HATCH Postpartum 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, 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

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Hours/night (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?

* Months (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Days (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

exclusive Are you breastfeeding exclusively, or supplementing with formula?

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

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)

Q104 If so, in what form? (e.g. capsules, raw, etc.)

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

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

* 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: Life Experiences

Q124 Have you experienced any major life events since your prenatal visit (besides the birth of your baby)? Some examples include: the death or serious illness of a friend or family member; a change in employment or financial status for either of you; a change in housing; a major illness or accident; or any other major life events.

* Yes (1)
* No (2)

Q125 Please describe the most important event.

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

Q126 What was the impact of this event?

* Really negative (1)
* Somewhat negative (2)
* A little negative (3)
* A little positive (5)
* Somewhat positive (6)
* Really positive (7)

End of Block: Life Experiences

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 (0) (1)
* Somewhat Unhappy (2) (2)
* Mildly Unhappy (7) (3)
* Happy (15) (4)
* Very Happy (20) (5)
* Almost Perfectly Happy (25) (6)
* Perfectly Happy (35) (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 (0) (1)
* wife giving in (2) (2)
* agreement by mutual give and take (10) (3)

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

* all of them (10) (1)
* some of them (8) (2)
* very few of them (3) (3)
* none of them (0) (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 (0) (1)
* Occasionally (3) (2)
* Rarely (8) (3)
* Never (15) (4)

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

* Marry/choose the same partner (15) (1)
* Marry/choose a different partner (0) (2)
* Not marry/choose a partner at all (1) (3)

MAT\_15 Do you confide in your partner:

* almost never (0) (1)
* rarely (2) (2)
* in most things (10) (3)
* in everything g(10) (4)

End of Block: Marital Adjustment Test

Start of Block: MAI

Q128 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: Parenting Stress Index

PSI This questionnaire contains 36 statements. Read each statement carefully, and then or 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. (PSI\_1) |  |  |  |  |  |
| I find myself giving up more of my life to meet my child's needs than I ever expected. (PSI\_2) |  |  |  |  |  |
| I feel trapped by my responsibilities as a parent. (PSI\_3) |  |  |  |  |  |
| Since having this child, I have been unable to do new and different things. (PSI\_4) |  |  |  |  |  |
| Since having a child, I feel that I am almost never able to do things that I like to do. (PSI\_5) |  |  |  |  |  |
| I am unhappy with the last purchase of clothing I made for myself. (PSI\_6) |  |  |  |  |  |
| There are quite a few things that bother me about my life. (PSI\_7) |  |  |  |  |  |
| Having a child has caused more problems than I expected in my relationship with my partner. (PSI\_8) |  |  |  |  |  |
| I feel alone and without friends. (PSI\_9) |  |  |  |  |  |
| When I got to a party, I usually expect not to enjoy myself. (PSI\_10) |  |  |  |  |  |
| I am not as interested in people as I used to be. (PSI\_11) |  |  |  |  |  |
| I don't enjoy things I used to. (PSI\_12) |  |  |  |  |  |
| My child rarely does things for me that make me feel good. (PSI\_13) |  |  |  |  |  |
| Most time I feel that my child does not like me and does not want to be close to me. (PSI\_14) |  |  |  |  |  |
| My child smiles at me much less than I expected. (PSI\_15) |  |  |  |  |  |
| When I do things for my child, I get the feeling that my efforts are not appreciated very much. (PSI\_16) |  |  |  |  |  |
| When playing, my child doesn't often giggle or laugh. (PSI\_17) |  |  |  |  |  |
| My child doesn't seem to learn as quickly as most children. (PSI\_18) |  |  |  |  |  |
| My child doesn't seem to smile as much as most children. (PSI\_19) |  |  |  |  |  |
| My child is not able to do as much as I expected. (PSI\_20) |  |  |  |  |  |
| It take a long time and it is very hard for my child to get used to new things. (PSI\_21) |  |  |  |  |  |
| I expected to have closer and warmer feelings for my child than I do and this bothers me. (PSI\_22) |  |  |  |  |  |
| Sometimes my child does things to bother me just to be mean. (PSI\_23) |  |  |  |  |  |
| My child seems to cry or fuss more often than most children. (PSI\_24) |  |  |  |  |  |
| My child generally wakes up in a bad mood. (PSI\_25) |  |  |  |  |  |
| I feel that my child is very moody and easily upset. (PSI\_26) |  |  |  |  |  |
| My child does a few things which bother me a great deal. (PSI\_27) |  |  |  |  |  |
| My child reacts very strongly when something happens that he/she doesn't like. (PSI\_28) |  |  |  |  |  |
| My child gets upset easily over the smallest thing. (PSI\_29) |  |  |  |  |  |
| My child's sleeping or eating schedule was much harder to establish than expected. (PSI\_30) |  |  |  |  |  |
| There are some things that my child does that really bother me a lot. (PSI\_31) |  |  |  |  |  |
| My child turned out to be more of a problem than I had expected. (PSI\_32) |  |  |  |  |  |
| My child makes more demands of me than most children. (PSI\_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. (PingSS\_1) |  |  |  |  |  |
| There is little or nothing I wouldn't do for my child if it were necessary. (PingSS\_2) |  |  |  |  |  |
| Caring for my child sometimes takes more time and energy than I have to give. (PingSS\_3) |  |  |  |  |  |
| I sometimes worry whether I am doing enough for my child. (PingSS\_4) |  |  |  |  |  |
| I feel close to my child. (PingSS\_5) |  |  |  |  |  |
| I enjoy spending time with my child. (PingSS\_6) |  |  |  |  |  |
| My child is an important source of affection for me. (PingSS\_7) |  |  |  |  |  |
| My child gives me a more certain and optimistic view for the future. (PingSS\_8) |  |  |  |  |  |
| The major source of stress in my life is my child. (PingSS\_9) |  |  |  |  |  |
| Having a child leaves little time and flexibility in my life. (PingSS\_10) |  |  |  |  |  |
| Having a child has been a financial burden. (PingSS\_11) |  |  |  |  |  |
| It is difficult to balance difference responsibilities because of my child. (PingSS\_12) |  |  |  |  |  |
| Th behavior of my child is often embarrassing or stressful to me. (PingSS\_13) |  |  |  |  |  |
| If I had to do it over again, I might decide to not have children. (PingSS\_14) |  |  |  |  |  |
| I feel overwhelmed by the responsibility of being a parent. (PingSS\_15) |  |  |  |  |  |
| Having children has meant having too few choices and too little control over my life. (PingSS\_16) |  |  |  |  |  |
| I am satisfied as a parent. (PingSS\_17) |  |  |  |  |  |
| I find my child enjoyable. (PingSS\_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

* 0 - 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

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

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

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

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

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

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

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

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

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

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

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

PDS\_8 8. I have felt sad or miserable

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

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

* 3 - Yes, most of the time (1)
* 2 - Yes, quite often (2)
* 1 - Only occasionally (3)
* 0 - 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 (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) |  |  |  |  |  |
| Feelings others are to blame for most of your troubles (8) |  |  |  |  |  |
| Trouble remembering things (9) |  |  |  |  |  |
| Worried about sloppiness or carelessness (10) |  |  |  |  |  |
| Feelings 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 loney (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 ever feeling close to another person (84) |  |  |  |  |  |
| Feelings of guilt (85) |  |  |  |  |  |
| The idea that something is wrong with your mind (86) |  |  |  |  |  |

End of Block: SCL90

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) |  |  |  |  |

End of Block: STAI

Start of Block: ISS

Q89 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: Brief COPE

COPE 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 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: LAP-R

PMI 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: 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

Q107 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: PAYRC

Q108 Think about parenting your child in the past month. Were you able to...

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |
|  | Not at All (1) | (2) | Sometimes (3) | (4) | (5) | Most of the time (6) | (7) |
| 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) |  |  |  |  |  |  |  |

Q110 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) |  |  |  |  |  |  |  |

Q111 Think about parenting your child in the past month. Were you able to...

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |
|  | Not at all (1) | (2) | Sometimes (3) | (4) | (5) | Most of the time (6) | (7) |
| 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) |  |  |  |  |  |  |  |

Q112 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) |
| Click to write Statement 1 (1) |  |  |  |  |  |  |  |

End of Block: PAYRC

Start of Block: PSQI

Q113 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.

Q114 During the past month, when have you usually gone to bed at night? 

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

Q115 During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

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

Q116 During the past month, when have you usually gotten up in the morning?

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

Q117 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.)

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

Q118 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) |  |  |  |  |

Q119 During the past month, how would you rate your sleep quality overall?

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

Q120 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) |  |  |  |  |

Q121 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: ASQ

Q122 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 (3) | Not yet (2) |
| Does your baby make high-pitched squeals? (1) |  |  |  |
| When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds? (2) |  |  |  |
| If you call your baby when you are out of sight, does s/he look in the direction of your voice? (3) |  |  |  |
| When loud noise occurs, does your baby turn to see where the sound came from? (4) |  |  |  |
| Does your baby make sounds like "da", "ga", "ka", and "ba"? (5) |  |  |  |
| If you copy the sounds your baby makes, does your baby repeat the same sounds back to you? (6) |  |  |  |
| While your baby is on his back, does your baby lift his legs high enough to see his feet? (7) |  |  |  |
| When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor? (8) |  |  |  |
| Does your baby roll from his back to his tummy, getting both arms out from under him? (9) |  |  |  |
| When you put your baby on the floor, does she lean on her hands while sitting? (If she already sits up straight without leaning on her hands, mark "yes" for this item.) (10) |  |  |  |
| If you hold both hands to balance your baby, does he support his own weight while standing? (11) |  |  |  |
| Does your baby get into a crawling position by getting up on her hands and knees? (12) |  |  |  |
| Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute? (13) |  |  |  |
| Does your baby reach for or grasp a toy using both hands at once? (28) |  |  |  |
| Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? (If he already picks up a small object the size of a pea, mark "yes" for this item.) (14) |  |  |  |
| Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it? (29) |  |  |  |
| Does your baby try to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? (If he already picks up the crumb or Cheerio, mark "yes" for this item.) (30) |  |  |  |
| Does your baby pick up a small toy with only one hand? (15) |  |  |  |
| When a toy is in front of your baby, does s/he reach for it with both hands? (16) |  |  |  |
| When your baby is on his back, does he turn his head to look for a toy when he drops it? (If he already picks it up, mark "yes" for this item.) (17) |  |  |  |
| When your baby is on her back, does she try to get a toy she has dropped if she can see it? (18) |  |  |  |
| Does your baby pick up a toy and put it in his mouth? (19) |  |  |  |
| Does your baby pass a toy back and forth from one hand to the other? (20) |  |  |  |
| Does your baby play by banging a toy up and down on the floor or table? (21) |  |  |  |
| When in front of a large mirror, does your baby smile or coo at herself? (22) |  |  |  |
| Does your baby act differently toward strangers than s/he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing, or crying.) (23) |  |  |  |
| While lying on her back, does your baby play by grabbing her foot? (24) |  |  |  |
| When in front of a large mirror, does your baby reach out to pat the mirror? (25) |  |  |  |
| While your baby is on his back, does he put his foot in his mouth? (26) |  |  |  |
| Does your baby try to get a toy that is out of reach? (S/he may roll, pivot on her tummy, or crawl to get it.) (27) |  |  |  |

Q123 Click to write the question text

|  |  |  |
| --- | --- | --- |
|  | Yes (9) | No (10) |
| Does your baby use both hands and both legs equally well? (1) |  |  |
| When you help your baby stand, are his feet flat on the surface most of the time? (2) |  |  |
| Do you have concerns that your baby is too quiet or does not make sounds like other babies? (3) |  |  |
| Does either parent have a family history of childhood deafness or hearing impairment? (6) |  |  |
| Do you have concerns about your baby's vision? (7) |  |  |
| Has your baby had any medical problems in the last several months? (8) |  |  |
| Do you have any concerns about your baby's behavior? (9) |  |  |
| Does anything about your baby worry you? (10) |  |  |

End of Block: ASQ

Start of Block: Addition to Postpartum Survey

Q107 Have you taken time off of work since the birth?

* No time (1)
* 2 weeks (6)
* Less than 1 month (2)
* 1-3 months (3)
* 3-6 months (4)
* More than 6 months (5)

Q108 Does your employer offer paid parental leave?

* Yes (1)
* No, only unpaid leave (2)
* Yes, but only for mothers, not for fathers (4)
* No, no parental leave at all (5)
* I am self-employed (6)
* I am unemployed (7)

Q109 What is your current childcare arrangement?

* Daycare or other childcare facility (1)
* Nanny/ babysitter (2)
* Extended family member (e.g. grandparent) (3)
* Baby is home with mother (4)
* Baby is home with father (5)

End of Block: Addition to Postpartum Survey

Start of Block: Parenting Responsibility Questions

Q131 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)

Q132 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)

Q133 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)

Q134 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)

Q135 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 parenting Questions

Q136 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q137   
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)

Q138 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)

Q139   
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) |  |  |  |  |  |

Q140 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)

Q141 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) |

Q142 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)

Q143 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)

Q144   
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)

Q145 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)

Q146 Is there anything else you want to tell us about your experience of parenting during the COVID-19 pandemic?

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

End of Block: COVID parenting 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.  Please click continue to complete this part of the procedure.

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

SubjectID2 STOP!  
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**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