</b>	____ miles ____ blocks ____ feet ____ laps ____ pool size	____ pounds ____ ounces ____ kilograms	<b>0. no</b> <b>1. yes ⇨</b> Fill out 24-hour page

\*FL - Fairly light = at least some increase in breathing and heart rate  
 \*SH - Somewhat hard = moderate increase in breathing and heart rate  
 \*H - Hard or very hard = large increase in breathing and heart rate

Lap swimming: Size pool / laps (1 lap = 2 lengths or down and back)  
 Size options: 50 foot pool, 100 foot pool, or 50 meter pool (Olympic size)

**Additional activities page – 24 hours**

*[Indicate whether activity listed is from Work, Recreational, Outdoor Household, Indoor Household, Child/Adult Care or Other activities section. Each activity is to be listed in a separate row. Ask # times, How Long, How Hard for ALL activities. Ask How Far or How Heavy only for relevant activities]*

RELEVANT SECTION	ACTIVITY	# TIMES	HOW LONG	HOW HARD	HOW FAR	HOW HEAVY
<i>[circle correct section below]</i>	<i>[record activity name]</i>	<b>How many times in the 24-hour period did you [activity] ?</b>	<b>About how many minutes or hours did you [activity] at a time?</b>	<b>On average, thinking about your breathing and heart rate, how hard did this feel to you? [read options below]</b>	<i>[For biking, walking, running, lap swimming, or rowing]:</i> <b>On average, how far did you [activity]?</b>	<i>[For lifting, carrying, or shoveling]:</i> <b>On average, how much did the objects/person weigh that you [lifted/carried/shoveled]?</b>
<b>Work</b> <b>Recreation</b> <b>Outd. House</b> <b>Ind. House</b> <b>Child/Adult Care</b> <b>Other</b>		____ times	____ hours ____ minutes	<b>FL    SH    H</b>	____ miles ____ blocks ____ feet ____ laps ____ pool size	____ pounds ____ ounces ____ kilograms
<b>Work</b> <b>Recreation</b> <b>Outd. House</b> <b>Ind. House</b> <b>Child/Adult Care</b> <b>Other</b>		____ times	____ hours ____ minutes	<b>FL    SH    H</b>	____ miles ____ blocks ____ feet ____ laps ____ pool size	____ pounds ____ ounces ____ kilograms
<b>Work</b> <b>Recreation</b> <b>Outd. House</b> <b>Ind. House</b> <b>Child/Adult Care</b> <b>Other</b>		____ times	____ hours ____ minutes	<b>FL    SH    H</b>	____ miles ____ blocks ____ feet ____ laps ____ pool size	____ pounds ____ ounces ____ kilograms
<b>Work</b> <b>Recreation</b> <b>Outd. House</b> <b>Ind. House</b> <b>Child/Adult Care</b> <b>Other</b>		____ times	____ hours ____ minutes	<b>FL    SH    H</b>	____ miles ____ blocks ____ feet ____ laps ____ pool size	____ pounds ____ ounces ____ kilograms

\*FL - Fairly light = at least some increase in breathing and heart rate  
 \*SH - Somewhat hard = moderate increase in breathing and heart rate  
 \*H - Hard or very hard = large increase in breathing and heart rate