HATCH (1) Prenatal Survey

Start of Block: Welcome, instructions, ID

Instructs Thank you again for participating in the USC HATCH Study. Throughout this survey, you will complete a series of questionnaires. Each survey will have its own directions, but in general, for each question, please select or provide the best answer as it applies to you. Remember, your name will NOT be linked to these responses, so you can feel 100% comfortable answering each item, and please be honest with your responses. Please read each item fully before responding, and please let your Research Assistant know if you have any questions or need a break.

Truthful Do you agree to read each item fully and answer each item honestly and fully to the best of your ability?

* Yes! (1)
* No (2)

|  |  |
| --- | --- |
| Page Break |  |

SubjectID STOP! Do not type in this space!  
  
  
Research Assistant: Please type the participant's subject ID in the space below EXACTLY as it appears on the study documents. You will be asked to do this again at the end of the survey as well.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Welcome, instructions, ID

Start of Block: Demographic Information

Duedate What is your baby's due date? Please use the format MM/DD/YYYY.

* Baby's due date (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age What is your current age in years? Please enter a numerical response.

* Age in years (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Please indicate your gender.

* Male (1)
* Female (2)

Ethnicity What is your ethnicity/race?

* White (1)
* Black or African American (2)
* Hispanic or Latino/a (3)
* American Indian or Alaska Native (4)
* Asian or Pacific Islander (5)
* Other (6)
* Decline to state (7)

Education What is the highest level of education that you have completed?

* High School Graduate/GED (1)
* Some College (2)
* Associate's Degree (3)
* Bachelor's Degree (4)
* Master's Degree (5)
* Professional or Doctoral Degree (6)

RelStat What is your current relationship status/living situation?

* Married/Domestic Partnership (1)
* Dating/Cohabiting with a romantic partner (2)

Illnesses Please list any current or past major illnesses or health conditions you have/had.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please type in the name of the illness or condition. | Is this condition current or was it in the past? | |
|  | Major illness or health condition: (1) | Current (1) | Past (2) |
| 1 (1) |  |  |  |
| 2 (2) |  |  |  |
| 3 (3) |  |  |  |
| 4 (4) |  |  |  |
| 5 (5) |  |  |  |
| 6 (6) |  |  |  |
| 7 (7) |  |  |  |

Smoker Have you ever smoked cigarettes, marijuana, or used any other substances?

* Yes (1)
* No (2)

Display This Question:

If Have you ever smoked cigarettes, marijuana, or used any other substances? = Yes

Packperday If you smoked cigarettes, please list the number of packs you smoked/used to smoke per day, and how many years you smoked this number of packs per day. Please enter numerical responses.

* How many packs/day? (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* For how many years? (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you smoke marijuana, or use any other substances, please list which substances here: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How often do you use this/these substance(s)? (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight What is your current weight in pounds? Please enter a numerical response. Try to be as precise as possible.

* Weight in pounds (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height How tall are you? Please enter your height in feet and inches into the boxes below using ONLY numerical responses. (For example, if you are five feet and seven inches, you would enter "5" in the "Feet" box and "7" in the "Inches" box.)

* Feet (') (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Inches (") (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exercise On average, how many hours per week do you spend exercising? Please enter a numerical response.

* Hours/week (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep How many hours of sleep do you get on an average night? Please enter a numerical response.

* Hours/night (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Demographic Information

Start of Block: Adult Attachment Scale Revised (1996)

AAS Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships. Please think about all of your relationships (past and present) and respond in terms of how you generally feel in these relationships. If you have never been involved in a romantic relationship, answer in terms of how you think you would feel.   
    
For each item, please select the best option from the scale below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all characteristic of me (1) | Somewhat uncharacteristic of me (2) | Neither characteristic or uncharacteristic of me (3) | Somewhat characteristic of me (4) | Very characteristic of me (5) |
| I find it relatively easy to get close to people. (1) |  |  |  |  |  |
| I find it difficult to allow myself to depend on others. (2) |  |  |  |  |  |
| I often worry that romantic partners don't really love me. (3) |  |  |  |  |  |
| I find that others are reluctant to get as close as I would like. (4) |  |  |  |  |  |
| I am comfortable depending on others. (5) |  |  |  |  |  |
| I don't worry about people getting too close to me. (6) |  |  |  |  |  |
| I find that people are never there when you need them. (7) |  |  |  |  |  |
| I am somewhat uncomfortable being close to others. (8) |  |  |  |  |  |
| I often worry that romantic partners won't want to stay with me. (9) |  |  |  |  |  |
| When I show my feelings for others, I'm afraid they will not feel the same about me. (10) |  |  |  |  |  |
| I often wonder whether romantic partners really care about me. (11) |  |  |  |  |  |
| I am comfortable developing close relationships with others. (12) |  |  |  |  |  |
| I am uncomfortable when anyone gets too emotionally close to me. (13) |  |  |  |  |  |
| I know that people will be there when I need them. (14) |  |  |  |  |  |
| I want to get close to people, but I worry about being hurt. (15) |  |  |  |  |  |
| I find it difficult to trust others completely. (16) |  |  |  |  |  |
| Romantic partners often want me to be emotionally closer than I feel comfortable being. (17) |  |  |  |  |  |
| I am not sure that I can always depend on people to be there when I need them. (18) |  |  |  |  |  |

End of Block: Adult Attachment Scale Revised (1996)

Start of Block: BDI-II

BDIIns This questionnaire consists of 20 groups of statements. Please read each group of statements carefully, and then pick the one statement in each group that best describes the way you have been feeling during **THE PAST TWO WEEKS**, including today. If several statements in the group apply to you equally well, select the highest number in that group.

BDI1\_Sad Sadness

* 0 - I do not feel sad. (1)
* 1 - I feel sad much of the time. (2)
* 2 - I am sad all the time. (3)
* 3 - I am so sad or unhappy that I can't stand it. (4)

BDI2\_Pess Pessimism

* 0 - I am not discouraged about my future. (1)
* 1 - I feel more discouraged about my future than I used to. (2)
* 2 - I do not expect things will work out for me. (3)
* 3 - I feel my future in hopeless and will only get worse. (4)

BDI3\_Fail Past Failure

* 0 - I do not feel like a failure. (1)
* 1 - I have failed more than I should have. (2)
* 2 - As I look back, I see a lot of failures. (3)
* 3 - I feel I am a total failure as a person. (4)

BDI4\_Pleas Loss of Pleasure

* 0 - I get as much pleasure as I ever did from the things I enjoy. (1)
* 1 - I don't enjoy things as much as I used to. (2)
* 2 - I get very little pleasure from the things I used to enjoy. (3)
* 3 - I can't get any pleasure from the things I used to enjoy. (4)

BDI5\_Guilt Guilty Feelings

* 0 - I don't feel particularly guilty. (1)
* 1 - I feel guilty over many things I have done or should have done. (2)
* 2 - I feel quite guilty most of the time. (3)
* 3 - I feel guilty all the time. (4)

BDI6\_Punis Punishment Feelings

* 0 - I don't feel I am being punished. (1)
* 1 - I feel I may be punished. (2)
* 2 - I expect to be punished. (3)
* 3 - I feel I am being punished. (4)

BDI7\_Disli Self-Dislike

* 0 - I feel the same about myself as ever. (1)
* 1 - I have lost confidence in myself. (2)
* 2 - I am disappointed in myself. (3)
* 3 - I dislike myself. (4)

BDI8\_crit Self-Criticalness

* 0 - I don't criticize or blame myself more than usual. (1)
* 1 - I am more critical of myself than I used to be. (2)
* 2 - I criticize myself for all my faults. (3)
* 3 - I blame myself for everything bad that happens. (4)

BDI10\_cry Crying

* 0 - I don't cry more than I used to. (1)
* 1 - I cry more than I used to. (2)
* 2 - I cry over every little thing. (3)
* 3 - I feel like crying, but I can't. (4)

BDI11\_Agit Agitation

* 0 - I am no more restless or wound up than usual. (1)
* 1 - I feel more restless or wound up than usual. (2)
* 2 - I am so restless or agitated that it is hard to stay still. (3)
* 3 - I am so restless or agitated that I have to keep moving or doing something. (4)

BDI12\_int Loss of Interest

* 0 - I have not lost interest in other people or activities. (1)
* 1 - I am less interested in other people or things than before. (2)
* 2 - I have lost most of my interest in other people or things. (3)
* 3 - It is hard to get interested in anything. (4)

BDI13\_Deci Indecisiveness

* 0 - I make decisions about as well as ever. (1)
* 1 - I find it more difficult to make decisions than usual. (2)
* 2 - I have much greater difficulty in making decisions than I used to. (3)
* 3 - I have trouble making any decisions. (4)

BDI14\_Wort Worthlessness

* 0 - I do not feel I am worthless. (1)
* 1 - I don't consider myself as worthwhile and useful as I used to. (2)
* 2 - I feel more worthless as compared to other people. (3)
* 3 - I feel utterly worthless. (4)

BDI15\_Ener Loss of Energy

* 0 - I have as much energy as ever. (1)
* 1 - I have less energy than I used to have. (2)
* 2 - I don't have enough energy to do very much. (3)
* 3 - I don't have enough energy to do anything. (4)

BDI16\_Slee   
Changes in Sleeping Pattern

* 0 - I have not experienced any change in my sleeping pattern. (1)
* 1a - I sleep somewhat more than usual. (2)
* 1b - I sleep somewhat less than usual. (3)
* 2a - I sleep a lot more than usual. (4)
* 2b - I sleep a lot less than usual. (5)
* 3a - I sleep most of the day. (6)
* 3b - I wake up 1-2 hours earlier and can't get back to sleep. (7)

BDI17\_Irri Irritability

* 0 - I am no more irritable than usual. (1)
* 1 - I am more irritable than usual. (2)
* 2 - I am much more irritable than usual. (3)
* 3 - I am irritable all the time. (4)

BDI18\_Appe Changes in Appetite

* 0 - I have not experienced any change in my appetite. (1)
* 1a - My appetite is somewhat less than usual. (2)
* 1b - My appetite is somewhat greater than usual. (3)
* 2a - My appetite is much less than before. (4)
* 2b - My appetite is much greater than usual. (5)
* 3a - I have no appetite at all. (6)
* 3b - I crave food all the time. (7)

BDI19\_Conc Concentration Difficulty

* 0 - I can concentrate as well as ever. (1)
* 1 - I can't concentrate as well as usual. (2)
* 2 - It's hard to keep my mind on anything for very long. (3)
* 3 - I find I can't concentrate on anything. (4)

BDI20\_Tire Tiredness or Fatigue

* 0 - I am no more tired or fatigued than usual. (1)
* 1 - I get more tired or fatigued than usual. (2)
* 2 - I am too tired or fatigued to do a lot of the things I used to. (3)
* 3 - I am too tired or fatigued to do most of the things I used to. (4)

BDI21\_Sex Loss of Interest in Sex

* 0 - I have not noticed any recent change in my interest in sex. (1)
* 1 - I am less interested in sex than I used to be. (2)
* 2 - I am much less interested in sex now. (3)
* 3 - I have lost interest in sex completely. (4)

End of Block: BDI-II

Start of Block: Dyadic Adjustment Scale

DAS1-15 Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always agree (1) | Almost always agree (2) | Occasionally disagree (3) | Frequently disagree (4) | Almost always disagree (5) | Always disagree (6) |
| Handling family finances (1) |  |  |  |  |  |  |
| Matters of recreation (2) |  |  |  |  |  |  |
| Religious matters (3) |  |  |  |  |  |  |
| Demonstrations of affection (4) |  |  |  |  |  |  |
| Friends (5) |  |  |  |  |  |  |
| Sex relations (6) |  |  |  |  |  |  |
| Conventionality (correct or proper behavior) (7) |  |  |  |  |  |  |
| Philosophy of life (8) |  |  |  |  |  |  |
| Ways of dealing with parents or in-laws (9) |  |  |  |  |  |  |
| Aims, goals, and things believed to be important (10) |  |  |  |  |  |  |
| Amount of time spent together (11) |  |  |  |  |  |  |
| Making major decisions (12) |  |  |  |  |  |  |
| Household tasks (13) |  |  |  |  |  |  |
| Leisure time interests and activities (14) |  |  |  |  |  |  |
| Career decisions (15) |  |  |  |  |  |  |

DAS16-22 How often do you...

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | All the time (1) | Most of the time (2) | More often than not (3) | Occasionally (4) | Rarely (5) | Never (6) |
| How often do you discuss or have you considered divorce, separation, or terminating your relationship? (1) |  |  |  |  |  |  |
| How often do you or your partner leave the house after a fight? (2) |  |  |  |  |  |  |
| In general, how often do you think that things between you and your partner are going well? (3) |  |  |  |  |  |  |
| Do you confide in your partner? (4) |  |  |  |  |  |  |
| Do you ever regret that you got married (or moved in together if not married)? (5) |  |  |  |  |  |  |
| How often do you and your partner argue/fight? (6) |  |  |  |  |  |  |
| How often do you and your partner "get on each other's nerves?" (7) |  |  |  |  |  |  |

DAS23 Do you...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Every day (1) | Almost every day (2) | Occasionally (3) | Rarely (4) | Never (5) |
| Do you kiss your partner? (1) |  |  |  |  |  |

DAS24 Do you...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All of them (1) | Most of them (2) | Some of them (3) | Very few of them (4) | None of them (5) |
| Do you and your partner engage in outside interests together? (1) |  |  |  |  |  |

DAS25-28 How often would you say the following events occur between you and your partner?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never (1) | Less than once a month (2) | Once or twice a month (3) | Once or twice a week (4) | Once a day (5) | More often than once a day (6) |
| Have a stimulating exchange of ideas (1) |  |  |  |  |  |  |
| Laugh together (2) |  |  |  |  |  |  |
| Calmly discuss something (3) |  |  |  |  |  |  |
| Work together on a project (4) |  |  |  |  |  |  |

DAS29-30 These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Select yes or no).

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Being too tired for sex (1) |  |  |
| Not showing love (2) |  |  |

DAS31 The following choices represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness in most relationships. Please select the choice that best describes the degree of happiness, all things considered, of your relationship.

* Extremely unhappy (1)
* Fairly unhappy (2)
* A little unhappy (3)
* Happy (4)
* Very happy (5)
* Extremely happy (6)
* Perfect (7)

DAS 32 Which of the following statements best describes how you feel about the future of your relationship?

* I want desperately for my relationship to succeed, and *would go to almost any length* to see that it does. (1)
* I want very much for my relationship to succeed, and *will do all I can* to see that it does. (2)
* I want very much for my relationship to succeed, and *will do my fair share* to see that it does. (3)
* It would be nice if my relationship succeeded, but *I can't do much more than I am doing now* to help it succeed. (4)
* It would be nice if it succeeded, but I *refuse to do any more than I am doing now* to keep the relationship going. (5)
* My relationship can never succeed, and *there is no more that I can do* to keep the relationship going. (6)

End of Block: Dyadic Adjustment Scale

Start of Block: Experiences in Close Relationships

ECR-R The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in your current relationship. Respond to each statement by selecting the choice to indicate how much you agree or disagree with each statement.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Mostly Disagree (2) | Somewhat Disagree (3) | Neither Agree nor Disagree (4) | Somewhat Agree (5) | Mostly Agree (6) | Strongly Agree (7) |
| I'm afraid that I will lose my partner's love. (1) |  |  |  |  |  |  |  |
| I often worry that my partner will not want to stay with me. (2) |  |  |  |  |  |  |  |
| I often worry that my partner doesn't really love me. (3) |  |  |  |  |  |  |  |
| I worry that romantic partners won't care about me as much as I care about them. (4) |  |  |  |  |  |  |  |
| I often wish that my partner's feelings for me were as strong as my feelings for him/her. (5) |  |  |  |  |  |  |  |
| I worry a lot about my relationships. (6) |  |  |  |  |  |  |  |
| When my partner is out of sight, I worry that he/she might become interested in someone else. (7) |  |  |  |  |  |  |  |
| When I show my feelings for romantic partners, I'm afraid that they will not feel the same about me. (8) |  |  |  |  |  |  |  |
| I rarely worry about my partner leaving me. (9) |  |  |  |  |  |  |  |
| My romantic partner makes me doubt myself. (10) |  |  |  |  |  |  |  |
| I do not often worry about being abandoned. (11) |  |  |  |  |  |  |  |
| I find that my partner(s) don't want to get as close as I would like. (12) |  |  |  |  |  |  |  |
| Sometimes romantic partners change their feelings about me for no apparent reason. (13) |  |  |  |  |  |  |  |
| My desire to be very close sometimes scares people away. (14) |  |  |  |  |  |  |  |
| I'm afraid that once a romantic partner gets to know me, he/she won't like who I really am. (15) |  |  |  |  |  |  |  |
| It makes me mad that I don't get the affection and support I need from my partner. (16) |  |  |  |  |  |  |  |
| I worry that I won't measure up to other people. (17) |  |  |  |  |  |  |  |
| My partner only seems to notice me when I'm angry. (18) |  |  |  |  |  |  |  |
| I prefer not to show a partner how I feel deep down. (19) |  |  |  |  |  |  |  |
| I feel comfortable sharing my private thoughts and feelings with my partner. (20) |  |  |  |  |  |  |  |
| I find it difficult to allow myself to depend on romantic partners. (21) |  |  |  |  |  |  |  |
| I am very comfortable being close to romantic partners. (22) |  |  |  |  |  |  |  |
| I don't feel comfortable opening up to romantic partners. (23) |  |  |  |  |  |  |  |
| I prefer not to be too close to romantic partners. (24) |  |  |  |  |  |  |  |
| I get uncomfortable when a romantic partner wants to be very close. (25) |  |  |  |  |  |  |  |
| I find it relatively easy to get close to my partner. (26) |  |  |  |  |  |  |  |
| It's not difficult for me to get close to my partner. (27) |  |  |  |  |  |  |  |
| I usually discuss my problems and concerns with my partner. (28) |  |  |  |  |  |  |  |
| It helps to turn to my romantic partner in times of need. (29) |  |  |  |  |  |  |  |
| I tell my partner just about everything. (30) |  |  |  |  |  |  |  |
| I talk things over with my partner. (31) |  |  |  |  |  |  |  |
| I am nervous when partners get too close to me. (32) |  |  |  |  |  |  |  |
| I feel comfortable depending on romantic partners. (33) |  |  |  |  |  |  |  |
| I find it easy to depend on romantic partners. (34) |  |  |  |  |  |  |  |
| It's easy for me to be affectionate with my partner. (35) |  |  |  |  |  |  |  |
| My partner really understands me and my needs. (36) |  |  |  |  |  |  |  |

End of Block: Experiences in Close Relationships

Start of Block: Life Events Checklist

LEC Listed below are a number of difficult or stressful things that sometimes happen to people. For each event, check ONE OR MORE of the boxes to the right to indicate whether:    
    
(a) it *happened to you* personally   
(b) you *witnessed it happen* to someone else   
(c) you *learned about it* happening to someone close to you   
(d) you're *not sure* if it fits   
(e) it *doesn't apply* to you.     
   
 Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Happened to me (1) | Witnessed it (2) | Learned about it (3) | Not sure (4) | Doesn't apply (5) |
| Natural disaster (for example flood, hurricane, tornado, earthquake) (1) |  |  |  |  |  |
| Fire or explosion (2) |  |  |  |  |  |
| Transportation accident (for example car accident, boat accident, train wreck, plane crash) (3) |  |  |  |  |  |
| Serious accident at work, home, or during recreational activity (4) |  |  |  |  |  |
| Exposure to toxic substance (for example, dangerous chemicals or radiation) (5) |  |  |  |  |  |
| Physical assault (for example being attacked, hit, slapped, kicked, beaten up) (6) |  |  |  |  |  |
| Assault with a weapon (for example being shot, stabbed, threatened with a knife, gun, or bomb) (7) |  |  |  |  |  |
| Sexual assault (rape, attempted rape, made to perform any type of equal act through force or threat of harm) (8) |  |  |  |  |  |
| Other unwanted or uncomfortable sexual experience (9) |  |  |  |  |  |
| Combat or exposure to a war-zone (in the military or as a civilian) (10) |  |  |  |  |  |
| Captivity (for example being kidnapped, abducted, held hostage, prisoner of war) (11) |  |  |  |  |  |
| Life-threatening illness or injury (12) |  |  |  |  |  |
| Severe human suffering (13) |  |  |  |  |  |
| Sudden violent death (for example homicide, suicide) (14) |  |  |  |  |  |
| Sudden, unexpected death of someone close to you (15) |  |  |  |  |  |
| Serious injury, harm, or death you caused to someone else (16) |  |  |  |  |  |
| Any other very stressful event or experience (17) |  |  |  |  |  |

End of Block: Life Events Checklist

Start of Block: Life Experiences Survey

LES Below are a number of items that sometimes bring about change in the lives of those who experience them. Please checkmark events that you have experienced IN THE PAST YEAR.   
    
For each item you have experienced, please indicate the extent to which it had either a positive or negative impact on your life at the time that the event occurred.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Occurred in the past year? | | Positive or negative impact? | | | | | | |
|  | Yes (1) | No (2) | Extremely Negative -3 (1) | Moderately Negative -2 (2) | Somewhat Negative -1 (3) | No impaTwi  ct 0 (4) | Slightly Positive +1 (5) | Moderately Positive +2 (6) | Extremely Positive +3 (7) |
| Detention in jail or comparable institution (1) |  |  |  |  |  |  |  |  |  |
| Major change in sleeping habits (much more or much less sleep) (2) |  |  |  |  |  |  |  |  |  |
| Death of a close family member (mother, father, brother, sister, grandmother, grandfather, other close relation) (3) |  |  |  |  |  |  |  |  |  |
| Major change in eating habits (eating much more or less food) (4) |  |  |  |  |  |  |  |  |  |
| Foreclosure on mortgage or loan (5) |  |  |  |  |  |  |  |  |  |
| Death of a close friend (6) |  |  |  |  |  |  |  |  |  |
| Outstanding personal achievement (7) |  |  |  |  |  |  |  |  |  |
| Minor law violations (traffic tickets, disturbing the peace, etc.) (8) |  |  |  |  |  |  |  |  |  |
| Men: Wife/girlfriend's pregnancy (9) |  |  |  |  |  |  |  |  |  |
| Women: Pregnancy (10) |  |  |  |  |  |  |  |  |  |
| Changed work situation (different work responsibilities, major changes in working conditions, working hours etc.) (11) |  |  |  |  |  |  |  |  |  |
| New job (12) |  |  |  |  |  |  |  |  |  |
| Serious illness/injury of close family member (mother, father, brother, sister, grandmother, grandfather, other close relation) (13) |  |  |  |  |  |  |  |  |  |
| Sexual difficulties (14) |  |  |  |  |  |  |  |  |  |
| Trouble with employer (in danger of losing job, being suspended, demoted, etc.) (15) |  |  |  |  |  |  |  |  |  |
| Trouble with in-laws/partner's parents (16) |  |  |  |  |  |  |  |  |  |
| Major change in financial status (a lot better off or a lot worse off) (17) |  |  |  |  |  |  |  |  |  |
| Major change in closeness of family members (increased closeness or decreased closeness) (18) |  |  |  |  |  |  |  |  |  |
| Change of residence (19) |  |  |  |  |  |  |  |  |  |
| Major change in church activities (increased or decreased attendance) (20) |  |  |  |  |  |  |  |  |  |
| Men: Change in wife/girlfriend's work outside of home (beginning work, ceasing work, change in jobs, etc.) (21) |  |  |  |  |  |  |  |  |  |
| Women: Change in husband/boyfriend's work outside of home (beginning work, ceasing work, chain win jobs, etc.) (22) |  |  |  |  |  |  |  |  |  |

End of Block: Life Experiences Survey

Start of Block: Marital Adjustment Test

MAT\_1 1. Select the choice below that best describes the degree of happiness, everything considered, of your present marriage/relationship. The middle point, "happy," represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other, to those few who experience extreme joy or felicity in marriage.

* Very Unhappy (1)
* Somewhat Unhappy (2)
* Mildly Unhappy (3)
* Happy (4)
* Very Happy (5)
* Almost Perfectly Happy (6)
* Perfectly Happy (7)

MAT\_2 Select the approximate extent of agreement of disagreement between you and your partner on the following items.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always Agree (1) | Almost Always Agree (2) | Occasionally Disagree (3) | Frequently Disagree (4) | Almost Always Disagree (5) | Always Disagree (6) |
| 2. Handling Family Finances (1) |  |  |  |  |  |  |
| 3. Matters of Recreation (2) |  |  |  |  |  |  |
| 4. Demonstration of Affection (3) |  |  |  |  |  |  |
| 5. Friends (4) |  |  |  |  |  |  |
| 6. Sex Relations (5) |  |  |  |  |  |  |
| 7. Conventionality (right, good, or proper conduct) (6) |  |  |  |  |  |  |
| 8. Philosophy of Life (7) |  |  |  |  |  |  |
| 9. Ways of dealing with in-laws (8) |  |  |  |  |  |  |

MAT\_10 10. When disagreements arise, they usually result in?

* husband giving in (1)
* wife giving in (2)
* agreement by mutual give and take (3)

MAT\_11 11. Do you and your partner engage in outside interests together?

* all of them (1)
* some of them (2)
* very few of them (3)
* none of them (4)

MAT\_12 12. In Leisure time do YOU generally prefer:

* to be "on the go" (1)
* to stay at home (2)

MAT\_12b 12b. In his/her leisure time, does your partner generally prefer:

* to be "on the go" (1)
* to stay at home (2)

MAT\_13 13. Do you ever wish you had not married/moved in together?

* Frequently (1)
* Occasionally (2)
* Rarely (3)
* Never (4)

MAT\_14 14. If you had your life to live over, do you think you would:

* Marry/choose the same partner (1)
* Marry/choose a different partner (2)
* Not marry/choose a partner at all (3)

MAT\_15 Do you confide in your partner:

* almost never (1)
* rarely (2)
* in most things (3)
* in everything (4)

End of Block: Marital Adjustment Test

Start of Block: Perceived Stress Scale

PSS The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH.  
  
  
IN THE LAST MONTH, how often have you...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Almost never (2) | Sometimes (3) | Fairly often (4) | Very often (5) |
| ... been upset because of something that happened unexpectedly? (1) |  |  |  |  |  |
| ... felt that you were unable to control the important things in your life? (2) |  |  |  |  |  |
| ... felt nervous and stressed? (3) |  |  |  |  |  |
| ... dealt successfully with irritating life hassles? (4) |  |  |  |  |  |
| ... felt that you were effectively coping with important changes that were occurring in your life? (5) |  |  |  |  |  |
| ... felt confident about your ability to handle your personal problems? (6) |  |  |  |  |  |
| ... felt that things were going your way? (7) |  |  |  |  |  |
| ... found that you could not cope with all the things that you had to do? (8) |  |  |  |  |  |
| ... been able to control irritation in your life? (9) |  |  |  |  |  |
| ... felt that you were on top of things? (10) |  |  |  |  |  |
| ... been angered because of things that happened that were outside your control? (11) |  |  |  |  |  |
| ... found yourself thinking about things that you had to accomplish? (12) |  |  |  |  |  |
| ... been able to control the way you spend your time? (13) |  |  |  |  |  |
| ... felt difficulties were piling up so high that you could not overcome them? (14) |  |  |  |  |  |

End of Block: Perceived Stress Scale

Start of Block: Risky Families

RF These are questions about your childhood and early adolescence (ages 5-15). Please think over your family life and answer these questions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (1) | Very rarely (2) | Occasionally (3) | Often (4) | Very Often (5) |
| How often did a parent or other adult in the household make you feel that you were loved, supported, and cared for? (1) |  |  |  |  |  |
| How often did a parent or other adult in the household swear at you, insult you, put you down, or act in a way that made you feel threatened? (2) |  |  |  |  |  |
| How often did a parent or other adult in the household express physical affection for you, such as hugging, or other physical gestures of warmth and affection? (3) |  |  |  |  |  |
| How often did a parent or other adult in the household push, grab, shove, or slap you? (4) |  |  |  |  |  |
| In your childhood, did you live with anyone who was a problem drinker or alcoholic, or who used street ci? (5) |  |  |  |  |  |
| Would you say that the household you grew up in was well-organized and well-managed? (6) |  |  |  |  |  |
| How often would you say that a parent or other adult in the household behaved violently toward a family member or visitor in your home? (7) |  |  |  |  |  |
| How often would you say there was quarreling, arguing, or shouting between your parents? (8) |  |  |  |  |  |
| How often would you say that there was quarreling, arguing, or shouting between a parent and one of your siblings? (9) |  |  |  |  |  |
| Would you say the household you grew up in was chaotic and disorganized? (10) |  |  |  |  |  |
| How often would you say you were neglected while you were growing up, that is, left on your own to fend for yourself? (11) |  |  |  |  |  |

End of Block: Risky Families

Start of Block: SCL90

SCL90 Below is a list of problems that people sometimes have. Please mark the response that best describes how much discomfort that problem has caused you during the past week, including today.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (1) | A little bit (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
| Headaches (1) |  |  |  |  |  |
| Nervousness or shakiness inside (2) |  |  |  |  |  |
| Repeated unpleasant thoughts that won't leave your mind (3) |  |  |  |  |  |
| Faintness or dizziness (4) |  |  |  |  |  |
| Loss of sexual interest or pleasure (5) |  |  |  |  |  |
| Feeling critical of others (6) |  |  |  |  |  |
| The idea that someone can control your thoughts (7) |  |  |  |  |  |
| Feeling others are to blame for most of your troubles (8) |  |  |  |  |  |
| Trouble remembering things (9) |  |  |  |  |  |
| Worried about sloppiness or carelessness (10) |  |  |  |  |  |
| Feeling easily annoyed or irritated (11) |  |  |  |  |  |
| Pains in the heart or chest (12) |  |  |  |  |  |
| Feeling afraid of open spaces or on the streets (13) |  |  |  |  |  |
| Feeling low in energy or slowed down (14) |  |  |  |  |  |
| Hearing voices that other people do not hear (15) |  |  |  |  |  |
| Trembling (16) |  |  |  |  |  |
| Feeling that most people cannot be trusted (17) |  |  |  |  |  |
| Poor appetite (18) |  |  |  |  |  |
| Crying easily (19) |  |  |  |  |  |
| Feeling shy or uneasy with the opposite sex (20) |  |  |  |  |  |
| Feeling of being trapped or caught (21) |  |  |  |  |  |
| Suddenly scared for no reason (22) |  |  |  |  |  |
| Temper outbursts that you could not control (23) |  |  |  |  |  |
| Feeling afraid to go out of your house alone (24) |  |  |  |  |  |
| Blaming yourself for things (25) |  |  |  |  |  |
| Pains in lower back (26) |  |  |  |  |  |
| Feeling blocked in getting things done (27) |  |  |  |  |  |
| Feeling lonely (28) |  |  |  |  |  |
| Feeling blue (29) |  |  |  |  |  |
| Worrying too much about things (30) |  |  |  |  |  |
| Feeling no interest in things (31) |  |  |  |  |  |
| Feeling fearful (32) |  |  |  |  |  |
| Your feelings being easily hurt (33) |  |  |  |  |  |
| Other people being aware of your private thoughts (34) |  |  |  |  |  |
| Feeling others do not understand you or are unsympathetic (35) |  |  |  |  |  |
| Feeling that people are unfriendly or dislike you (36) |  |  |  |  |  |
| Having to do things very slowly to ensure correctness (37) |  |  |  |  |  |
| Heart pounding or racing (38) |  |  |  |  |  |
| Nausea or upset stomach (39) |  |  |  |  |  |
| Feeling inferior to others (40) |  |  |  |  |  |
| Soreness of your muscles (41) |  |  |  |  |  |
| Feeling that you are being watched or talked about by others (42) |  |  |  |  |  |
| Trouble falling asleep (43) |  |  |  |  |  |
| Having to check and double-check what you do (44) |  |  |  |  |  |
| Difficulty making decisions (45) |  |  |  |  |  |
| Feeling afraid to travel on buses, subways, or trains (46) |  |  |  |  |  |
| Trouble getting your breath (47) |  |  |  |  |  |
| Hot or cold spells (48) |  |  |  |  |  |
| Having to avoid certain things, places, or activities because they frighten you (49) |  |  |  |  |  |
| Your mind going blank (50) |  |  |  |  |  |
| Numbness or tingling in parts of your body (51) |  |  |  |  |  |
| A lump in your throat (52) |  |  |  |  |  |
| Feeling hopeless about the future (53) |  |  |  |  |  |
| Trouble concentrating (54) |  |  |  |  |  |
| Feeling weak in parts of your body (55) |  |  |  |  |  |
| Feeling tense or keyed-up (56) |  |  |  |  |  |
| Heavy feeling in your arms or legs (57) |  |  |  |  |  |
| Overeating (58) |  |  |  |  |  |
| Feeling uneasy when people are watching or talking about you (59) |  |  |  |  |  |
| Having thoughts that are not your own (60) |  |  |  |  |  |
| Awakening early in the morning (61) |  |  |  |  |  |
| Having to repeat the same actions such as touching, counting, or washing (62) |  |  |  |  |  |
| Sleep that is restless or disturbed (63) |  |  |  |  |  |
| Having urges to break or smash things (64) |  |  |  |  |  |
| Having ideas or beliefs that others do not share (65) |  |  |  |  |  |
| Feeling very self-conscious with others (66) |  |  |  |  |  |
| Feeling uneasy in crowds, such as shopping or at a movie (67) |  |  |  |  |  |
| Feeling everything is an effort (68) |  |  |  |  |  |
| Spells of terror or panic (69) |  |  |  |  |  |
| Feeling uncomfortable about eating or drinking in public (70) |  |  |  |  |  |
| Getting into frequent arguments (71) |  |  |  |  |  |
| Feeling nervous when you are left alone (72) |  |  |  |  |  |
| Others not giving you proper credit for your achievements (73) |  |  |  |  |  |
| Feeling lonely even when you are with people (74) |  |  |  |  |  |
| Feeling so restless you couldn't sit still (75) |  |  |  |  |  |
| Feelings of worthlessness (76) |  |  |  |  |  |
| The feeling that something bad is going to happen to your body (77) |  |  |  |  |  |
| Shouting or throwing things (78) |  |  |  |  |  |
| Feeling afraid that you will faint in public (79) |  |  |  |  |  |
| Feeling that people will take advantage of you if you let them (80) |  |  |  |  |  |
| Having thoughts about sex that bother you a lot (81) |  |  |  |  |  |
| The idea that you should be punished for your sins (82) |  |  |  |  |  |
| Thoughts and images of a frightening nature (83) |  |  |  |  |  |
| The idea that something serious is wrong with your body (84) |  |  |  |  |  |
| Never feeling close to another person (87) |  |  |  |  |  |
| Feelings of guilt (85) |  |  |  |  |  |
| The idea that something is wrong with your mind (86) |  |  |  |  |  |

End of Block: SCL90

Start of Block: Pregnancy-Specific Anxiety Measure

PSAM Please click the appropriate choice to indicate how often you have felt each of these feelings about being pregnant (or about your partner being pregnant) this PAST WEEK.   
  
  
In this past week, how often have you felt:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Rarely (2) | Sometimes (3) | Often (4) | Always (5) |
| Anxious (4) |  |  |  |  |  |
| Confident (5) |  |  |  |  |  |
| In conflict (had mixed feelings) (6) |  |  |  |  |  |
| Lucky (7) |  |  |  |  |  |
| Concerned (8) |  |  |  |  |  |
| Excited (9) |  |  |  |  |  |
| Upset (10) |  |  |  |  |  |
| Happy (11) |  |  |  |  |  |
| Afraid (12) |  |  |  |  |  |
| Special (13) |  |  |  |  |  |
| Panicky (14) |  |  |  |  |  |
| Pleased (15) |  |  |  |  |  |
| Healthy (16) |  |  |  |  |  |

Q72 This next survey is about your feelings and expectations about the birth and your baby.  
  
  
Please indicate your own feelings about each statement below by choosing one of the following answers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not At All (1) | Somewhat (2) | Moderately (4) | Very Much (5) |
| I am very confident of (my partner) having a normal childbirth (1) |  |  |  |  |
| I feel well informed about labor and delivery (2) |  |  |  |  |
| I think my (partner's) labor and delivery will go normally (3) |  |  |  |  |
| I have a lot of fear regarding the health of my baby (4) |  |  |  |  |
| I am worried that the baby could be abnormal (5) |  |  |  |  |
| I am afraid that I/my partner will be harmed during delivery (6) |  |  |  |  |

Q73 These are things about pregnancy and new babies that might concern you. Please indicate how often these things concern you.  
  
  
I am concerned (worried) about:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never (1) | Sometimes (2) | Most of the Time (6) | A lot of the Time (7) |
| How the baby is growing and developing inside me/my partner (1) |  |  |  |  |
| Losing the baby (2) |  |  |  |  |
| Paying the bills for having a baby (3) |  |  |  |  |
| Gaining weight during my pregnancy (4) |  |  |  |  |
| (My partner) having a hard/difficult labor and delivery (5) |  |  |  |  |
| Taking care of a new baby (6) |  |  |  |  |
| (My partner) developing medical problems during (her) pregnancy (7) |  |  |  |  |

End of Block: Pregnancy-Specific Anxiety Measure

Start of Block: STAI

STAI\_State A number of statements which people have used to describe themselves are given below. Read each statement and then select the appropriate choice to indicate how you feel RIGHT NOW, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your PRESENT FEELINGS best.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (1) | Somewhat (2) | Moderately so (3) | Very much so (4) |
| I feel calm (1) |  |  |  |  |
| I feel secure (2) |  |  |  |  |
| I am tense (3) |  |  |  |  |
| I feel strained (4) |  |  |  |  |
| I feel at ease (5) |  |  |  |  |
| I feel upset (6) |  |  |  |  |
| I am presently worrying over possible misfortunes (7) |  |  |  |  |
| I feel satisfied (8) |  |  |  |  |
| I feel frightened (9) |  |  |  |  |
| I feel comfortable (10) |  |  |  |  |
| I feel self-confident (11) |  |  |  |  |
| I feel nervous (12) |  |  |  |  |
| I am jittery (13) |  |  |  |  |
| I feel indecisive (14) |  |  |  |  |
| I am relaxed (15) |  |  |  |  |
| I feel content (16) |  |  |  |  |
| I am worried (17) |  |  |  |  |
| I feel confused (18) |  |  |  |  |
| I feel steady (19) |  |  |  |  |
| I feel pleasant (20) |  |  |  |  |

STAI\_Trait A number of statements which people have used to describe themselves are given below. Read each statement and then select the appropriate choice to indicate how you GENERALLY feel. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe how you GENERALLY feel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Almost never (1) | Sometimes (2) | Often (3) | Almost always (4) |
| I feel pleasant (1) |  |  |  |  |
| I feel nervous and restless (2) |  |  |  |  |
| I feel satisfied with myself (3) |  |  |  |  |
| I wish I could be as happy as others seem to be (4) |  |  |  |  |
| I feel like a failure (5) |  |  |  |  |
| I feel rested (6) |  |  |  |  |
| I am "calm, cool, and collected" (7) |  |  |  |  |
| I feel that difficulties are piling up so that I cannot overcome them (8) |  |  |  |  |
| I worry too much over something that doesn't really matter (9) |  |  |  |  |
| I am happy (10) |  |  |  |  |
| I have disturbing thoughts (11) |  |  |  |  |
| I lack self-confidence (12) |  |  |  |  |
| I feel secure (13) |  |  |  |  |
| I make decisions easily (14) |  |  |  |  |
| I feel inadequate (15) |  |  |  |  |
| I am content (16) |  |  |  |  |
| Some unimportant thought runs through my mind and bothers me (17) |  |  |  |  |
| I take disappointments so keenly that I can't put them out of my mind (18) |  |  |  |  |
| I am a steady person (19) |  |  |  |  |
| I get in a state of tension or turmoil as I think over my recent concerns and interests (20) |  |  |  |  |

End of Block: STAI

Start of Block: Pregnancy Symptoms

PregSymp Please click the appropriate box to indicate whether you experienced any of the following health problems in the LAST 3 MONTHS.   
**If YES, please indicate HOW SEVERE, HOW DISTRESSING, AND HOW OFTEN by clicking the following appropriate boxes.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes/No | | If YES, how SEVERE was it? | | | | | | | | | If YES, how DISTRESSING was it? | | | | | | | | | If YES, how OFTEN? | | | |
|  | Yes (1) | No (2) | Not At All Severe (1) | 2 (2) | 3 (3) | Moderately Severe (4) | 5 (5) | 6 (6) | Extremely Severe (7) | 8 (8) | 9 (9) | Not At All Distressing (1) | 2 (2) | 3 (3) | Moderately Distressing (4) | 5 (5) | 6 (6) | Extremely Distressing (7) | 8 (8) | 9 (9) | 1 day or less (1) | 2-7 days (2) | 14-28 days (3) | More than 28 days (4) |
| Stomach Pains/Cramps (1) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heartburn (2) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach distention (3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indigestion (4) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unable to keep food down (5) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vomiting (6) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Constipation (7) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diarrhea (8) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Increased Appetite (9) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Poor Appetite (10) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Weight Gain (11) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Weight Loss (12) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| More colds than usual (13) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cough (14) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sore Throat (15) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breathlessness (16) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nosebleeds (17) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pain while urinating (18) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urinating more than usual (19) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Toothache (20) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sore Gums (21) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mouth Ulcers (22) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Back Pain (23) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Leg Cramps (24) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Headache (25) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tiredness (26) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fainting (27) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sleeping less than usual (28) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Early morning waking (29) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sleeping more than usual (30) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling low in mood (31) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mood swings (32) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling annoyed (33) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling frustrated (34) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling irritable (35) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling stressed (36) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling anxious (37) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling restless (38) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preoccupied (39) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lack of motivation (40) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Loss of memory (41) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Loss of concentration (42) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distracted (43) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unable to cope with daily life (44) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

End of Block: Pregnancy Symptoms

Start of Block: MOS Social Support Survey

MOS People sometimes look to others for companionship, assistance, or other types of support. How often does your partner make the following kinds of support available to you if you need it?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None of the time (1) | A little of the time (2) | Some of the time (3) | Most of the time (4) | All of the time (5) |
| Someone you can count on to listen to when you need to talk (2) |  |  |  |  |  |
| Someone to give you information to help you understand a situation (3) |  |  |  |  |  |
| Someone to give you good advice about a crisis (4) |  |  |  |  |  |
| Someone to confide in or talk to about yourself or your problems (5) |  |  |  |  |  |
| Someone whose advice you really want (6) |  |  |  |  |  |
| Someone to share your most private worries and fears with (7) |  |  |  |  |  |
| Someone to turn to for suggestions about how to deal with a personal problem (8) |  |  |  |  |  |
| Someone who understands your problems (9) |  |  |  |  |  |
| Someone to help you if you were confined to a bed (11) |  |  |  |  |  |
| Someone to take you to the doctor if you needed it (12) |  |  |  |  |  |
| Someone to prepare your meals if you were unable to do it yourself (13) |  |  |  |  |  |
| Someone to help with daily chores if you were sick (14) |  |  |  |  |  |
| Someone who shows you love and affection (16) |  |  |  |  |  |
| Someone to love and make you feel wanted (17) |  |  |  |  |  |
| Someone who hugs you (18) |  |  |  |  |  |
| Someone to have a good time with (20) |  |  |  |  |  |
| Someone to get together with for relaxation (21) |  |  |  |  |  |
| Someone to do something enjoyable with (22) |  |  |  |  |  |
| Someone to do things with to help you get your mind off things (23) |  |  |  |  |  |

End of Block: MOS Social Support Survey

Start of Block: BFI

BFI\_1 Here are a number of characteristics that may or may not apply to you.  For example, do you agree that you are someone who *likes to spend time with others*?  Please click the appropriate box to indicate the extent to which **you agree or disagree with that statement**.

BFI\_2 I am someone who:    
 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disagree Strongly (1) | Disagree a Little (2) | Neither Agree nor Disagree (3) | Agree a Little (4) | Agree Strongly (5) |
| Is talkative (1) |  |  |  |  |  |
| Tends to find fault with others (2) |  |  |  |  |  |
| Does a thorough job (3) |  |  |  |  |  |
| Is depressed, blue (4) |  |  |  |  |  |
| Is original, comes up with new ideas (5) |  |  |  |  |  |
| Is reserved (6) |  |  |  |  |  |
| Is helpful and unselfish with others (7) |  |  |  |  |  |
| Can be somewhat careless (8) |  |  |  |  |  |
| Is relaxed, handles stress well (9) |  |  |  |  |  |
| Is curious about many different things (10) |  |  |  |  |  |
| Is full of energy (11) |  |  |  |  |  |
| Starts quarrels with others (12) |  |  |  |  |  |
| Is a reliable worker (13) |  |  |  |  |  |
| Can be tense (14) |  |  |  |  |  |
| Is ingenious, a deep thinker (15) |  |  |  |  |  |
| Generates a lot of enthusiasm (16) |  |  |  |  |  |
| Has a forgiving nature (17) |  |  |  |  |  |
| Tends to be disorganized (18) |  |  |  |  |  |
| Worries a lot (19) |  |  |  |  |  |
| Has an active imagination (20) |  |  |  |  |  |
| Tends to be quiet (21) |  |  |  |  |  |
| Is generally trusting (22) |  |  |  |  |  |
| Tends to be lazy (23) |  |  |  |  |  |
| Is emotionally stable, not easily upset (24) |  |  |  |  |  |
| Is inventive (25) |  |  |  |  |  |
| Has an assertive personality (26) |  |  |  |  |  |
| Can be cold and aloof (27) |  |  |  |  |  |
| Perseveres until the task is finished (28) |  |  |  |  |  |
| Can be moody (29) |  |  |  |  |  |
| Values artistic, aesthetic experiences (30) |  |  |  |  |  |
| Is sometimes shy, inhibited (31) |  |  |  |  |  |
| Is considerate and kind to almost everyone (32) |  |  |  |  |  |
| Does things efficiently (33) |  |  |  |  |  |
| Remains calm in tense situations (34) |  |  |  |  |  |
| Prefers work that is routine (35) |  |  |  |  |  |
| Is outgoing, sociable (36) |  |  |  |  |  |
| Is sometimes rude to others (37) |  |  |  |  |  |
| Makes plans and follows through with them (38) |  |  |  |  |  |
| Gets nervous easily (39) |  |  |  |  |  |
| Likes to reflect, play with ideas (40) |  |  |  |  |  |
| Has few artistic interests (41) |  |  |  |  |  |
| Likes to cooperate with others (42) |  |  |  |  |  |
| Is easily distracted (43) |  |  |  |  |  |
| Is sophisticated in art, music, or literature (44) |  |  |  |  |  |

End of Block: BFI

Start of Block: WIAF

WIAF The following questions ask about your perceptions of the father’s role. Please check the extent to which you agree or disagree with each of the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree (1) | Agree (2) | Not Sure (3) | Disagree (4) | Strongly Disagree (5) |
| Fathers should spend more time interacting with their children and less time at work. (1) |  |  |  |  |  |
| Fathers play a central role in the child's personality development. (2) |  |  |  |  |  |
| Fathers should be the disciplinarians in the family. (3) |  |  |  |  |  |
| The father's role is to provide for his family, not babysit the children. (4) |  |  |  |  |  |
| A father should be as heavily involved in the direct care of his child (e.g. feeding, dressing) as the mother. (5) |  |  |  |  |  |
| The responsibilities of fatherhood never overshadow the joys. (6) |  |  |  |  |  |
| Fathers and mothers should spend an equal amount of time with their children. (7) |  |  |  |  |  |
| Fathers have a special responsibility to make sure their children feel safe and protected. (8) |  |  |  |  |  |
| It is as important for a father to meet a child's emotional needs (e.g. love, security) as it is for the mother to do so. (9) |  |  |  |  |  |
| The most important thing a man can invest time and energy into is his family. (10) |  |  |  |  |  |
| Fathers are just as sensitive in caring for children as mothers are. (11) |  |  |  |  |  |
| A special part of the father's role is to give children moral and ethical guidance. (12) |  |  |  |  |  |
| The way a father treats his child has important life-long effects. (13) |  |  |  |  |  |
| Taking care of his children financially is the best way for a father to show he cares about them. (14) |  |  |  |  |  |
| Fatherhood is a highly rewarding experience. (15) |  |  |  |  |  |

End of Block: WIAF

Start of Block: Brief Cope

COPE These items deal with ways you’ve been coping with stress resulting from upsetting events or thoughts related to your pregnancy/your partner’s pregnancy, or expecting the birth of your child. There are many ways to try to deal with problems, and these items specifically ask what you’ve been doing to cope with stress related to this topic.  Of course, different people deal with things in different ways, but we’re interested in how YOU have tried to deal with this stress.   Each item below says something about a particular way of coping.  We want to know to what extent (how much or how frequently) you’ve been doing what each item says.  Try to respond to each item separately in your mind from the others.  Also, don’t answer on the basis of whether it seems to be working or not – just whether or not you’re doing it. There are no “right” or “wrong” answers, so choose the most accurate answer for YOU – not what you think “most people” would say or do.  Make your answers as true FOR YOU and how you cope with stress resulting from upsetting events or thoughts related to your pregnancy/ your partner’s pregnancy, or expecting the birth of your child as you can.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I don't do this at all (1) | I do this a little bit (2) | I do this a medium amount (3) | I do this a lot (4) |
| I turn to work or other activities to take my mind off things. (1) |  |  |  |  |
| I concentrate my efforts on doing something about the situation I’m in. (2) |  |  |  |  |
| I say to myself, “This isn’t real." (3) |  |  |  |  |
| I use alcohol or other drugs to make myself feel better. (4) |  |  |  |  |
| I get emotional support from others. (5) |  |  |  |  |
| I give up trying to deal with it. (6) |  |  |  |  |
| I take action to try to make the situation better. (7) |  |  |  |  |
| I refuse to believe that it has happened. (8) |  |  |  |  |
| I say things to let my unpleasant feelings escape. (9) |  |  |  |  |
| I get help and advice from other people. (10) |  |  |  |  |
| I use alcohol or other drugs to help me get through it. (11) |  |  |  |  |
| I try to see it in a different light, to make it seem more positive. (12) |  |  |  |  |
| I criticize myself. (13) |  |  |  |  |
| I try to come up with a strategy about what to do. (14) |  |  |  |  |
| I get comfort and understanding from someone. (15) |  |  |  |  |
| I give up the attempt to cope. (16) |  |  |  |  |
| I look for something good in what is happening. (17) |  |  |  |  |
| I make jokes about it. (18) |  |  |  |  |
| I do something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. (19) |  |  |  |  |
| I accept the reality of the fact that it has happened. (20) |  |  |  |  |
| I express my negative feelings. (21) |  |  |  |  |
| I try to find comfort in my religion or spiritual beliefs. (22) |  |  |  |  |
| I try to get advice or help from other people about what to do. (23) |  |  |  |  |
| I learn to live with it. (24) |  |  |  |  |
| I think hard about what steps to take. (25) |  |  |  |  |
| I blame myself for things that happened. (26) |  |  |  |  |
| I pray or meditate. (27) |  |  |  |  |
| I make fun of the situation. (28) |  |  |  |  |

End of Block: Brief Cope

Start of Block: ISS

ISS This questionnaire is designed to measure the degree of satisfaction you have in the sexual relationship with your partner. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by choosing one of the given options.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | None of the time (1) | Very rarely (2) | A little of the time (3) | Some of the time (4) | A good part of the time (5) | Most of the time (6) | All of the time (7) |
| I feel that my partner enjoys our sex life. (1) |  |  |  |  |  |  |  |
| Our sex life is very exciting. (2) |  |  |  |  |  |  |  |
| Sex is fun for my partner and me. (3) |  |  |  |  |  |  |  |
| Sex with my partner has become a chore for me. (4) |  |  |  |  |  |  |  |
| I feel that our sex is dirty and disgusting. (5) |  |  |  |  |  |  |  |
| Our sex life is monotonous. (6) |  |  |  |  |  |  |  |
| When we have sex it is too rushed and hurriedly completed. (7) |  |  |  |  |  |  |  |
| I feel that my sex life is lacking in quality. (8) |  |  |  |  |  |  |  |
| My partner is sexually very exciting. (9) |  |  |  |  |  |  |  |
| I enjoy the sex techniques that my partner likes or uses. (10) |  |  |  |  |  |  |  |
| I feel that my partner wants too much sex from me. (11) |  |  |  |  |  |  |  |
| I think that our sex is wonderful. (12) |  |  |  |  |  |  |  |
| My partner dwells on sex too much. (13) |  |  |  |  |  |  |  |
| I try to avoid sexual contact with my partner. (14) |  |  |  |  |  |  |  |
| My partner is too rough or brutal when we have sex. (15) |  |  |  |  |  |  |  |
| My partner is a wonderful sex mate. (16) |  |  |  |  |  |  |  |
| I feel that sex is a normal function of our relationship. (17) |  |  |  |  |  |  |  |
| My partner does not want sex when I do. (18) |  |  |  |  |  |  |  |
| I feel that our sex life really adds a lot to our relationship. (19) |  |  |  |  |  |  |  |
| My partner seems to avoid sexual contact with me. (22) |  |  |  |  |  |  |  |
| It is easy for me to get sexually excited by my partner. (23) |  |  |  |  |  |  |  |
| I feel that my partner is sexually pleased with me. (24) |  |  |  |  |  |  |  |
| My partner is very sensitive to my sexual needs and desires. (25) |  |  |  |  |  |  |  |
| My partner does not satisfy me sexually. (26) |  |  |  |  |  |  |  |
| I feel that my sex life is boring. (27) |  |  |  |  |  |  |  |

End of Block: ISS

Start of Block: IRI

IRI This task consists of statements that inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate option, ranging from "Does not describe me very well" to "Describes me very well".

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Does not describe me very well (1) | (3) | (4) | (5) | Describes me very well (6) |
| I daydream and fantasize, with some regularity, about things that might happen to me. (1) |  |  |  |  |  |
| I often have tender, concerned feelings for people less fortunate than me. (2) |  |  |  |  |  |
| I sometimes find it difficult to see things from the “other guy’s” point of view. (3) |  |  |  |  |  |
| Sometimes I don’t feel very sorry for other people when they are having problems. (4) |  |  |  |  |  |
| I really get involved with the feelings of the characters in a novel. (5) |  |  |  |  |  |
| In emergency situations, I feel apprehensive and ill-at-ease. (6) |  |  |  |  |  |
| I am usually objective when I watch a movie or play, and I don’t often get completely caught up in it.. (7) |  |  |  |  |  |
| I try to look at everybody’s side of a disagreement before I make a decision. (8) |  |  |  |  |  |
| When I see someone being taken advantage of, I feel kind of protective towards them. (9) |  |  |  |  |  |
| I sometimes feel helpless when I am in the middle of a very emotional situation. (10) |  |  |  |  |  |
| I sometimes try to understand my friends better by imagining how things look from their perspective. (11) |  |  |  |  |  |
| Becoming extremely involved in a good book or movie is somewhat rare for me. (12) |  |  |  |  |  |
| When I see someone get hurt, I tend to remain calm. (13) |  |  |  |  |  |
| Other people’s misfortunes do not usually disturb me a great deal. (14) |  |  |  |  |  |
| If I’m sure I’m right about something, I don’t waste much time listening to other people’s arguments. (15) |  |  |  |  |  |
| After seeing a play or movie, I have felt as though I were one of the characters. (16) |  |  |  |  |  |
| Being in a tense emotional situation scares me. (17) |  |  |  |  |  |
| When I see someone being treated unfairly, I sometimes don’t feel very much pity for them. (18) |  |  |  |  |  |
| I am usually pretty effective in dealing with emergencies. (19) |  |  |  |  |  |
| I am often quite touched by things that I see happen. (20) |  |  |  |  |  |
| I believe that there are two sides to every question and try to look at them both. (21) |  |  |  |  |  |
| I would describe myself as a pretty soft-hearted person. (22) |  |  |  |  |  |
| When I watch a good movie, I can very easily put myself in the place of the leading character. (23) |  |  |  |  |  |
| I tend to lose control during emergencies. (24) |  |  |  |  |  |
| When I’m upset at someone, I usually try to “put myself in his shoes” for a while. (25) |  |  |  |  |  |
| When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me. (26) |  |  |  |  |  |
| When I see someone who badly needs help in an emergency, I go to pieces. (27) |  |  |  |  |  |
| Before criticizing somebody, I try to imagine how I would feel if I were in their place. (28) |  |  |  |  |  |

End of Block: IRI

Start of Block: LAP-R

LAP-R This questionnaire contains a number of statements related to opinions and feelings about you and life in general.  Read each statement carefully, then indicate the extent to which you agree or disagree by choosing one of the options provided. Try to use the "undecided" choice  sparingly.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree (1) | Agree (2) | Moderately Agree (3) | Undecided (4) | Moderately Disagree (5) | Disagree (6) | Strongly Disagree (7) |
| My past achievements have given my life meaning and purpose. (1) |  |  |  |  |  |  |  |
| In my life I have very clear goals and aims. (2) |  |  |  |  |  |  |  |
| I have discovered a satisfying life purpose. (3) |  |  |  |  |  |  |  |
| The meaning of life is evident in the world around us. (4) |  |  |  |  |  |  |  |
| I have been aware of an all powerful and consuming purpose towards which my life has been directed. (5) |  |  |  |  |  |  |  |
| I have a philosophy of life that gives my existence significance. (6) |  |  |  |  |  |  |  |
| Basically, I am living the kind of life I want to live. (7) |  |  |  |  |  |  |  |
| I know where my life is going in the future. (8) |  |  |  |  |  |  |  |
| In thinking of my life, I see a reason for my being here. (9) |  |  |  |  |  |  |  |
| I have a framework that allows me to understand or make sense of my life. (10) |  |  |  |  |  |  |  |
| In achieving life’s goals, I have felt completely fulfilled. (11) |  |  |  |  |  |  |  |
| I have the sense that parts of my life fit together in a unified pattern. (12) |  |  |  |  |  |  |  |
| I have a mission in life that gives me a sense of direction. (13) |  |  |  |  |  |  |  |
| I have a clear understanding of the ultimate meaning of life. (14) |  |  |  |  |  |  |  |
| My personal existence is orderly and coherent. (15) |  |  |  |  |  |  |  |
| My life is running over with exciting good things. (16) |  |  |  |  |  |  |  |

End of Block: LAP-R

Start of Block: PSQI

Q82 The following questions relate to your usual sleep habits during the past month *only*. Your answers should indicate the most accurate reply for the *majority* of days and nights in the past month. Please answer all questions.

Q84 During the past month, when have you usually gone to bed at night? 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q86 During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q88 During the past month, when have you usually gotten up in the morning?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q90 During the past month, how many hours of *actual* sleep did you get at night? (This may be different than the number of hours you spend in bed.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q92 For each of the remaining questions, choose the one best response. Please answer all questions.   
  
  
During the past month, how often have you had trouble sleeping because you...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not during the past month (1) | Less than once a week (2) | Once or twice a week (3) | Three or more times a week (4) |
| Cannot get to sleep within 30 minutes (1) |  |  |  |  |
| Wake up in the middle of the night or early morning (2) |  |  |  |  |
| Have to get up to use the bathroom (3) |  |  |  |  |
| Cannot breathe comfortably (4) |  |  |  |  |
| Cough or snore loudly (5) |  |  |  |  |
| Feel too cold (6) |  |  |  |  |
| Feel too hot (7) |  |  |  |  |
| Had bad dreams (8) |  |  |  |  |
| Have pain (9) |  |  |  |  |
| Other (10) |  |  |  |  |

Q94 During the past month, how would you rate your sleep quality overall?

* Very good (1)
* Fairly Good (2)
* Fairly Bad (3)
* Very Bad (4)

Q96 During the past month...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not during the past month (1) | Less than once a week (2) | Once or twice a week (3) | Three or more times a week (4) |
| How often have you taken medicine (prescribed or "over the counter") to help you sleep? (1) |  |  |  |  |
| How often have you had trouble staying awake while driving, eating meals, or engaging in social activity? (2) |  |  |  |  |

Q98 During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

* No problem at all (1)
* Only a very slight problem (2)
* Somewhat of a problem (3)
* A very big problem (4)

End of Block: PSQI

Start of Block: Maternal Attachment

Q106 Over the past two weeks, I have thought about, or been preoccupied with the baby inside me:

* almost all the time (1)
* very frequently (2)
* frequently (3)
* occasionally (4)
* not at all (5)

Q107 Over the past two weeks, when I have spoken about, or thought about the baby inside me, I got emotional feelings which were:

* very weak or non-existent (1)
* fairly weak (2)
* in between strong and week (3)
* fairly strong (4)
* very strong (5)

Q108 Over the past two weeks, my feelings about the baby inside me have been:

* very positive (1)
* mainly positive (2)
* mixed positive and negative (3)
* mainly negative (4)
* very negative (5)

Q109 Over the past two weeks, I have had the desire to read about, or get information about, the developing baby. This desire is:

* very weak or non-existent (1)
* fairly weak (2)
* neither strong nor weak (3)
* moderately strong (4)
* very strong (5)

Q110 Over the past two weeks, I have been trying to picture in my mind what the developing baby actually looks like in my womb:

* almost all the time (1)
* very frequently (2)
* frequently (3)
* occasionally (4)
* not at all (5)

Q111 Over the past two weeks, I think of the developing baby mostly as:

* a real little person with special characteristics (1)
* a baby like any other baby (2)
* a human being (3)
* a living thing (4)
* a thing not yet really alive (5)

Q112 Over the past two weeks, I have felt the baby inside me is dependent on me for its well-being:

* totally (1)
* a great deal (2)
* moderately (3)
* slightly (4)
* not at all (5)

Q113 Over the past two weeks, I have found myself talking to my baby when I am alone:

* not at all (1)
* occasionally (2)
* frequently (3)
* very frequently (4)
* almost all the time I am alone (5)

Q114 Over the past two weeks, when I think about (or talk to) my baby inside me, my thoughts:

* are always tender and loving (1)
* are mostly tender and loving (2)
* are a mixture of both tenderness and irritation (3)
* contain a fair bit of irritation (4)
* contain a lot of irritation (5)

Q115 The picture in my mind of what the baby at this stage actually looks like inside the womb is:

* very clear (1)
* fairly clear (2)
* fairly vague (3)
* very vague (4)
* I have no idea at all (5)

Q116 Over the past two weeks, when I think about the baby inside me, I get feelings which are:

* very sad (1)
* moderately sad (2)
* a mixture of happiness and sadness (3)
* moderately happy (4)
* very happy (5)

Q117 Some pregnant women sometimes get so irritated by the baby inside them that they feel like they want to hurt it or punish it:

* I couldn't imagine I would ever feel like this (1)
* I could imagine I might sometimes feel like this, but I never actually have (2)
* I have felt like this once or twice myself (3)
* I have occasionally felt like this myself (4)
* I have often felt like this myself (5)

Q118 Over the past two weeks, I have felt:

* very emotionally distant from my baby (1)
* moderately emotionally distant from my baby (2)
* not particularly emotionally close to my baby (3)
* moderately close emotionally to my baby (4)
* very close emotionally to my baby (5)

Q119 Over the past two weeks, I have taken care with what I eat to make sure the baby gets a good diet:

* not at all (1)
* once or twice when I ate (2)
* occasionally when I ate (3)
* quite often when I ate (4)
* every time I ate (5)

Q120 When I first see my baby after the birth, I expect I will feel:

* intense affection (1)
* mostly affection (2)
* dislike about one or two aspects of the baby (3)
* dislike about quite a few aspects of the baby (4)
* mostly dislike (5)

Q121 When my baby is born, I would like to hold the baby:

* immediately (1)
* after it has been wrapped in a blanket (2)
* after it has been washed (3)
* after a few hours for things to settle down (4)
* the next day (5)

Q122 Over the past two weeks, I have had dreams about the pregnancy or baby:

* not at all (1)
* occasionally (2)
* frequently (3)
* very frequently (4)
* almost every night (5)

Q123 Over the past two weeks, I have found myself feeling, or rubbing with my hand, the outside of my stomach where the baby is:

* a lot of times each day (1)
* at least once per day (2)
* occasionally (3)
* once only (4)
* not at all (5)

Q124 If the pregnancy was lost at this time (due to miscarriage or other accidental event) without any pain or injury to myself, I expect I would feel:

* very pleased (1)
* moderately pleased (2)
* neutral (i.e. neither sad nor pleased; or mixed feelings) (3)
* moderately sad (4)
* very sad (5)

End of Block: Maternal Attachment

Start of Block: Paternal Attachment

Q90 Over the past two weeks, I have thought about , or been preoccupied with the developing baby:

* almost all the time (1)
* very frequently (2)
* frequently (3)
* occasionally (4)
* not at all (5)

Q91 Over the past two weeks, when I have spoken about, or thought about the developing baby I got emotional feelings which were:

* very weak or non-existent (1)
* fairly weak (2)
* in between strong and weak (3)
* fairly strong (4)
* very strong (5)

Q92 Over the past two weeks my feelings about the developing baby have been:

* very positive (1)
* mainly positive (2)
* mixed positive and negative (3)
* mainly negative (4)
* very negative (5)

Q93 Over the past two weeks I have had the desire to read about, or get information about, the developing baby. This desire is:

* very weak or non-existent (1)
* fairly weak (2)
* neither strong nor weak (3)
* moderately strong (4)
* very strong (5)

Q94 Over the past two weeks I have been trying to picture in my mind what the developing baby actually looks like in my partner's womb:

* almost all the time (1)
* very frequently (2)
* frequently (3)
* occasionally (4)
* not at all (5)

Q95 Over the past two weeks I think of the developing baby mostly as:

* a real little person with special characteristics (1)
* a baby like any other baby (2)
* a human being (3)
* a living thing (4)
* a thing not yet really alive (5)

Q96 Over the past two weeks when I think about the developing baby, my thoughts:

* are always tender and loving (1)
* are mostly tender and loving (2)
* are a mixture of both tenderness and irritation (3)
* contain a fair bit of irritation (4)
* contain a lot of irritation (5)

Q97 Over the past two weeks, my ideas about possible names for the baby have been:

* very clear (1)
* fairly clear (2)
* fairly vague (3)
* very vague (4)
* I have no idea at all (5)

Q98 Over the past two weeks, when I think about the developing baby, I get feelings which are:

* very sad (1)
* moderately sad (2)
* a mixture of happiness and sadness (3)
* moderately happy (4)
* very happy (5)

Q99 Over the past two weeks, I have been thinking about what kind of child the baby will grow into:

* not at all (1)
* occasionally (2)
* frequently (3)
* very frequently (4)
* almost all the time (5)

Q100 Over the past two weeks, I have felt:

* very emotionally distant from the baby (1)
* moderately emotionally distant from the baby (2)
* not particularly emotionally close to the baby (3)
* moderately close emotionally to the baby (4)
* very close emotionally to the baby (5)

Q101 When I first see the baby after the birth, I expect I will feel:

* intense affection (1)
* mostly affection (2)
* affection, but I expect there may be a few aspects of the baby I will dislike (3)
* I expect there may be quite a few aspects of the baby I will dislike (4)
* I expect I might feel mostly dislike (5)

Q102 When the baby is born, I would like to hold the baby:

* immediately (1)
* after it has been wrapped in a blanket (2)
* after it has been washed (3)
* after a few hours for things to settle down (4)
* the next day (5)

Q103 Over the past two weeks, I have had dreams about the pregnancy or baby:

* not at all (1)
* occasionally (2)
* frequently (3)
* very frequently (4)
* almost every night (5)

Q104 Over the past two weeks, I have found myself feeling, or rubbing with my hand, the outside of my partner's stomach where the baby is:

* a lot of times each day (1)
* at least once per day (2)
* occasionally (3)
* once only (4)
* not at all (5)

Q105 If the pregnancy was lost at this time (due to miscarriage or other accidental event) without any pain or injury to my partner, I expect I would feel:

* very pleased (1)
* moderately pleased (2)
* neutral (i.e. neither sad nor pleased; or mixed feelings) (3)
* moderately sad (4)
* very sad (5)

End of Block: Paternal Attachment

Start of Block: Thank you, ID round 2

Q82 That's all for now! Thank you again for participating in the USC HATCH Study.  Please click continue to complete this part of the procedure.

|  |  |
| --- | --- |
| Page Break |  |

SubjectID2 STOP!  
 Do not type in this space!   
    
**Research Assistant**: Please type the participant's subject ID in the space below EXACTLY as it appears on the study documents.

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End of Block: Thank you, ID round 2