HATCH Postpartum MRI COVID-19 Questionnaire

Start of Block: Postpartum MRI - Father Interview

Q1 Are you currently living with your baby?

* Yes (1)
* No (2)

Q2 How often do you see your baby?

* Daily (1)
* 2 - 3 times a week (2)
* 1 - 2 times a week (3)
* Less than once a week (4)

Q3 On an average weekday from Monday to Friday, about how many waking hours do you spend with your baby?  
  
  
Note: we are looking for an overall number. This can be time in the same room or space but not directly interacting, plus time running errands with the baby, and time when other people (such as the partner) are also around.

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

Q4 Of that average weekday (Monday to Friday) time, about how much time do you spend alone with the baby or as the primary caregiver (e.g., you are 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)

Q5 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 one hour (6)

Q6 Of that average weekend time, about how much time do you spend alone with the baby or as the primary caregiver (e.g., you are watching 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)

Q7 Compared to your partner, what would you estimate is your share of overall infant care (excluding breastfeeding but including changing diapers, giving the baby a bottle, getting the baby dressed, taking the baby on errands, bathing the baby, and soothing the baby)?

* 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)

Q8 Does your baby cry more than 3 hours/day, for more than 3 days a week?

* Yes (1)
* No (2)

Q9 Have you done any type of sleep training using the "cry it out" method?

* Yes (1)
* No (2)

Q10 If you have used the "cry it out" method, how old was the baby when you used this method?

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Q11 If you have used the "cry it out" method, how many days/nights have used this methods?

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End of Block: Postpartum MRI - Father Interview

Start of Block: PSQI

Q23 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.

Q24 During the past month, when have you usually gone to bed at night? 

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Q25 During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

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Q26 During the past month, when have you usually gotten up in the morning?

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Q27 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.)

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Q28 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) |  |  |  |  |

Q29 During the past month, how would you rate your sleep quality overall?

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

Q30 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) |  |  |  |  |

Q31 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: PAYRC

Q40 Think about parenting your child in the past month. Were you able to...

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
|  | Not at All (1) | Sometimes (2) | Most of the time (3) |
| Play with your child in a way that was fun for him/her? (Games like Peek-a-Boo) (1) |  |  |  |
| Feel confident in reading your child's cues? (being hungry, tired, or needing attention) (2) |  |  |  |
| Respond right away when your baby cries or fusses? (4) |  |  |  |
| See a connection between responding to your baby quickly and your baby calming down? (8) |  |  |  |
| Hold and cuddle with your baby? (9) |  |  |  |
| Talk and sing with your baby? (3) |  |  |  |
| Soothe your baby when s/he is upset? (10) |  |  |  |
| Enjoy spending time with your baby? (11) |  |  |  |

Q41 Thinking about the items above, would you like to do things differently in this area of parenting?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Really want some changes (1) | (2) | (3) | Some changes needed (4) | (5) | (6) | Fine as is (7) |
| (1) |  |  |  |  |  |  |  |

Q42 Think about parenting your child in the past month. Were you able to...

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
|  | Not at all (1) | Sometimes (2) | Most of the time (3) |
| Keep your baby within reach or hearing at all times (with a baby monitor)? (1) |  |  |  |
| Be aware of your baby at all times, even when talking with other adults, or engaging in other activities? (2) |  |  |  |
| Set up a play area and activities that interest your baby? (for example, having colorful toys or rattles) (3) |  |  |  |
| Create a safe place for him/her to play? (4) |  |  |  |
| Distract your baby when s/he was about to get upset? (5) |  |  |  |
| Point to and name objects and people? (6) |  |  |  |
| Anticipate your baby's needs? (sense when s/he is about to cry/be upset or hungry) (7) |  |  |  |
| Know how to get your baby to smile or laugh? (8) |  |  |  |
| Give your baby opportunities to try and explore new things? (new foods, new people, reaching for safe objects) (9) |  |  |  |

Q43 Thinking about the items above, would you like to do things differently in this area of parenting?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Really want some changes (1) | (2) | (3) | Some changes needed (4) | (5) | (6) | Fine as is (7) |
| (1) |  |  |  |  |  |  |  |

End of Block: PAYRC

Start of Block: COVID-19 Impact Questions

Q13 Are you currently in a relationship with your baby's other parent?

* Yes, married/domestic partnership (1)
* Yes, cohabiting but not married (2)
* Yes, in a relationship but not living together (3)
* No, we are not together (4)

Q15   
Who currently lives in your household, besides yourself? Check all that apply

* My partner (4)
* My baby (10)
* My child/ren or stepchildren (5)
* Other extended family members (6)
* Other friends or roommates (8)

Q17 How many people live in your household all together?

* 2 (4)
* 3 (5)
* 4 (6)
* 5 or more (7)

Q19   
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) |  |  |  |  |  |

Q21 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)

Q23   
Have any of the following occurred since the start of the pregnancy 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)
* Pregnancy or postpartum health concerns (22)
* Decreased number of prenatal or postpartum care visits (10)
* One or more remote healthcare visits (12)
* Change in birth plan (13)
* Decreased exercise due to COVID-19 constraints (17)
* 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)

Q27 Move the slider to show what impact COVID-19 has had on your overall mental health since the baby's birth (from very negative to very positive)

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

Q29 Since the birth of your baby, what precautions have you taken to avoid COVID-19? Check all that apply.

* Avoiding social gatherings (1)
* Avoiding introducing the baby to others (19)
* Cancelling or changing plans for a baptism, bris, or other event to welcome the baby (21)
* Maintaining a 6 foot distance from others (6)
* Working from home (3)
* Avoiding outside childcare help (20)
* Only going outside of my home for essentials or exercise (4)
* Cancelled or reduced medical care appointments (13)
* Cancelled trips or events (7)
* Changed your own hygiene habits (e.g. hand washing, sanitizing) (10)
* Changing baby care habits (e.g., bathing, washing baby's hands) (22)
* Wearing a mask when visiting businesses (15)
* Wearing a mask whenever in public (16)
* Getting essentials delivered to my home (18)
* Other (please state) (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q31 With 0 (far left) meaning that you are taking no special precautions and 10 (far right) meaning very strict social distancing, how hard have you tried to avoid COVID-19 since your baby's birth?

|  |  |  |
| --- | --- | --- |
|  |  | 0 (0)  1 (1)  2 (2)  3 (3)  4 (4)  5 (5)  6 (6)  7 (7)  8 (8)  9 (9)  10 (10) |

Q33   
Have you contracted COVID-19 at any point since your pregnancy or 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)

End of Block: COVID-19 Impact Questions