



## **BiBBS questionnaire for pregnant women**

This questionnaire is for pregnant women in the areas Little Horton, Bowling & Barkerend and Bradford Moor. It usually takes about 30 minutes to complete.

This questionnaire is about you and your baby. We are interested to know about your family life and relationships, your house and neighbourhood, the languages you speak, your social and financial circumstances, your health and wellbeing, this pregnancy and your plans for the baby.

We would be grateful if you help us by answering as many of these questions as possible but if there are any questions you do not want to answer that is fine. There are no right or wrong answers.

All the answers you give are confidential. Your name and full address will not appear anywhere on the questionnaire.

We apologise if any questions cause offence – this is not our intention. We are asking everyone the same questions but we realise you may find some questions odd or unusual.

Thank you for being a part of our BIBBS study!



## FRONT SHEET

----- TO BE COMPLETED BY RESEARCHER -----

### PARTICIPANT INFORMATION

1. Participant Study ID \_\_\_\_\_

2. Date completing questionnaire

3. Who is administering the questionnaire? \_\_\_\_\_

4. Language used for administration ☐ English  
☐ Punjabi  
☐ Urdu  
☐ Other: \_\_\_\_\_

5. Interpreter used ☐ No  
☐ Yes, family or friend  
☐ Yes, other

6. Who is present at the interview ☐ Partner  
☐ Family member  
☐ Friend  
☐ Other  
☐ None

7. Gestational age at completion in weeks, or age in days if baby has already been born.

Gestational age in weeks:

After birth, age in days:

### MEASUREMENTS

8. Veggie Meter  ☐ Not able to take

## SECTION A BACKGROUND

*This first section is about your background.*

9. What country were you born in?

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> England      | <input type="checkbox"/> Northern Ireland    | <input type="checkbox"/> Poland         |
| <input type="checkbox"/> Pakistan     | <input type="checkbox"/> Scotland            | <input type="checkbox"/> Czech Republic |
| <input type="checkbox"/> Bangladesh   | <input type="checkbox"/> Wales               | <input type="checkbox"/> Slovakia       |
| <input type="checkbox"/> India        | <input type="checkbox"/> Republic of Ireland | <input type="checkbox"/> Romania        |
|                                       |  | <input type="checkbox"/> Hungary        |
| <input type="checkbox"/> Other: _____ |  |   |

10. If you were not born in the UK, how old were you when you moved to the UK?

- years old    ☐ Don't know

11. What best describes your ethnic group or background?

- |   |   |
|---|---|
| <input type="checkbox"/> White; English/Welsh/Scottish/Northern Irish/British       | <input type="checkbox"/> Other White                          |
| <input type="checkbox"/> White; Irish   | <input type="checkbox"/> White; Gypsy/Roma or Irish traveller |
| <input type="checkbox"/> Pakistani  | <input type="checkbox"/> Chinese                              |
| <input type="checkbox"/> Indian   | <input type="checkbox"/> African                              |
| <input type="checkbox"/> Bangladeshi  | <input type="checkbox"/> Caribbean                            |
| <input type="checkbox"/> White; Polish  | <input type="checkbox"/> Mixed White and Black Caribbean      |
| <input type="checkbox"/> White; Slovakian   | <input type="checkbox"/> Mixed White and Black African        |
| <input type="checkbox"/> White; Romanian  | <input type="checkbox"/> Mixed White and Asian                |
| <input type="checkbox"/> White; Czech   |   |
| <input type="checkbox"/> Any other ethnic or mixed/multiple ethnic background _____ |   |

## SECTION B HOUSEHOLD INFORMATION

*This section is about the people in your household.*

12. How many adults aged 16 and over live in your household, including yourself?

people

13. How many children aged under 16 live in your household?

people

14. What is your relationship with the baby's natural father?

- ☐ Married to baby's father – Go to question 16
- ☐ In a relationship with baby's father but not married – Go to question 16
- ☐ Separated or divorced – Go to question 15
- ☐ Never been in a relationship with a baby's father – Go to question 15
- ☐ Baby's father has died – Go to question 15

15. Do you have a partner at the moment?

- ☐ Yes
- ☐ No – Go to question 18

16. What is your partner's date of birth?

\_\_\_\_\_ (format dd/mm/yyyy)

17. Are you living with the baby's natural father or with your partner?

- ☐ Yes
- ☐ No

18. Which country was the father of your baby born in?

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> England    | <input type="checkbox"/> Northern Ireland    | <input type="checkbox"/> Slovakia       |
| <input type="checkbox"/> Pakistan   | <input type="checkbox"/> Scotland            | <input type="checkbox"/> Czech Republic |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Wales               | <input type="checkbox"/> Poland         |
| <input type="checkbox"/> India      | <input type="checkbox"/> Romania             | <input type="checkbox"/> Hungary        |
|                                     | <input type="checkbox"/> Republic of Ireland | <input type="checkbox"/> Don't know     |
|                                     |  | <input type="checkbox"/> Other: _____   |

19. Are you related to the father of your baby other than by marriage?

*If you are unsure please ask the researcher – he or she can help you with this question.*

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> No  | <input type="checkbox"/> Do not wish to answer |

20. If yes, how are you related to the father of your baby?

*If you are unsure please ask the researcher – he or she can help you with this question.*

☐ First cousin

☐ First cousin, once removed

☐ Second cousin

☐ Other related by blood

☐ Don't know

## SECTION C HOUSE

*This next section is about the house you live in at the moment and your previous home.*

21. What is your postcode?

22. How long have you lived at your current address?

years and  months

23. How many bedrooms does your household have, including spare bedrooms?

bedrooms

24. Do you have any damp or mould in your home?

☐ Yes

☐ No

25. Do you have trouble with any vermin (mice or other rodents, cockroaches, etc) in your home?

☐ Yes

☐ No

26. When you are at home on a typical day in winter, are you (and everyone in your household) warm enough?

☐ Yes - always

☐ Yes – sometimes

☐ No – rarely

☐ No - never

27. What is the postcode of your previous home?

- ☐ Not applicable; moved here from abroad  
☐ Don't know

28. How often did you move in the past 5 years?

times

29. Are you planning to move house in the next year?

- ☐ Yes  
☐ No  
☐ Don't know

## SECTION D NEIGHBOURHOOD

*This next section is about the neighbourhood you live in.*

30. How satisfied or dissatisfied are you with the area you live in?

*By your area, I mean within about a mile or 20 minute walk of your home.*

*1 being very dissatisfied and 5 being very satisfied.*

- ☐ 1 very dissatisfied
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5 very satisfied



31. How satisfied or dissatisfied are you with the parks and green spaces in your local area?

*By your area, I mean within about a mile or 20 minute walk of your home.*

*1 being very dissatisfied and 5 being very satisfied.*

- ☐ 1 very dissatisfied
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5 very satisfied



## SECTION E LANGUAGE

*This next section is about languages you speak, languages in your households and books in your home.*

32. What is your first language?

*Please tick two boxes if you are bilingual (you speak two languages fluently and were taught these languages from a young age).*

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> English                | <input type="checkbox"/> Romanian | <input type="checkbox"/> Bengali (including Sylheti, Chatgaya/Chittagonian) |
| <input type="checkbox"/> Punjabi                | <input type="checkbox"/> Russian  | <input type="checkbox"/> Arabic   |
| <input type="checkbox"/> Urdu (including Hindi) | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Polish                 | <input type="checkbox"/> Spanish  |   |
| <input type="checkbox"/> Slovakian              | <input type="checkbox"/> Pashto   |   |
| <input type="checkbox"/> Hungarian              |                                   |   |

33. Which of these languages are usually spoken at home?

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> English                | <input type="checkbox"/> Romanian | <input type="checkbox"/> Bengali (including Sylheti, Chatgaya/Chittagonian) |
| <input type="checkbox"/> Punjabi                | <input type="checkbox"/> Russian  | <input type="checkbox"/> Arabic   |
| <input type="checkbox"/> Urdu (including Hindi) | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Polish                 | <input type="checkbox"/> Spanish  | _____   |
| <input type="checkbox"/> Slovakian              | <input type="checkbox"/> Pashto   |   |
| <input type="checkbox"/> Hungarian              |                                   |   |

34. Which of these languages do you speak most often outside the home?

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> English                | <input type="checkbox"/> Romanian | <input type="checkbox"/> Bengali (including Sylheti, Chatgaya/Chittagonian) |
| <input type="checkbox"/> Punjabi                | <input type="checkbox"/> Russian  | <input type="checkbox"/> Arabic   |
| <input type="checkbox"/> Urdu (including Hindi) | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Polish                 | <input type="checkbox"/> Spanish  | _____   |
| <input type="checkbox"/> Slovakian              | <input type="checkbox"/> Pashto   |   |
| <input type="checkbox"/> Hungarian              |                                   |   |

*If English is your first language please skip the next question and go to 36.*

35. If English is not your first language, how well can you do the following things **in English**:

|                                   | Not at all               | A little bit             | Some                     | Quite well               | Very well                |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Understand what people are saying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understand what you read          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speak                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

36. How well can you do the following things **in your first language**:

*If you are bilingual choose the language you are most comfortable with.*

|                                   | Not at all               | A little bit             | Some                     | Quite well               | Very well                | Does not apply           |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Understand what people are saying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Understand what you read          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speak                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |



*If you don't have children yet please skip the next question and go to question 38*

37. If you have children under the age of 12, how many days in a typical week do you read with them?

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |                            |

## SECTION F EDUCATION

*This next section is about your partners' education. Please skip the questions that don't apply to you. We first ask about your own education.*

38. In which country did you obtain your highest educational qualification?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> England ( <i>question 39</i> )    | <input type="checkbox"/> Poland ( <i>question 43</i> )    | <input type="checkbox"/> No qualifications ( <i>question 47</i> ) |
| <input type="checkbox"/> Pakistan ( <i>question 40</i> )   | <input type="checkbox"/> Slovakia ( <i>question 44</i> )  |   |
| <input type="checkbox"/> India ( <i>question 41</i> )      | <input type="checkbox"/> Hungary ( <i>question 45</i> )   |   |
| <input type="checkbox"/> Bangladesh ( <i>question 42</i> ) | <input type="checkbox"/> Elsewhere ( <i>question 46</i> ) |   |

39. If your highest educational qualification was obtained in **England**, what is the highest level you completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 5 GCSEs (A*-C), CSE or O-Levels          | <input type="checkbox"/> NVQ 4/5   |
| <input type="checkbox"/> 5 or more GCSEs (A*-C), SCEs or O-Levels           | <input type="checkbox"/> Higher National Certificate/ Higher National Diploma, Higher Education Diploma  |
| <input type="checkbox"/> GNVQ foundation level                              | <input type="checkbox"/> Foundation Degree   |
| <input type="checkbox"/> NVQ1   | <input type="checkbox"/> Bachelor's degree 3-5 years   |
| <input type="checkbox"/> GNVQ intermediate                                  | <input type="checkbox"/> Master's degree (taught/research) or Postgraduate qualification, Doctorate/ PhD |
| <input type="checkbox"/> NVQ 2  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> (Young) apprenticeship                             | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> NVQ 3  | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Advanced apprenticeship                            |  |
| <input type="checkbox"/> GNVQ Advanced                                      |  |
| <input type="checkbox"/> AS or A level, International Baccalaureate or BTEC |  |

40. If your highest educational qualification was obtained in **Pakistan**, what is the highest level you completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Secondary School Certificate/ Matriculation                                    | <input type="checkbox"/> Bachelor Degree Arts/Sciences, Education, Engineering, Medicine/Surgery     |
| <input type="checkbox"/> Higher Secondary or Intermediate Certificate                                   | <input type="checkbox"/> Master Degree/ Master of Education/ Master of Philosophy (MPhil), Doctorate |
| <input type="checkbox"/> Technical Education Certificate/ Diploma                                       | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Registered Nurse/ General Nursing Diploma                                      | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Primary Teaching Certificate   | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Certificate in Training, Paramedic Secondary School Certificate/ Matriculation |  |

41. If your highest educational qualification was obtained in **India**, what is the highest level you completed?

*Please tick only one box.*

- |   |   |
|---|---|
| <input type="checkbox"/> Senior Secondary School Leaving Certificate  | <input type="checkbox"/> Master's Degree, Master of Philosophy (Mphil), Doctor of Philosophy/ Letters |
| <input type="checkbox"/> Matriculation Certificate, Senior School Certificate, ITI Certificate                        | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Diploma in Technical Education, Junior basic teacher's training, Nursing Diploma/Certificate | <input type="checkbox"/> None of these qualifications   |
| <input type="checkbox"/> Bachelor's Degree, Bachelor of Law/ Education  | <input type="checkbox"/> Don't know   |

42. If your highest educational qualification was obtained in **Bangladesh**, what is the highest level you completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Secondary School/ Higher Secondary Certificate | <input type="checkbox"/> Diploma in Agriculture/Ayurvedic & Unanai Medicine/ Textile/ Health Technology/ Survey/ Ceramics/ Nursing/ Graphic Arts |
| <input type="checkbox"/> Dakhil/ Alim Certificate                       | <input type="checkbox"/> Bachelor Degree Pass, Bachelor Degree   |
| <input type="checkbox"/> SSC Vocational/ Trade Certificate              | <input type="checkbox"/> Master's Degree, PGD and PhD  |
| <input type="checkbox"/> HSC Business Management                        | <input type="checkbox"/> Fazil/ Kamil Degree   |
| <input type="checkbox"/> HSC Vocational                                 | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Diploma in Commerce Certificate                | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Diploma in Engineering                         | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Certificate in Education (CinEd)               |  |

43. If your highest educational qualification was obtained in **Poland**, what is the highest level you completed? *Please tick only one box.*

- |  |  |
|--|--|
| <input type="checkbox"/> General Secondary School Leaving Certificate/ Diploma   | <input type="checkbox"/> Post-secondary School Certificate/ Diploma                    |
| <input type="checkbox"/> Technikum, Liceum Mature Certificate/Diploma  | <input type="checkbox"/> Teacher Training, Diploma Social Work College                 |
| <input type="checkbox"/> Technical Secondary School, Specialised Secondary School  | <input type="checkbox"/> 1st Degree Studies  |
| <input type="checkbox"/> General/ Supplementary Secondary School   | <input type="checkbox"/> University Studies, Magister/Lekarz, Postgraduate Certificate |
| <input type="checkbox"/> Ballet School Diploma (technician level), Second level music school Diploma, Circus School Diploma (technician level) | <input type="checkbox"/> Master's Degree, Doctoral Study/PhD                           |
| <input type="checkbox"/> Basic vocational School   | <input type="checkbox"/> Other: _____  |
|  | <input type="checkbox"/> None of these qualifications                                  |
|  | <input type="checkbox"/> Don't know  |

44. If your highest educational qualification was obtained in **Slovakia**, what is the highest level you completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Study of selected subjects (Štúdium jednotlivých predmetov)  | <input type="checkbox"/> Supplementary Pedagogical Study (Doplňujúce pedagogické štúdium)                |
| <input type="checkbox"/> Vocational School (Odborné učilište)   | <input type="checkbox"/> Post-secondary Specialised Study (Pomaturitné špecializačné štúdium)            |
| <input type="checkbox"/> Secondary Specialised School without matura (Vysvedčenie o záverečnej skúške, Výučný list)                               | <input type="checkbox"/> Conservatoire (Konzervatórium)  |
| <input type="checkbox"/> Retraining Courses Certificate (Osvedčenie)  | <input type="checkbox"/> Higher Professional Studies/ Graduate Diploma (Absolventský diplom), Bachelor   |
| <input type="checkbox"/> Secondary Specialised School with matura (Vysvedčenie o maturitnej skúške, Vysvedčenie o maturitnej skúške, Výučný list) | <input type="checkbox"/> Master, Magister, Doctoral, Engineer, PhD, Extensive study for teaching diploma |
| <input type="checkbox"/> Gymnasium (gymnázium)  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Follow-up courses (Nadstavbové štúdium)  | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Post-secondary Qualification Study (Pomaturitné kvalifikačné štúdium)  | <input type="checkbox"/> Don't know  |

45. If your highest educational qualification was obtained in **Hungary**, what is the highest level you completed? *Please tick only one box.*

- |  |   |
|--|---|
| <input type="checkbox"/> Certification of the Maturity Examination (Párhuzamos oktatás szakközépiskoláb)   | <input type="checkbox"/> Tertiary Vocational Program (Felsőfokú szakképzés)   |
| <input type="checkbox"/> Upper Secondary General School (Gimnázium)  | <input type="checkbox"/> Bachelor's Degree (Alapképzés), Master's Degree (Osztatlan képzés/ Master), University Diploma (Egyetemi szintű alapképzés), College Diploma (Főiskolai szintű alapképzések), Certificate in Specialisation (Szakirányú továbbképzés), Doctorate/PhD |
| <input type="checkbox"/> Upper Secondary Vocational School (Szakközépiskola)   |   |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Párhuzamos oktatás szakiskolában, Szakiskola, előkészítő szakiskola, Alapfokú iskolai végzettségre épülő szakképzés, évfolyamra épülő szakképzés) | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Szakképző évfolyamok középiskola utolsó évfolyamára vagy érettségire épülő nem felsőfokú OKJ szakmákban)  | <input type="checkbox"/> None of these qualifications   |
|  | <input type="checkbox"/> Don't know   |

46. If your highest educational qualification was obtained elsewhere, what is the highest level you completed?

Country: \_\_\_\_\_

Type of school/institution: \_\_\_\_\_

Educational programme: \_\_\_\_\_

Degree/qualification: \_\_\_\_\_

- ☐ Don't know

*The next few questions are about the education of your partner. If you do not have a partner please skip this section and go to section G, question 56.*

47. In which country did your partner obtain his/her highest educational qualification?

- |                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> England    | <input type="checkbox"/> Poland    | <input type="checkbox"/> Don't know        |
| <input type="checkbox"/> Pakistan   | <input type="checkbox"/> Slovakia  | <input type="checkbox"/> No qualifications |
| <input type="checkbox"/> India      | <input type="checkbox"/> Hungary   |  |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Elsewhere |  |

48. If your partner's highest educational qualification was obtained in **England**, what is the highest level he/she completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 5 GCSEs (A*-C), CSE or O-Levels          | <input type="checkbox"/> NVQ 4/5   |
| <input type="checkbox"/> 5 or more GCSEs (A*-C), SCEs or O-Levels           | <input type="checkbox"/> Higher National Certificate/ Higher National Diploma, Higher Education Diploma  |
| <input type="checkbox"/> GNVQ foundation level                              | <input type="checkbox"/> Foundation Degree   |
| <input type="checkbox"/> NVQ1   | <input type="checkbox"/> Bachelor's degree 3-5 years   |
| <input type="checkbox"/> GNVQ intermediate                                  | <input type="checkbox"/> Master's degree (taught/research) or Postgraduate qualification, Doctorate/ PhD |
| <input type="checkbox"/> NVQ 2  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> (Young) apprenticeship                             | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> NVQ 3  | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Advanced apprenticeship                            |  |
| <input type="checkbox"/> GNVQ Advanced                                      |  |
| <input type="checkbox"/> AS or A level, International Baccalaureate or BTEC |  |

49. If your partner's highest educational qualification was obtained in **Pakistan**, what is the highest level he/she completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Secondary School Certificate/ Matriculation                                    | <input type="checkbox"/> Bachelor Degree Arts/Sciences, Education, Engineering, Medicine/Surgery     |
| <input type="checkbox"/> Higher Secondary or Intermediate Certificate                                   | <input type="checkbox"/> Master Degree/ Master of Education/ Master of Philosophy (MPhil), Doctorate |
| <input type="checkbox"/> Technical Education Certificate/ Diploma                                       | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Registered Nurse/ General Nursing Diploma                                      | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Primary Teaching Certificate   | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Certificate in Training, Paramedic Secondary School Certificate/ Matriculation |  |

50. If your partner's highest educational qualification was obtained in **India**, what is the highest level he/she completed?

*Please tick only one box.*

- |   |   |
|---|---|
| <input type="checkbox"/> Senior Secondary School Leaving Certificate  | <input type="checkbox"/> Master's Degree, Master of Philosophy (Mphil), Doctor of Philosophy/ Letters |
| <input type="checkbox"/> Matriculation Certificate, Senior School Certificate, ITI Certificate                        |   |
| <input type="checkbox"/> Diploma in Technical Education, Junior basic teacher's training, Nursing Diploma/Certificate | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Bachelor's Degree, Bachelor of Law/ Education  | <input type="checkbox"/> None of these qualifications   |
|   | <input type="checkbox"/> Don't know   |

51. If your partner's highest educational qualification was obtained in **Bangladesh**, what is the highest level he/she completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Secondary School/ Higher Secondary Certificate | <input type="checkbox"/> Diploma in Agriculture/Ayurvedic & Unanai Medicine/ Textile/ Health Technology/ Survey/ Ceramics/ Nursing/ Graphic Arts |
| <input type="checkbox"/> Dakhil/ Alim Certificate                       |  |
| <input type="checkbox"/> SSC Vocational/ Trade Certificate              | <input type="checkbox"/> Bachelor Degree Pass, Bachelor Degree   |
| <input type="checkbox"/> HSC Business Management                        | <input type="checkbox"/> Master's Degree, PGD and PhD  |
| <input type="checkbox"/> HSC Vocational                                 | <input type="checkbox"/> Fazil/ Kamil Degree   |
| <input type="checkbox"/> Diploma in Commerce Certificate                | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Diploma in Engineering                         | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Certificate in Education (CinEd)               | <input type="checkbox"/> Don't know  |

52. If your partner's highest educational qualification was obtained in **Poland**, what is the highest level he/she completed? *Please tick only one box.*

- |  |  |
|--|--|
| <input type="checkbox"/> General Secondary School Leaving Certificate/ Diploma   | <input type="checkbox"/> Post-secondary School Certificate/ Diploma                    |
| <input type="checkbox"/> Technikum, Liceum Mature Certificate/Diploma  | <input type="checkbox"/> Teacher Training, Diploma Social Work College                 |
| <input type="checkbox"/> Technical Secondary School, Specialised Secondary School  | <input type="checkbox"/> 1st Degree Studies  |
| <input type="checkbox"/> General/ Supplementary Secondary School   | <input type="checkbox"/> University Studies, Magister/Lekarz, Postgraduate Certificate |
| <input type="checkbox"/> Ballet School Diploma (technician level), Second level music school Diploma, Circus School Diploma (technician level) | <input type="checkbox"/> Master's Degree, Doctoral Study/PhD                           |
| <input type="checkbox"/> Basic vocational School   | <input type="checkbox"/> Other: _____  |
|  | <input type="checkbox"/> None of these qualifications                                  |
|  | <input type="checkbox"/> Don't know  |

53. If your partner's highest educational qualification was obtained in **Slovakia**, what is the highest level he/she completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Study of selected subjects (Štúdium jednotlivých predmetov)  | <input type="checkbox"/> Supplementary Pedagogical Study (Doplňujúce pedagogické štúdium)                |
| <input type="checkbox"/> Vocational School (Odborné učilište)   | <input type="checkbox"/> Post-secondary Specialised Study (Pomaturitné špecializačné štúdium)            |
| <input type="checkbox"/> Secondary Specialised School without matura (Vysvedčenie o záverečnej skúške, Výučný list)                               | <input type="checkbox"/> Conservatoire (Konzervatórium)  |
| <input type="checkbox"/> Retraining Courses Certificate (Osvedčenie)  | <input type="checkbox"/> Higher Professional Studies/ Graduate Diploma (Absolventský diplom), Bachelor   |
| <input type="checkbox"/> Secondary Specialised School with matura (Vysvedčenie o maturitnej skúške, Vysvedčenie o maturitnej skúške, Výučný list) | <input type="checkbox"/> Master, Magister, Doctoral, Engineer, PhD, Extensive study for teaching diploma |
| <input type="checkbox"/> Gymnasium (gymnázium)  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Follow-up courses (Nadstavbové štúdium)  | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Post-secondary Qualification Study (Pomaturitné kvalifikačné štúdium)  | <input type="checkbox"/> Don't know  |

54. If your partner's highest educational qualification was obtained in **Hungary**, what is the highest level he/she completed? *Please tick only one box.*

- |  |   |
|--|---|
| <input type="checkbox"/> Certification of the Maturity Examination (Párhuzamos oktatás szakközépiskoláb)   | <input type="checkbox"/> Tertiary Vocational Program (Felsőfokú szakképzés)   |
| <input type="checkbox"/> Upper Secondary General School (Gimnázium)  | <input type="checkbox"/> Bachelor's Degree (Alapképzés), Master's Degree (Osztatlan képzés/ Master), University Diploma (Egyetemi szintű alapképzés), College Diploma (Főiskolai szintű alapképzések), Certificate in Specialisation (Szakirányú továbbképzés), Doctorate/PhD |
| <input type="checkbox"/> Upper Secondary Vocational School (Szakközépiskola)   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Párhuzamos oktatás szakiskolában, Szakiskola, előkészítő szakiskola, Alapfokú iskolai végzettségre épülő szakképzés, évfolyamra épülő szakképzés) | <input type="checkbox"/> None of these qualifications   |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Szakképző évfolyamok középiskola utolsó évfolyamára vagy érettségire épülő nem felsőfokú OKJ szakmákban)  | <input type="checkbox"/> Don't know   |

55. If your partner's highest educational qualification was obtained elsewhere, what is the highest level he/she completed?

Country: \_\_\_\_\_

Type of school/institution: \_\_\_\_\_

Educational programme: \_\_\_\_\_

Degree/qualification: \_\_\_\_\_

☐ Don't know

## SECTION G SOCIOECONOMIC CIRCUMSTANCES

*This section is about you and your partner's socioeconomic circumstances, such as your employment and financial situation. We first ask about your employment.*

56. Are you currently employed?

☐ Yes ☐ No

57. If you are not currently employed, have you ever worked before?

☐ Yes ☐ No ; please go to question 65

58. Are you currently on maternity leave or sick leave?

☐ Yes ☐ No

*Please answer the following questions about your current job, or about your previous job if you are not working at the moment.*

59. Did/do you work as an employee or are/were you self-employed?

☐ Employee ☐ Self-employed/freelance without employees (go to question 63)  
☐ Self-employed with employees (go to question 61) ☐ Student in Training (apprentice)

60. How many people work/worked for your employer at the place where you work/worked?

☐ Work alone ☐ 25 – 49  
☐ 1 - 5 people ☐ 50-499  
☐ 6 - 24 people ☐ 500 or more



61. If you are self-employed, how many people do (did) you employ?

- ☐ 1-24      ☐ 25 or more

62. Do (did) you supervise any other employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis)

- ☐ Yes      ☐ No

63. What is/was your job title?

---

64. Which of these best describes the sort of work you do/did?

- ☐ Modern professional occupations such as: teacher – nurse - physiotherapist – social worker -welfare officer – artist– musician – police officer (sergeant or above) – software designer
- ☐ Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre - agent – nursing auxiliary – nursery nurse
- ☐ Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager – chief executive
- ☐ Technical and craft occupations such as: motor mechanic - fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver
- ☐ Semi-routine manual and service occupations such as: postal worker – machine operative – securityguard – caretaker - farm worker – catering assistant – receptionist – sales - assistant
- ☐ Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff
- ☐ Middle or junior managers such as: office manager – retail manager – bank manager – restaurantmanager – warehouse manager – publican
- ☐ Traditional professional occupations such as: accountant - solicitor – medical practitioner – scientist – civil/mechanical engineer
- ☐ Other: \_\_\_\_\_

*Now we would like to ask about your partner's employment. If you don't have a partner skip this section and go to section H, question 73.*

65. Is your partner currently employed?

- ☐ Yes      ☐ No

66. If your partner is not currently employed, has your partner ever worked before?

- ☐ Yes      ☐ No ; *please go to question 73*      ☐ Don't know; *please go to question 73*

*Please answer the following questions about your partner's current job, or about your partner's previous job if your partner is not working at the moment.*

67. Did/does your partner work as an employee or is/was your partner self-employed?

- |   |   |
|---|---|
| <input type="checkbox"/> Employee   | <input type="checkbox"/> Student in Training (apprentice) |
| <input type="checkbox"/> Self-employed with employees<br>(go to question 69)              | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> Self-employed/freelance without employees<br>(go to question 71) |   |

68. How many people work/worked for the employer at the place where your partner works/worked?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Work alone    | <input type="checkbox"/> 50-499      |
| <input type="checkbox"/> 1 - 5 people  | <input type="checkbox"/> 500 or more |
| <input type="checkbox"/> 6 - 24 people | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> 25 – 49       |                                      |

69. If your partner is self-employed, how many people does (did) your partner employ?

- |                               |                                     |                                     |
|-------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1-24 | <input type="checkbox"/> 25 or more | <input type="checkbox"/> Don't know |
|-------------------------------|-------------------------------------|-------------------------------------|

70. Does (did) your partner supervise any other employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis)

- |                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

71. What is/was your partner's job title?

---

72. Which of these best describes the sort of work your partner did or does?

- ☐ Modern professional occupations such as: teacher – nurse - physiotherapist – social worker – welfare officer – artist – musician – police officer (sergeant or above) – software designer
- ☐ Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre - agent – nursing auxiliary – nursery nurse
- ☐ Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager – chief executive
- ☐ Technical and craft occupations such as: motor mechanic - fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver
- ☐ Semi-routine manual and service occupations such as: postal worker – machine operative – securityguard – caretaker - farm worker – catering assistant – receptionist – sales - assistant

- ☐ Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff
- ☐ Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican
- ☐ Traditional professional occupations such as: accountant - solicitor – medical practitioner – scientist – civil/mechanical engineer
- ☐ Other: \_\_\_\_\_
- ☐ Don't know

**THIS SECTION OF THE QUESTIONNAIRE IS SELF-COMPLETED. PLEASE HAND THE PAPER TO PARTICIPANT**

*These next questions are about food and money during this pregnancy.*

*Please read each statement below and tell us whether the statement was OFTEN, SOMETIMES, or NEVER true for you during this pregnancy.*

73. The food that I bought just didn't last, and I didn't have money to get more.

- ☐ Often true ☐ Sometimes true ☐ Never true
- ☐ Do not wish to answer

74.71.

I couldn't afford to eat balanced meals.

- ☐ Often true ☐ Sometimes true ☐ Never true
- ☐ Do not wish to answer

75. Did you ever cut the size of your meals, eat less or skip meals because there wasn't enough money for food?

- ☐ Yes ☐ Do not wish to answer
- ☐ No (*go to question 77*) (*go to question 77*)

76. If yes, how often did this happen?

- ☐ Every week ☐ Less than once a month but a few times
- ☐ Not every week but at least once a month ☐ Don't know

77. How well would you say you (and your partner) are managing financially these days?  
Would you say you are:

- |   |  |
|---|--|
| <input type="checkbox"/> Living comfortably         |  |
| <input type="checkbox"/> Doing alright              |  |
| <input type="checkbox"/> Just about getting by      |  |
| <input type="checkbox"/> Finding it quite difficult | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Finding it very difficult  | <input type="checkbox"/> Do not wish to answer |

78. Compared to a year ago, how would you say you (and your partner) are doing financially now?

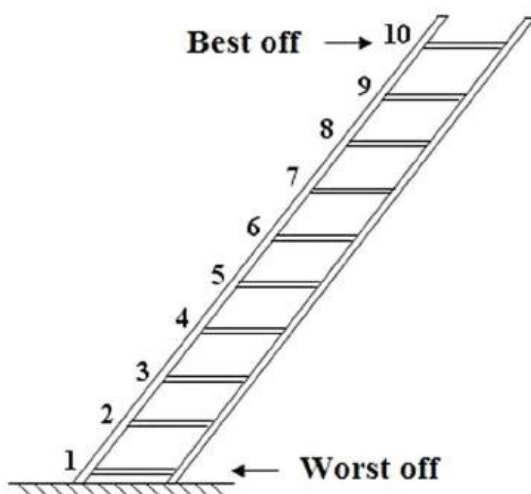
- |   |  |
|---|--|
| <input type="checkbox"/> Better off     | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> About the same | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Worse off      |  |

*Think of this ladder as showing where people stand **in your neighbourhood**. By your neighbourhood, I mean within about a mile or 20 minute walk of your home.*

*At the top of the ladder are the people who are the best off – those who have the most money, the best education, and the most respected jobs. At the bottom are the people who are the worst off – who have the least money, least education, and the least respected job or no job.*

*The higher up you are on this ladder, the closer you are to the people at the top; the lower you are, the closer you are to the people at the bottom.*

79. Where would you place yourself on this ladder? Please tick the box next to the rung where you think you stand at this time of your life relative to other people **in your neighbourhood**.



- ☐ Do not wish to answer

*You have just ranked yourself on the social ladder compared to other people in your neighbourhood. Could you now do the same, but with the ladder representing all people **in England**?*

*The higher up you are on this ladder, the closer you are to the people at the top; the lower you are, the closer you are to the people at the bottom.*

80. Where would you place yourself on this ladder? Please tick the box next to the rung where you think you stand at this time of your life relative to other people **in England**.

Best off → 10

9

8

7

6

5

4

3

2

1 ← Worst off

☐ Do not wish to answer

## SECTION H SOCIAL CIRCUMSTANCES

*This section is about your relationships with people in your life, social support and activities you take part in in your community.*

*If you don't have a partner, you can skip question 81 and 82 and go to question 83.*

**To what extent do you agree or disagree with the following statements:**

81. My partner doesn't seem to listen to me

- ☐ Strongly agree ☐ Do not wish to answer
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

82. I wish there was more warmth and affection between us

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly agree             | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Agree                      |  |
| <input type="checkbox"/> Neither agree nor disagree |  |
| <input type="checkbox"/> Disagree                   |  |
| <input type="checkbox"/> Strongly disagree          |  |

83. I feel closely attached to my family

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly agree             | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Agree                      |  |
| <input type="checkbox"/> Neither agree nor disagree |  |
| <input type="checkbox"/> Disagree                   |  |
| <input type="checkbox"/> Strongly disagree          |  |

84. My family takes notice of my opinions

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly agree             | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Agree                      |  |
| <input type="checkbox"/> Neither agree nor disagree |  |
| <input type="checkbox"/> Disagree                   |  |
| <input type="checkbox"/> Strongly disagree          |  |

85. Sometimes I feel excluded in my own family

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly agree             | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Agree                      |  |
| <input type="checkbox"/> Neither agree nor disagree |  |
| <input type="checkbox"/> Disagree                   |  |
| <input type="checkbox"/> Strongly disagree          |  |

**THIS SECTION IS TO BE COMPLETED BY THE INTERVIEWER.  
PLEASE HAND THE PAPER BACK TO THE INTERVIEWER**

86. How many people can you count on in times of need?

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10 or more               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Don't know

87. How many of these people are from your neighbourhood?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ None

88. Do you regularly join in the activities of any organisations or clubs?

- ☐ Yes
- ☐ No

## SECTION I HEALTH AND WELLBEING

*This section is about your health and wellbeing, and includes topics such as health behaviour, mental health and your feelings about the baby.*

*The next set of questions is about your diet.*

How often do you eat these foods:

|   | 6+ times<br>per day | 4-5<br>times<br>per day | 2-3 times<br>per day | Once per<br>day | 5-6 times<br>per week | 2-4 times<br>per week | Once per<br>week | 1-3 times<br>per<br>month | Less than<br>once a<br>month |
|---|---------------------|-------------------------|----------------------|-----------------|-----------------------|-----------------------|------------------|---------------------------|------------------------------|
| Fresh fruit   |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Cooked green<br>vegetables (fresh or<br>frozen)   |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Cooked root<br>vegetables (fresh or<br>frozen)  |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Raw vegetables or<br>salad (including<br>tomatoes)  |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Chips   |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Sweets, chocolates  |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Crisps, savoury<br>snacks   |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Fruit juice (NOT<br>squash)   |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Sugar sweetened<br>drinks (fizzy soft<br>drinks, fruit squash,<br>sports drinks,<br>flavoured waters,<br>energy drinks) |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Low sugar or diet<br>drinks (fizzy soft<br>drinks, fruit squash)  |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Cakes, scones,<br>sweet pies or<br>pastries   |                     |                         |                      |                 |                       |                       |                  |                           |                              |
| Biscuits  |                     |                         |                      |                 |                       |                       |                  |                           |                              |



**THIS SECTION IS SELF-COMPLETED. PLEASE HAND THE PAPER TO THE PARTICIPANT.**

89. How would you describe your health generally?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent |  |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Fair      |  |
| <input type="checkbox"/> Poor      |  |

90. If you have a partner at the moment, how would you describe your partner's health generally?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent |  |
| <input type="checkbox"/> Very good |  |
| <input type="checkbox"/> Good      |  |
| <input type="checkbox"/> Fair      | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Poor      | <input type="checkbox"/> Do not wish to answer |

91. How would you describe the health of your teeth and mouth?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent |  |
| <input type="checkbox"/> Very good |  |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Fair      | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Poor      |  |

92. Did you ever smoke cigarettes or use tobacco (including shisha/hookah, chewing tobacco and snuff but not e-cigarettes) before you were pregnant?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, for more than 1 year       | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Yes, for 1 year or less         |  |
| <input type="checkbox"/> No ( <i>go to question 94</i> ) |  |

93. If yes, how often did you use tobacco products before you were pregnant?

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> less than 1 a day | <input type="checkbox"/> 6-10 a day  | <input type="checkbox"/> 20 a day or more      |
| <input type="checkbox"/> 1-5 a day         | <input type="checkbox"/> 11-20 a day | <input type="checkbox"/> Do not wish to answer |

94. Since finding out you were pregnant, how often did you or do you use tobacco products?

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> None                | <input type="checkbox"/> 1-5 a day   | <input type="checkbox"/> 20 a day or more      |
| <input type="checkbox"/> Less than one a day | <input type="checkbox"/> 6-10 a day  | <input type="checkbox"/> Do not wish to answer |
|  | <input type="checkbox"/> 11-20 a day |  |

95. Does anybody else smoke in your house (excluding e-cigarettes)?

- ☐ Yes ☐ No ☐ Do not wish to answer

96. Did you drink any alcohol during the three months before this pregnancy?

- ☐ Yes, once per week or more ☐ Don't know  
☐ Yes, but less than once a week ☐ Don't want to answer  
☐ No

97. Do you drink any alcohol during this pregnancy?

- ☐ Yes, once per week or more ☐ Do not wish to answer  
☐ Yes, but less than once a week  
☐ No (*go to question 99*)



98. If you drink alcohol during this pregnancy, how often do you consume five or more units of alcohol on one occasion?

- ☐ Every day ☐ Rarely; less than once a month ☐ Don't know  
☐ Nearly every day ☐ Never ☐ Do not wish to answer  
☐ 1 to 4 times a week  
☐ 1 to 3 times a month

*Next we would like to ask some questions about your mental health and wellbeing.*

99. Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

|  | Not at all               | Several days             | More than half the days  | Nearly every day         | Do not wish to answer    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Little interest or pleasure in doing things   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Feeling down, depressed, or hopeless  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Trouble falling or staying asleep, or sleeping too much   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Feeling tired or having little energy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Poor appetite or overeating   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

100. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all
 ☐ Very difficult  
☐ Somewhat difficult
 ☐ Extremely difficult

The following sentences describe thoughts, feelings and situations women may experience during pregnancy. We are interested in your experience during the past month. Please circle the number under the word that applies to you.

|  | Almost never | Sometimes | Often | Almost always |
|--|--------------|-----------|-------|---------------|
| 1. I wonder what the baby looks like now.          | 1            | 2         | 3     | 4             |
| 2. I imagine calling the baby by name.             | 1            | 2         | 3     | 4             |
| 3. I enjoy feeling the baby move.                  | 1            | 2         | 3     | 4             |
| 4. I think that my baby already has a personality. | 1            | 2         | 3     | 4             |
| 5. I let other                                     | 1            | 2         | 3     | 4             |

|   |   |   |   |   |
|---|---|---|---|---|
| people put their hands on my tummy to feel the baby move. |   |   |   |   |
| 6. I know things I will do make a difference to the baby. | 1 | 2 | 3 | 4 |
| 7. I plan the things I will do with my baby.              | 1 | 2 | 3 | 4 |
| 8. I tell others what the baby does inside me.            | 1 | 2 | 3 | 4 |
| 9. I imagine what part of the baby I'm touching.          | 1 | 2 | 3 | 4 |
| 10. I know when the baby is asleep.                       | 1 | 2 | 3 | 4 |
| 11. I can make my baby move.                              | 1 | 2 | 3 | 4 |
| 12. I feel love for the baby                              | 1 | 2 | 3 | 4 |
| 13. I like to sit with my arms around my tummy.           | 1 | 2 | 3 | 4 |
| 14. I dream about the baby.                               | 1 | 2 | 3 | 4 |
| 15. I know why the baby is moving.                        | 1 | 2 | 3 | 4 |
| 16. I stroke the baby through my tummy.                   | 1 | 2 | 3 | 4 |
| 17. I know the baby hears me.                             | 1 | 2 | 3 | 4 |
| 18. I get very excited when I think about the baby.       | 1 | 2 | 3 | 4 |

*Now we would like to ask about your plans for feeding the baby. To what extent do you agree with the following statements?*

101. I am planning to only formula feed my baby  
(I will not breastfeed at all)

- ☐ Very much agree
- ☐ Somewhat agree
- ☐ Unsure
- ☐ Somewhat disagree
- ☐ Very much disagree
- ☐ Don't know

102. I am planning to at least give breastfeeding a try

- ☐ Very much agree
- ☐ Somewhat agree
- ☐ Unsure
- ☐ Somewhat disagree
- ☐ Very much disagree
- ☐ Don't know

103. When my baby is 1 month old, I will be breastfeeding without using any formula or other milk

- ☐ Very much agree
- ☐ Somewhat agree
- ☐ Unsure
- ☐ Somewhat disagree
- ☐ Very much disagree
- ☐ Don't know

104. When my baby is 3 month old, I will be breastfeeding without using any formula or other milk

- ☐ Very much agree
- ☐ Somewhat agree
- ☐ Unsure
- ☐ Somewhat disagree
- ☐ Very much disagree
- ☐ Don't know

105. When my baby is 6 month old, I will be breastfeeding without using any formula or other milk

- ☐ Very much agree
- ☐ Somewhat agree
- ☐ Unsure
- ☐ Somewhat disagree
- ☐ Very much disagree
- ☐ Don't know

*This is the last section of this questionnaire. It is about your mental wellbeing.*

106. Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

|  | Not at all               | Several days             | More than half the days  | Nearly every day         | Do not wish to answer    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Feeling nervous, anxious or on an edge?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Not being able to stop or control worrying?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Worrying too much about different things?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Trouble relaxing?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Being so restless that it is hard to sit still?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Becoming easily annoyed or irritable?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Feeling afraid as if something awful might happen?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Do not wish to answer these questions |                          |                          |                          |                          |                          |

107. Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks.

|   | None of the time         | Rarely                   | Some of the time         | Often                    | All of the time          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. I've been feeling optimistic about the future      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. I've been feeling useful                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. I've been feeling relaxed                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. I've been dealing with problems well               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. I've been thinking clearly                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. I've been feeling close to other people            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I've been able to make up my own mind about things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Under each heading, please tick the ONE box that best describes your health TODAY.

**108. MOBILITY**

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have moderate problems in walking about
- ☐ I have severe problems in walking about
- ☐ I am unable to walk about

**109. SELF-CARE**

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

**110. USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)**

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

**111. PAIN / DISCOMFORT**

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

**112. ANXIETY / DEPRESSION**

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

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This is the end of the questionnaire.

If you have any questions about our study, please ask the researcher.

Thank you very much for your help!