HATCH One-Year Survey 11.16.2017

Start of Block: Welcome, instructions, ID

Instructs Thank you again for participating in the USC HATCH Study. Throughout this survey, you complete a series of questionnaires and surveys. 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.

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)

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| Page Break |  |

End of Block: Welcome, instructions, ID

Start of Block: Demographic Information

Birthdate When was your baby born? Please use the format MM/DD/YYYY.

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

Baby Weigh How much did your baby weigh at birth?

* Pounds (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ounces (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

RelStat What is your current relationship status/living situation?

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

Smoker Have you ever smoked?

* Yes (1)
* No (2)

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

* Number of packs per day (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* For how many years? (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Breastfeed Have you ever breastfed your baby?

* Yes (1)
* No (2)

BF current Are you currently breastfeeding?

* Yes (1)
* No (2)

how long How long did you breastfeed for?

* Not at all (1)
* Less than one month (2)
* 1 - 3 months (3)
* 4 - 6 months (4)
* 7 - 9 months (5)
* More than 9 months (6)

exclusive Are you breastfeeding exclusively, or supplementing with formula?

* Breastfeeding exclusively (1)
* Supplementing with formula (2)

Q113 How long do you plan to continue breastfeeding?

* Less than one month (1)
* 1 - 3 Months (3)
* 4 - 6 Months (5)
* 7 - 9 Months (2)
* More than 9 Months (6)

Q114 Were you satisfied with how long you breastfed your baby?

* Not At All Satisfied (1)
* Slightly Satisfied (2)
* Moderately Satisfed (3)
* Very Satisfied (4)
* Extremely Satisfied (5)

Menstrual Has your menstrual period returned?

* Yes (1)
* No (2)

Q102 If so, when did it return? (MM/DD/YY)

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

Placenta Have you ingested your placenta?

* Yes (1)
* No (2)

Q105 If so, in what form? (e.g. capsules, raw, etc.)

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

Leave Did you take time off from work (maternity or paternity leave) after the birth of your baby? Please select the best choice from the following:

* I took paid leave that was subsidized by my employer (1)
* I took paid leave that was subsidized by sources other than my employer (e.g., state disability pay) (2)
* I took unpaid leave only (3)
* I took a combination of paid and unpaid leave (4)
* I am a freelancer or self-employed, and arranged my own time off from work (5)
* I did not take any paid or unpaid leave (6)

Q116 Altogether, about how much time did you take off from work, either paid or unpaid?

* Less than one month (1)
* 2 weeks (6)
* 1 - 3 Months (2)
* 4 - 6 Months (3)
* 7 - 9 Months (4)
* More than 9 Months (5)

Q117 Do you feel satisfied with the amount of time you took off from work?

* Not At All Satisifed (1)
* Somewhat Satisfied (2)
* Moderately Satisfied (3)
* Very Satisfied (4)
* Extremely Satisfied (5)

Q119 Please let us know if there is anything else you wish to tell us about your maternity or paternity leave and the amount of time you took off from work.

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Q120 Do you plan to have another child or children in the future?

* Definitely not (1)
* Probably not (2)
* Maybe (3)
* Probably yes (4)
* Definitely yes (5)

Q121 If you do have another child or children in the future, would you want to have this child with the same partner as your current child, or with a different partner?

* Different partner (1)
* Not sure (2)
* Same partner (3)

End of Block: Demographic Information

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

* I feel the same about myself as ever. (1)
* I have lost confidence in myself. (2)
* I am disappointed in myself. (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 thanI 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 early 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 choice 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: 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: MAI

Q107 The following sentences describe thoughts, feelings, and situations new parents may experience. Choose the answer that applies to you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Almost Always (1) | Often (2) | Sometimes (3) | Almost Never (4) |
| I feel love for my baby (1) |  |  |  |  |
| I feel warm and happy with my baby (2) |  |  |  |  |
| I want to spend special time with my baby (3) |  |  |  |  |
| I look forward to being with my bab (4) |  |  |  |  |
| Just seeing my baby makes me feel good (5) |  |  |  |  |
| I know my baby needs me (6) |  |  |  |  |
| I think my baby is cute (7) |  |  |  |  |
| I'm glad this baby is mine (8) |  |  |  |  |
| I feel special when my baby smiles (9) |  |  |  |  |
| I like to look into my baby's eyes (10) |  |  |  |  |
| I enjoy holding my baby (11) |  |  |  |  |
| I watch my baby sleep (12) |  |  |  |  |
| I want my baby near me (13) |  |  |  |  |
| I tell others about my baby (14) |  |  |  |  |
| It's fun being with my baby (15) |  |  |  |  |
| I enjoy having my baby cuddle with me (16) |  |  |  |  |
| I'm proud of my baby (17) |  |  |  |  |
| I like to see my baby do new things (18) |  |  |  |  |
| My thoughts are full of my baby (19) |  |  |  |  |
| I know my baby's personality (20) |  |  |  |  |
| I want my baby to trust me (21) |  |  |  |  |
| I know I am important to my baby (22) |  |  |  |  |
| I understand my baby's signals (23) |  |  |  |  |
| I give my baby special attention (24) |  |  |  |  |
| I comfort my baby when he/she is crying (25) |  |  |  |  |
| Loving my baby is easy (26) |  |  |  |  |

End of Block: MAI

Start of Block: ASQ 12 month

Q106 The following questions are about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please choose the answer that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (1) | Sometimes (2) | Not Yet (3) |
| Does your baby make two similar sounds, such as "ba-ba", "da-da," or "ga-ga"? (The sounds do not need to mean anything.) (1) |  |  |  |
| If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peeka-boo," "clap your hands," "So Big")? (2) |  |  |  |
| Does your baby follow one simple command, such as "Come here", "Give it to me", or "Put it Back" without your using gestures? (3) |  |  |  |
| Does your baby say three words, such as "Mama", "Dada", and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.) (4) |  |  |  |
| When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? (Make sure the object is present. Mark "yes" if she knows one object.) (5) |  |  |  |
| When your baby wants something, does he tell you by pointing to it? (6) |  |  |  |
| While holding onto furniture, does you baby bend down and pick up a toy from the floor and then return to a standing position? (31) |  |  |  |
| While holding onto furniture, does your baby lower herself with control (without falling or flopping down)? (32) |  |  |  |
| Does your baby walk beside furniture while holding on with only one hand? (33) |  |  |  |
| If you hold both hands just to balance your baby, does he take several steps without tripping or falling? (If your baby already walks alone, mark "yes" for this item.) (34) |  |  |  |
| When you hold one hand just to balance your baby, does she take several steps forward? (If your baby already walks alone, mark "yes" for this item.) (7) |  |  |  |
| Does your baby stand up in the middle of the floor by himself and take several steps forward? (8) |  |  |  |
| After one or two tries, does your baby pick up a piece of string with his first finger and thumb? (The string may be attached to a toy) (9) |  |  |  |
| Does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger? She may rest her arm or hand on the table while doing it. (10) |  |  |  |
| Does your baby put a small toy down, without dropping it, and then take his hand off the toy? (11) |  |  |  |
| Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the tips of her thumb and finger? (12) |  |  |  |
| Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.) (35) |  |  |  |
| Does your baby help turn the pages of a book? (You may lift a page for him to grasp) (36) |  |  |  |
| When holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")? (37) |  |  |  |
| Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)? (38) |  |  |  |
| After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden) (13) |  |  |  |
| If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, mark "yes" for this item) (14) |  |  |  |
| Does your baby drop two small toys, one after the other, into a container like a bowl or box? (You may show him how to do it.) (15) |  |  |  |
| After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If she already scribbles on her own, mark "yes" for this item) (39) |  |  |  |
| When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? (If he already lets go of the toy into your hand, mark "yes" for this item) (16) |  |  |  |
| When you dress your baby, does she push her arm through a sleeve once her arm is started in the hole of the sleeve? (17) |  |  |  |
| When you hold out your hand and ask for his toy, does your baby let go of it into your hand? (18) |  |  |  |
| When you dress your baby, does she lift her foot for her shoe, sock, or pant leg? (40) |  |  |  |
| Does your baby roll or throw a ball back to you so that you can return it to him? (41) |  |  |  |
| Does your baby play with a doll or stuffed animal by hugging it? (42) |  |  |  |

Q107 Does your baby use both hands and legs equally well?

* Yes (1)
* No (2)

Q108 Does your baby play with sounds or seem to make words?

* Yes (1)
* No (2)

Q109 When your baby is standing, are her feet flat on the surface most of the time?

* Yes (1)
* No (2)

Q110 Do you have concerns that your baby is too quiet or does not make sounds like other babies do?

* Yes (1)
* No (2)

Q111 Does either parent have a family history of childhood deafness or hearing impairment?

* Yes (1)
* No (2)

Q112 Do you have concerns about your baby's vision?

* Yes (1)
* No (2)

Q114 Has your baby had any medical problems in the last several months?

* Yes (1)
* No (2)

Q115 Do you have concerns about your baby's behavior?

* Yes (1)
* No (2)

Q116 Does anything about your baby worry you?

* Yes (1)
* No (2)

End of Block: ASQ 12 month

Start of Block: Parenting Stress Index

PSI This questionnaire contains 36 statements. Read each statement carefully, and then for each statement, select the option that best represents your level of agreement or disagreement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree (1) | Agree (2) | Not Sure (3) | Disagree (4) | Strongly Disagree (5) |
| I often have the feeling that I cannot handle things very well. (1) |  |  |  |  |  |
| I find myself giving up more of my life to meet my child's needs than I ever expected. (2) |  |  |  |  |  |
| I feel trapped by my responsibilities as a parent. (3) |  |  |  |  |  |
| Since having this child, I have been unable to do new and different things. (4) |  |  |  |  |  |
| Since having a child, I feel that I am almost never able to do things that I like to do. (5) |  |  |  |  |  |
| I am unhappy with the last purchase of clothing I made for myself. (6) |  |  |  |  |  |
| There are quite a few things that bother me about my life. (7) |  |  |  |  |  |
| Having a child has caused more problems than I expected in my relationship with my partner. (8) |  |  |  |  |  |
| I feel alone and without friends. (9) |  |  |  |  |  |
| When I go to a party, I usually expect not to enjoy myself. (10) |  |  |  |  |  |
| I am not as interested in people as I used to be. (11) |  |  |  |  |  |
| I don't enjoy things I used to. (12) |  |  |  |  |  |
| My child rarely does things for me that make me feel good. (13) |  |  |  |  |  |
| Most of the time I feel that my child does not like me and does not want to be close to me. (14) |  |  |  |  |  |
| My child smiles at me much less than I expected. (15) |  |  |  |  |  |
| When I do things for my child, I get the feeling that my efforts are not appreciated very much. (16) |  |  |  |  |  |
| When playing, my child doesn't often giggle or laugh. (17) |  |  |  |  |  |
| My child doesn't seem to learn as quickly as most children. (18) |  |  |  |  |  |
| My child doesn't seem to smile as much as most children. (19) |  |  |  |  |  |
| My child is not able to do as much as I expected. (20) |  |  |  |  |  |
| It takes a long time and it is very hard for my child to get used to new things. (21) |  |  |  |  |  |
| I expected to have closer and warmer feelings for my child than I do and this bothers me. (22) |  |  |  |  |  |
| Sometimes my child does things to bother me just to be mean. (23) |  |  |  |  |  |
| My child seems to cry or fuss more often than most children. (24) |  |  |  |  |  |
| My child generally wakes up in a bad mood. (25) |  |  |  |  |  |
| I feel that my child is very moody and easily upset. (26) |  |  |  |  |  |
| My child does a few things which bother me a great deal. (27) |  |  |  |  |  |
| My child reacts very strongly when something happens that he/she doesn't like. (28) |  |  |  |  |  |
| My child gets upset easily over the smallest thing. (29) |  |  |  |  |  |
| My child's sleeping or eating schedule was much harder to establish than expected. (30) |  |  |  |  |  |
| There are some things that my child does that really bother me a lot. (31) |  |  |  |  |  |
| My child turned out to be more of a problem than I had expected. (32) |  |  |  |  |  |
| My child makes more demands of me than most children. (33) |  |  |  |  |  |

PSI\_21 I feel that I am...

* 1) not very good at being a parent (1)
* 2) a person who has some trouble being a parent (2)
* 3) an average parent (3)
* 4) a better than average parent (4)
* 5) a very good parent (5)

PSI\_32 I have found that getting my child to do something or stop doing something is...

* 1) much harder than I expected (1)
* 2) somewhat harder than I expected (2)
* 3) about as hard as I expected (3)
* 4) somewhat easier than I expected (4)
* 5) much easier than I expected (5)

PSI\_33 Think carefully and count the number of things that your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, won't go to sleep, etc.

* 10+ (1)
* 8-9 (2)
* 6-7 (3)
* 4-5 (4)
* 1-3 (5)

End of Block: Parenting Stress Index

Start of Block: Parenting Stress Scale

PingSS The following statements describe feelings and perceptions about the experience of being a parent. Think of each item in terms of how your relationship with your child typically is. Please indicate the degree to which you agree or disagree with the following items by selecting the appropriate option corresponding to your level of agreement from "strongly disagree" to "strongly agree."

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Undecided (3) | Agree (4) | Strongly Agree (5) |
| I am happy in my role as a parent. (1) |  |  |  |  |  |
| There is little or nothing I wouldn't do for my child if it were necessary. (2) |  |  |  |  |  |
| Caring for my child sometimes takes more time and energy than I have to give. (3) |  |  |  |  |  |
| I sometimes worry whether I am doing enough for my child. (4) |  |  |  |  |  |
| I feel close to my child. (5) |  |  |  |  |  |
| I enjoy spending time with my child. (6) |  |  |  |  |  |
| My child is an important source of affection for me. (7) |  |  |  |  |  |
| My child gives me a more certain and optimistic view for the future. (8) |  |  |  |  |  |
| The major source of stress in my life is my child. (9) |  |  |  |  |  |
| Having a child leaves little time and flexibility in my life. (10) |  |  |  |  |  |
| Having a child has been a financial burden. (11) |  |  |  |  |  |
| It is difficult to balance different responsibilities because of my child. (12) |  |  |  |  |  |
| Th behavior of my child is often embarrassing or stressful to me. (13) |  |  |  |  |  |
| If I had to do it over again, I might decide to not have children. (14) |  |  |  |  |  |
| I feel overwhelmed by the responsibility of being a parent. (15) |  |  |  |  |  |
| Having children has meant having too few choices and too little control over my life. (16) |  |  |  |  |  |
| I am satisfied as a parent. (17) |  |  |  |  |  |
| I find my child enjoyable. (18) |  |  |  |  |  |

End of Block: Parenting Stress Scale

Start of Block: Postnatal Depression Scale

PDS\_ins Please select the response that comes closest to how you have been feeling IN THE PAST 7 DAYS. Please answer all questions.

PDS\_1 1. I have been able to laugh and see the funny side of things

* As much as I always could (1)
* Not quite as much now (2)
* Definitely not so much (3)
* Not at all (4)

PDS\_2 2. I have looked forward with enjoyment to things

* As much as I ever did (1)
* Rather less than I used to (2)
* Definitely less than I used to (3)
* Hardly at all (4)

PDS\_3 3. I have blamed myself unnecessarily when things went wrong

* Yes, most of the time (1)
* Yes, some of the time (2)
* Not very often (3)
* No, never (4)

PDS\_4 4. I have been anxious or worried for no good reason

* No, not at all (1)
* Hardly ever (2)
* Yes, sometimes (3)
* Yes, very often (4)

PDS\_5 5. I have felt scared or panicky for no very good reason

* Yes, quite a lot (1)
* Yes, sometimes (2)
* No, not much (3)
* No, Not at all (4)

PDS\_6 6. Things have been getting on top of me

* Yes, most of the time I haven't been able to cope at all (1)
* Yes, sometimes I haven't been coping as well as usual (2)
* No, most of the time I have coped quite well (3)
* No, I have been coping as well as ever (4)

PDS\_7 7. I have been so unhappy that I have had difficulty sleeping

* Yes, most of the time (1)
* Yes, sometimes (2)
* Not very often (3)
* No, not at all (4)

PDS\_8 8. I have felt sad or miserable

* Yes, most of the time (1)
* Yes, quite often (2)
* Not very often (3)
* No, not at all (4)

PDS\_9 9. I have been so unhappy that I have been crying

* Yes, most of the time (1)
* Yes, quite often (2)
* Only occasionally (3)
* No, Never (4)

End of Block: Postnatal Depression Scale

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: 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 (SCL90\_1) |  |  |  |  |  |
| Nervousness or shakiness inside (SCL90\_2) |  |  |  |  |  |
| Repeated unpleasant thoughts that won't leave your mind (SCL90\_3) |  |  |  |  |  |
| Faintness or dizziness (SCL90\_4) |  |  |  |  |  |
| Loss of sexual interest or pleasure (SCL90\_5) |  |  |  |  |  |
| Feeling critical of others (SCL90\_6) |  |  |  |  |  |
| The idea that someone can control your thoughts (SCL90\_7) |  |  |  |  |  |
| Feeling others are to blame for most of your troubles (SCL90\_8) |  |  |  |  |  |
| Trouble remembering things (SCL90\_9) |  |  |  |  |  |
| Worried about sloppiness or carelessness (SCL90\_10) |  |  |  |  |  |
| Feeling easily annoyed or irritated (SCL90\_11) |  |  |  |  |  |
| Pains in the heart or chest (SCL90\_12) |  |  |  |  |  |
| Feeling afraid of open spaces or on the streets (SCL90\_13) |  |  |  |  |  |
| Feeling low in energy or slowed down (SCL90\_14) |  |  |  |  |  |
| Hearing voices that other people do not hear (SCL90\_15) |  |  |  |  |  |
| Trembling (SCL90\_16) |  |  |  |  |  |
| Feeling that most people cannot be trusted (SCL90\_17) |  |  |  |  |  |
| Poor appetite (SCL90\_18) |  |  |  |  |  |
| Crying easily (SCL90\_19) |  |  |  |  |  |
| Feeling shy or uneasy with the opposite sex (SCL90\_20) |  |  |  |  |  |
| Feeling of being trapped or caught (SCL90\_21) |  |  |  |  |  |
| Suddenly scared for no reason (SCL90\_22) |  |  |  |  |  |
| Temper outbursts that you could not control (SCL90\_23) |  |  |  |  |  |
| Feeling afraid to go out of your house alone (SCL90\_24) |  |  |  |  |  |
| Blaming yourself for things (SCL90\_25) |  |  |  |  |  |
| Pains in lower back (SCL90\_26) |  |  |  |  |  |
| Feeling blocked in getting things done (SCL90\_27) |  |  |  |  |  |
| Feeling loney (SCL90\_28) |  |  |  |  |  |
| Feeling blue (SCL90\_29) |  |  |  |  |  |
| Worrying too much about things (SCL90\_30) |  |  |  |  |  |
| Feeling no interest in things (SCL90\_31) |  |  |  |  |  |
| Feeling fearful (SCL90\_32) |  |  |  |  |  |
| Your feelings being easily hurt (SCL90\_33) |  |  |  |  |  |
| Other people being aware of your private thoughts (SCL90\_34) |  |  |  |  |  |
| Feeling others do not understand you or are unsympathetic (SCL90\_35) |  |  |  |  |  |
| Feeling that people are unfriendly or dislike you (SCL90\_36) |  |  |  |  |  |
| Having to do things very slowly to ensure correctness (SCL90\_37) |  |  |  |  |  |
| Heart pounding or racing (SCL90\_38) |  |  |  |  |  |
| Nausea or upset stomach (SCL90\_39) |  |  |  |  |  |
| Feeling inferior to others (SCL90\_40) |  |  |  |  |  |
| Soreness of your muscles (SCL90\_41) |  |  |  |  |  |
| Feeling that you are being watched or talked about by others (SCL90\_42) |  |  |  |  |  |
| Trouble falling asleep (SCL90\_43) |  |  |  |  |  |
| Having to check and double-check what you do (SCL90\_44) |  |  |  |  |  |
| Difficulty making decisions (SCL90\_45) |  |  |  |  |  |
| Feeling afraid to travel on buses, subways, or trains (SCL90\_46) |  |  |  |  |  |
| Trouble getting your breath (SCL90\_47) |  |  |  |  |  |
| Hot or cold spells (SCL90\_48) |  |  |  |  |  |
| Having to avoid certain things, places, or activities because they frighten you (SCL90\_49) |  |  |  |  |  |
| Your mind going blank (SCL90\_50) |  |  |  |  |  |
| Numbness or tingling in parts of your body (SCL90\_51) |  |  |  |  |  |
| A lump in your throat (SCL90\_52) |  |  |  |  |  |
| Feeling hopeless about the future (SCL90\_53) |  |  |  |  |  |
| Trouble concentrating (SCL90\_54) |  |  |  |  |  |
| Feeling weak in parts of your body (SCL90\_55) |  |  |  |  |  |
| Feeling tense or keyed-up (SCL90\_56) |  |  |  |  |  |
| Heavy feeling in your arms or legs (SCL90\_57) |  |  |  |  |  |
| Overeating (SCL90\_58) |  |  |  |  |  |
| Feeling uneasy when people are watching or talking about you (SCL90\_59) |  |  |  |  |  |
| Having thoughts that are not your own (SCL90\_60) |  |  |  |  |  |
| Awakening early in the morning (SCL90\_61) |  |  |  |  |  |
| Having to repeat the same actions such as touching, counting, or washing (SCL90\_62) |  |  |  |  |  |
| Sleep that is restless or disturbed (SCL90\_63) |  |  |  |  |  |
| Having urges to break or smash things (SCL90\_64) |  |  |  |  |  |
| Having ideas or beliefs that others do not share (SCL90\_65) |  |  |  |  |  |
| Feeling very self-conscious with others (SCL90\_66) |  |  |  |  |  |
| Feeling uneasy in crowds, such as shopping or at a movie (SCL90\_67) |  |  |  |  |  |
| Feeling everything is an effort (SCL90\_68) |  |  |  |  |  |
| Spells of terror or panic (SCL90\_69) |  |  |  |  |  |
| Feeling uncomfortable about eating or drinking in public (SCL90\_70) |  |  |  |  |  |
| Getting into frequent arguments (SCL90\_71) |  |  |  |  |  |
| Feeling nervous when you are left alone (SCL90\_72) |  |  |  |  |  |
| Others not giving you proper credit for your achievements (SCL90\_73) |  |  |  |  |  |
| Feeling lonely even when you are with people (SCL90\_74) |  |  |  |  |  |
| Feeling so restless you couldn't sit still (SCL90\_75) |  |  |  |  |  |
| Feelings of worthlessness (SCL90\_76) |  |  |  |  |  |
| The feeling that something bad is going to happen to your body (SCL90\_77) |  |  |  |  |  |
| Shouting or throwing things (SCL90\_78) |  |  |  |  |  |
| Feeling afraid that you will faint in public (SCL90\_79) |  |  |  |  |  |
| Feeling that people will take advantage of you if you let them (SCL90\_80) |  |  |  |  |  |
| Having thoughts about sex that bother you a lot (SCL90\_81) |  |  |  |  |  |
| The idea that you should be punished for your sins (SCL90\_82) |  |  |  |  |  |
| Thoughts and images of a frightening nature (SCL90\_83) |  |  |  |  |  |
| The idea that something serious is wrong with your body ever feeling close to another person (SCL90\_84) |  |  |  |  |  |
| Feelings of guilt (SCL90\_85) |  |  |  |  |  |
| The idea that something is wrong with your mind (SCL90\_86) |  |  |  |  |  |

End of Block: SCL90

Start of Block: MOS Social Support Survey

Q103 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: COPE + LAP-R

Q121 These items deal with ways you’ve been coping with stress resulting from upsetting events or thoughts related to the recent 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 current stress 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) |  |  |  |  |

Q123 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: COPE + LAP-R

Start of Block: ECR-R

Q97 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: ECR-R

Start of Block: IBQR

Q87 As you read the description of the baby's behavior below, please indicate how often the baby did this during the LAST WEEK (the past seven days) by choosing one of the given options. The "Does Not Apply" column is used when you did not see the baby in the situation described during the last week. For example, if the situation mentions the baby having to wait for foods or liquids and there was no time during the last week when the baby had to wait, click the "Does Not Apply" option. "Does Not Apply" is different from "Never". "Never" is used when you saw the baby in the situation but the baby never engaged in the behavior listed during the last week. For example, if the baby did have to wait for food or liquids at least once but never cried loudly while waiting, choose the "Never" option.   
  
  
Please be sure to choose an option for EVERY item.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never (1) | Very Rarely (2) | Less than Half the Time (3) | About Half the Time (4) | More than Half the Time (5) | Almost Always (6) | Always (7) | Does Not Apply (8) |
| When being dressed or undressed during the last week, how often did the baby squirm and/or try to roll away? (1) |  |  |  |  |  |  |  |  |
| When tossed around playfully, how often did the baby laugh? (2) |  |  |  |  |  |  |  |  |
| When tired, how often did your baby show distress? (3) |  |  |  |  |  |  |  |  |
| When introduced to an unfamiliar adult, how often did the baby cling to a parent? (4) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby enjoy being read to? (5) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby play with one toy or object for 5-10 minutes? (6) |  |  |  |  |  |  |  |  |
| How often during the week did your baby move quickly toward new objects? (7) |  |  |  |  |  |  |  |  |
| When put into the bath water, how often did the baby laugh? (8) |  |  |  |  |  |  |  |  |
| When it was time for bed or a nap and your baby did not want to go, how often did s/he whimper or sob? (9) |  |  |  |  |  |  |  |  |
| After sleeping, how often did the baby cry if someone didn't come within a few minutes? (10) |  |  |  |  |  |  |  |  |
| In the last week, while being fed in your lap, how often did the baby seem eager to get away as soon as the feeding was over? (11) |  |  |  |  |  |  |  |  |
| When singing or talking to your baby, how often did s/he soothe immediately? (12) |  |  |  |  |  |  |  |  |
| When placed on his/her back, how often did the baby squirm and/or turn body? (13) |  |  |  |  |  |  |  |  |
| During a peekaboo game, how often did the baby laugh? (14) |  |  |  |  |  |  |  |  |
| How often does the infant look up from playing when the telephone rings? (15) |  |  |  |  |  |  |  |  |
| How often did the baby seem angry (crying and fussing) when you left him/her in the crib? (16) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby startle at a sudden change in body position (e.g., when moved suddenly)? (17) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby enjoy hearing the sound of words, as in nursery rhymes? (18) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby look at pictures in books and/or magazines for 5 minutes or longer at a time? (19) |  |  |  |  |  |  |  |  |
| When visiting a new place, how often did your baby get excited about exploring new surroundings? (20) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby smile or laugh when given a toy? (21) |  |  |  |  |  |  |  |  |
| At the end of an exciting day, how often did your baby become tearful? (22) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby protest being placed in a confining place (infant seat, play pen, car seat, etc.)? (23) |  |  |  |  |  |  |  |  |
| When being held, in the last week, did your baby seem to enjoy him/herself? (24) |  |  |  |  |  |  |  |  |
| When showing the baby something to look at, how often did s/he soothe immediately? (25) |  |  |  |  |  |  |  |  |
| When hair was washed, how often did the baby vocalize? (26) |  |  |  |  |  |  |  |  |
| How often did your baby notice the sound of an airplane passing overhead? (27) |  |  |  |  |  |  |  |  |
| When introduced to an unfamiliar adult, how often did the baby refuse to go to the unfamiliar person? (28) |  |  |  |  |  |  |  |  |
| When you were busy with another activity, and your baby was not able to get your attention, how often did s/he cry? (29) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby enjoy gentle rhythmic activities, such as rocking or swaying? (30) |  |  |  |  |  |  |  |  |
| How often during the last week did the baby stare at a mobile, crib bumper, or picture for 5 minutes or longer? (31) |  |  |  |  |  |  |  |  |
| When the baby wanted something, how often did s/he become upset when s/he could not get what s/he wanted? (32) |  |  |  |  |  |  |  |  |
| When in the presence of several unfamiliar adults, how often did the baby cling to a parent? (33) |  |  |  |  |  |  |  |  |
| When rocked or hugged, in the last week, did your baby seem to enjoy him/herself? (34) |  |  |  |  |  |  |  |  |
| When patting or gently rubbing some part of the baby's body, how often did s/he soothe immediately? (35) |  |  |  |  |  |  |  |  |
| How often did your baby make talking sounds when riding in a car? (36) |  |  |  |  |  |  |  |  |
| When placed in an infant seat or car seat, how often did the baby squirm and turn his/her body? (37) |  |  |  |  |  |  |  |  |

End of Block: IBQR

Start of Block: BCQ

Q94 Choose how strongly you agree/disagree with these statements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Agree (3) | Strongly Agree (4) |
| Babies can have a good night's sleep regardless of scheduling. (1) |  |  |  |  |
| Strict sleeping routines prevent parent(s) from enjoying their child. (2) |  |  |  |  |
| Sleeping schedules make babies unhappy. (3) |  |  |  |  |
| It is important to introduce a sleeping schedule as early as possible. (4) |  |  |  |  |
| Babies benefit from a quiet room to sleep. (5) |  |  |  |  |
| Babies benefit from a fixed napping/sleeping schedule. (6) |  |  |  |  |
| Some days, babies need more or less sleep than other days. (7) |  |  |  |  |
| Babies benefit from physical contact with parent(s) when they wake during the night. (8) |  |  |  |  |
| When babies cry in the night to check if someone is near, it is best to leave them. (9) |  |  |  |  |
| Implementing feeding/eating schedules leads to a calm and content baby. (10) |  |  |  |  |
| Feeding/eating routines are difficult to follow. (11) |  |  |  |  |
| One danger of feeding/eating schedules is that babies might not get enough to eat. (12) |  |  |  |  |
| Following feeding/eating routines prevents parent(s) from enjoying parenthood to the full. (13) |  |  |  |  |
| It is important to introduce a feeding/eating schedule as early as possible. (14) |  |  |  |  |
| Babies will not follow feeding/eating schedules. (15) |  |  |  |  |
| Parent(s) should find a pattern of feeding/eating that suits the baby. (16) |  |  |  |  |
| Baby-led feeding leads to behavioral and sleep problems. (17) |  |  |  |  |
| Offering milk/food to a baby is a good way to test whether she/he is hungry. (18) |  |  |  |  |
| Babies will eat whenever milk/food is offered even if they are not hungry. (19) |  |  |  |  |
| Babies with regular schedules spend less time crying. (20) |  |  |  |  |
| Babies cry no matter what their routines. (21) |  |  |  |  |
| Routines lead to more crying. (22) |  |  |  |  |
| Having a set routine helps an upset baby calm down. (23) |  |  |  |  |
| Babies with regular schedules cry just as much as babies without regular schedules. (24) |  |  |  |  |
| Parent(s) should delay responding to a crying baby. (25) |  |  |  |  |
| It is a good idea to have a set time you leave a baby to calm himself/herself down, and increase this amount of time each week. (26) |  |  |  |  |
| Physical contact such as stroking or rocking helps a baby to be calm. (27) |  |  |  |  |
| Holding babies frequently during the day makes them more demanding. (28) |  |  |  |  |
| Responding quickly to a crying baby leads to less crying in the long run. (29) |  |  |  |  |
| Leaving a baby to cry can cause emotional insecurity. (30) |  |  |  |  |

End of Block: BCQ

Start of Block: PBQ

Q119 Please indicate how often the following are true for you. There are no "right" or "wrong" answers. Choose the answer which seems right in your recent experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always (1) | Very Often (2) | Quite Often (3) | Sometimes (4) | Rarely (5) | Never (6) |
| I feel close to my baby (1) |  |  |  |  |  |  |
| I wish the old days when I had no baby would come back (2) |  |  |  |  |  |  |
| I feel distant from my baby (3) |  |  |  |  |  |  |
| I love to cuddle my baby (4) |  |  |  |  |  |  |
| I regret having this baby (5) |  |  |  |  |  |  |
| The baby does not seem to be mine (6) |  |  |  |  |  |  |
| My baby winds me up (7) |  |  |  |  |  |  |
| I love my baby to bits (8) |  |  |  |  |  |  |
| I feel happy when my baby smiles or laughs (9) |  |  |  |  |  |  |
| My baby irritates me (10) |  |  |  |  |  |  |
| I enjoy playing with my baby (11) |  |  |  |  |  |  |
| My baby cries too much (12) |  |  |  |  |  |  |
| I feel trapped as a mother/father (13) |  |  |  |  |  |  |
| I feel angry with my baby (14) |  |  |  |  |  |  |
| I resent my baby (15) |  |  |  |  |  |  |
| My baby is the most beautiful baby in the world (16) |  |  |  |  |  |  |
| I wish my baby would somehow go away (17) |  |  |  |  |  |  |
| I have done harmful things to my baby (18) |  |  |  |  |  |  |
| My baby makes me feel anxious (19) |  |  |  |  |  |  |
| I am afraid of my baby (20) |  |  |  |  |  |  |
| My baby annoys me (21) |  |  |  |  |  |  |
| I feel confident when caring for my baby (22) |  |  |  |  |  |  |
| I feel the only solution is for someone else to look after my baby (23) |  |  |  |  |  |  |
| I feel like hurting my baby (24) |  |  |  |  |  |  |
| My baby is easily comforted (25) |  |  |  |  |  |  |

End of Block: PBQ

Start of Block: PSQI

Q98 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.

Q100 During the past month, when have you usually gone to bed at night? 

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

Q102 During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

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

Q104 During the past month, when have you usually gotten up in the morning?

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

Q106 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.)

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

Q108 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) |  |  |  |  |

Q110 During the past month, how would you rate your sleep quality overall?

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

Q112 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) |  |  |  |  |

Q114 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: Inv Model Scale

Q107 Please indicate the degree to which you agree with each of the following statements regarding your current relationship.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Don't Agree At All (1) | Agree Slightly (2) | Agree Moderately (3) | Agree Completely (4) |
| My partner fulfills my needs for intimacy (sharing person thoughts, secrets, etc. ) (4) |  |  |  |  |
| My partner fulfills my needs for companionship (doing things together, enjoying each other's company, etc.) (7) |  |  |  |  |
| My partner fulfills my sexual needs (holding hands, kissing, etc.) (9) |  |  |  |  |
| My partner fulfills my needs for security (feeling trusting, comfortable in a stable relationship, etc.) (5) |  |  |  |  |
| My partner fulfills my needs for emotional involvement (feeling emotionally attached, feeling good when another feels good, etc.) (10) |  |  |  |  |

Q108 Please indicate the degree to which you agree with each of the following statements regarding your current relationship (from "0 - Do Not Agree At All" to "8 - Completely Agree")

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Do Not Agree At All (1) | 1 (2) | 2 (3) | 3 (4) | Agree Somewhat (5) | 5 (6) | 6 (7) | 7 (8) | Agree Completely (9) |
| I feel satisfied with our relationship (1) |  |  |  |  |  |  |  |  |  |
| My relationship is much better than others' relationships (2) |  |  |  |  |  |  |  |  |  |
| My relationship is close to ideal (3) |  |  |  |  |  |  |  |  |  |
| Our relationship makes me very happy (4) |  |  |  |  |  |  |  |  |  |
| Our relationship does a good job of fulfilling my needs for intimacy, companionship, etc. (5) |  |  |  |  |  |  |  |  |  |

Q109 Please indicate the degree to which you agree with each statement regarding the fulfillment of each need in alternative relationships (e.g., by another dating partner, friends, family).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Don't Agree At All (1) | Agree Slightly (2) | Agree Moderately (3) | Agree Completely (4) |
| My needs for intimacy (sharing personal thoughts, secrets, etc.) could be fulfilled in alternative relationships (1) |  |  |  |  |
| My needs for companionship (doing things together, enjoying each other's company, etc.) could be fulfilled in alternative relationships (2) |  |  |  |  |
| My sexual needs (holding hands, kissing, etc.) could be fulfilled in alternative relationships (3) |  |  |  |  |
| My needs for security (feeling trusting, comfortable in a stable relationship, etc.) could be fulfilled in alternative relationships (4) |  |  |  |  |
| My needs for emotional involvement (feeling emotionally attached, feeling good when another feels good, etc.) could be fulfilled in alternative relationships (5) |  |  |  |  |

Q110 Please indicate the degree to which you agree with each statement regarding the fulfillment of each need in alternative relationships (e.g., by another dating partner, friends, family).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Do Not Agree At All (1) | 1 (2) | 2 (3) | 3 (4) | Agree Somewhat (5) | 5 (6) | 6 (7) | 7 (8) | Agree Completely (9) |
| The people other than my partner with whom I might become involved are very appealing (1) |  |  |  |  |  |  |  |  |  |
| My alternatives to our relationship are close to ideal (dating another, spending time with friends or on my own, etc.) (2) |  |  |  |  |  |  |  |  |  |
| If I weren't dating my partner, I would do fine - I would find another appealing person to date (3) |  |  |  |  |  |  |  |  |  |
| My alternatives are attractive to me (dating another, spending time with friends or on my own, etc.) (4) |  |  |  |  |  |  |  |  |  |
| My needs for intimacy, companionship, etc., could easy be fulfilled in an alternative relationship (5) |  |  |  |  |  |  |  |  |  |

Q111 Please indicate the degree to which you agree with the following statements regarding your current relationship

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Don't Agree At All (1) | Agree Slightly (2) | Agree Moderately (3) | Agree Completely (4) |
| I have invested a great deal of time in our relationship (1) |  |  |  |  |
| I have told my partner many private things about myself (I disclose secrets to him/her) (2) |  |  |  |  |
| My partner and I have an intellectual life together that would be difficult to replace (3) |  |  |  |  |
| My sense of personal identity (who I am) is linked to my partner and our relationship (4) |  |  |  |  |
| My partner and I share many memories (5) |  |  |  |  |

Q112 Please indicate the degree to which you agree with the following statements regarding your current relationship

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Do Not Agree At All (1) | 1 (2) | 2 (3) | 3 (4) | Agree Somewhat (5) | 5 (6) | 6 (7) | 7 (8) | Agree Completely (9) |
| I have put a great deal into our relationship that I would lose if the relationship were to end (1) |  |  |  |  |  |  |  |  |  |
| Many aspects of my life have become linked to my partner (recreational activities, etc.), and I would lose all of this if we were to break up (2) |  |  |  |  |  |  |  |  |  |
| I feel very involved in our relationship - like I have put a great deal into it (3) |  |  |  |  |  |  |  |  |  |
| My relationships with friends and family members would be complicated if my partner and I were to break up (e.g., partner is friends with people I care about) (4) |  |  |  |  |  |  |  |  |  |
| Compared to other people I know, I have invested a great deal in my relationship with my partner (5) |  |  |  |  |  |  |  |  |  |
| I want our relationship to last for a very long time (6) |  |  |  |  |  |  |  |  |  |
| I am committed to maintaining my relationship with my partner (7) |  |  |  |  |  |  |  |  |  |
| I would not feel very upset if our relationship were to end in the near future (8) |  |  |  |  |  |  |  |  |  |
| It is likely that I will date someone other than my partner within the next year (9) |  |  |  |  |  |  |  |  |  |
| I feel very attached to our relationship - very strongly linked to my partner (10) |  |  |  |  |  |  |  |  |  |
| I want our relationship to last forever (11) |  |  |  |  |  |  |  |  |  |
| I am oriented toward the long-term future of my relationship (for example, I imagine being with my partner several years from now) (12) |  |  |  |  |  |  |  |  |  |

End of Block: Inv Model Scale

Start of Block: PAT

Q122 Suppose you took care of a neighbor's child one afternoon, and the two of you had a really good time together. How important do you believe the following factors would be as reasons for such an experience?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not important at all (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | Very important (7) |
| Whether or not this was a "good day" for the child, e.g. whether there was a TV show s/he particularly wanted to see (or some other special thing to do). (1) |  |  |  |  |  |  |  |
| How lucky you were in just having everything work out well (2) |  |  |  |  |  |  |  |
| How much the child enjoys being with adults (3) |  |  |  |  |  |  |  |
| How pleasant a disposition the child had (4) |  |  |  |  |  |  |  |
| How well the neighbor had set things up for you in advance (5) |  |  |  |  |  |  |  |
| Whether the child was rested (6) |  |  |  |  |  |  |  |

Q124 The next question asks about BAD experiences with children. Reasons for good interactions are not necessarily the same as those for unsuccessful ones. So please think about this situation without regard for the way you answered the first question. 

Q123   
Suppose you took care of a neighbor's child one afternoon, and the two of you did not get along well. How important do you believe the following factors would be as possible reasons for such an experience?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not at all important (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | Very important (7) |
| How unpleasant a disposition the child had (1) |  |  |  |  |  |  |  |
| Whether the child was tired or not feeling well (2) |  |  |  |  |  |  |  |
| Whether or not you really enjoy children that much (3) |  |  |  |  |  |  |  |
| Whether or not this was a bad day for the child, e.g. whether there was nothing good on TV, whether it was raining and s/he couldn't go outside (4) |  |  |  |  |  |  |  |
| Whether you used the wrong approach for the child (5) |  |  |  |  |  |  |  |
| The extent to which the child was stubborn and resisted your efforts (6) |  |  |  |  |  |  |  |
| How you get along with children in general (7) |  |  |  |  |  |  |  |
| What kind of mood you were in that day (8) |  |  |  |  |  |  |  |
| How hungry the child was (9) |  |  |  |  |  |  |  |
| How little effort the child made to take an interest in what you said or did (10) |  |  |  |  |  |  |  |
| The extent to which you were not feeling well that day (11) |  |  |  |  |  |  |  |
| Whether or not this was a bad day for you in general (12) |  |  |  |  |  |  |  |

End of Block: PAT

Start of Block: Parenting Responsibility Questions

Q153 Think about your schedule on a typical weekday (Monday to Friday). About how many waking hours do you spend with your baby?

* More than 8 hours (1)
* 5-8 hours (2)
* 3-4 hours (3)
* 2-3 hours (4)
* 1-2 hours (5)
* Less than 1 hour (6)

Q154 Of that average **weekday** (Monday to Friday) time, about how much of that time do you spend alone with the baby or as the main caregiver (in charge of the baby while your partner is doing something else)?

* All or most (at least 75%) of that time (1)
* Between 50-75% of that time (2)
* About half of that time (3)
* Between 25%-50% of that time (4)
* Less than 25% of that time (5)

Q155 On an average weekend day, about how many waking hours do you spend with your baby?

* The whole day (1)
* More than 8 hours (2)
* 5-8 hours (3)
* 3-5 hours (4)
* 1-3 hours (5)
* Less than 1 hour (6)

Q156 Of that average weekend time, about how much of that time do you spend alone with the baby or as the main caregiver (in charge of the baby while your partner is doing something else)?

* All or most (at least 75%) of that time (1)
* Between 50-75% of that time (2)
* About half of that time (3)
* Between 25%-50% of that time (4)
* Less than 25% of that time (5)

Q157 Compared to your partner, what would you estimate is your share of overall infant care responsibilities?

* I do more than 80% and my partner does less than 20% (1)
* I do more than 60% and my partner does less than 40% (2)
* We split care pretty much 50-50 (3)
* I do less than 40% and my partner does more than 60% (4)
* I do less than 20% and my partner does more than 80% (5)

End of Block: Parenting Responsibility Questions

Start of Block: COVID Questions

Q167 What precautions have you taken to avoid COVID-19 since your baby's birth? Check all that apply.

* Avoiding social gatherings (1)
* Maintaining a 6 foot distance from others (6)
* Working from home (3)
* Only going outside of my home for essentials or exercise (4)
* Cancelled or reduced medical care appointments (13)
* Cancelled trips (7)
* Cancelled events (9)
* Changed hygiene habits (e.g. hand washing, sanitizing) (10)
* Reduced baby's social contact with family (15)
* Reduced baby's social contact with friends (16)
* Other (please state) (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q162   
Have any of the following occurred since your baby's birth because of COVID-19? Check all that apply.

* Lost my job (1)
* Changes to my job (11)
* Changes in partner's employment (5)
* Decrease in household income (35)
* Changes in childcare arrangements (22)
* Decreased number of in-person healthcare visits (12)
* Worry about contracting COVID-19 (31)
* Worry about a family member's health (18)
* Death of someone I am close to (30)
* Loneliness (29)
* Boredom (32)

Q141 How have your childcare arrangements changed?

* I am spending more time taking care of my baby than previously planned (1)
* My partner is spending more time taking care of my baby than previously planned (2)
* Someone else is spending more time taking care of my baby than previously planned (3)

Q160   
As compared to before COVID-19, how much total contact (including in-person, phone, or online) do you have with the following people?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Much less (1) | Somewhat less (4) | About the same (2) | Somewhat more (3) | Much more (5) |
| Neighbors/community members (1) |  |  |  |  |  |
| Coworkers (5) |  |  |  |  |  |
| Close friends (7) |  |  |  |  |  |
| Family (8) |  |  |  |  |  |
| Partner (9) |  |  |  |  |  |

Q161 Overall, what impact has COVID-19 had on your social relationships?

* Very negative (1)
* Somewhat Negative (14)
* No impact (15)
* Somewhat positive (16)
* Very positive (17)

Q164 Move the slider to show what impact COVID-19 has had on your mental health (from very negative to very positive)

|  |  |  |
| --- | --- | --- |
|  |  | 1 (1)  2 (2)  3 (3)  4 (4)  5 (5) |

Q165 Has COVID-19 affected your experience of parenting?

* It has greatly worsened my parenting experience (2)
* It has slightly worsened my experience (3)
* Not at all (4)
* It has slightly improved my experience (5)
* It has greatly improved my parenting experience (6)

Q166 What best describes your current work situation?

* I am continuing to work outside the home (1)
* I am working from home (2)
* I am not currently working due to the COVID-19 pandemic (5)
* I am not currently working because I am still on parental leave (6)

Q168   
Have you contracted COVID-19 at any point since your baby's birth?

* Yes, I was tested for or diagnosed with COVID-19 by a doctor (1)
* Yes, I was not tested or diagnosed but I believe I had COVID-19 (3)
* No (4)

Q142 Has your baby contracted COVID-19?

* Yes, he/she was tested for or diagnosed with COVID-19 by a doctor (1)
* Yes, he/she was not tested or diagnosed but I believe she/he had COVID-19 (2)
* No (3)

Q143 Is there anything else you want to tell us about your experience of parenting during the COVID-19 pandemic?

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

End of Block: COVID Questions

Start of Block: Thank you, ID round 2

Q82 That's all for now! Thank you again for participating in the USC HATCH Study.

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

End of Block: Thank you, ID round 2