**Information available to new mothers**

The Phoenix2 Consortium is starting a new project, ‘Better Babies’, and is conducting some research to find out whether the information available to new mothers or mothers-to-be is helpful. Please would you help us by answering the following questions: **All information that you provide will be confidential and not attributed to any specific person.**

|  |
| --- |
| **Section A: some information about yourself** |
| 1. Your first name
 |  |
| 1. Your date of birth or age
 |  |
| **Section B: some information about your baby** |
| 1. Your baby's name, boy or girl
 |  |
| 1. Your baby's birth weight
 |  |
| 1. Your baby's date of birth
 |  |
| 1. Was your baby less than 37 weeks/37-40 weeks/more than 40 weeks
 |  |
| 1. Was your baby born in hospital or home or on the way to hospital
 |  |
| 1. Was your pregnancy planned or unplanned?
 |  |
| 1. Was it your first /second / third / … child?
 |  |
| 1. If second or third or .. how many months between each
 |  |
| 1. How old were you when your first baby was born?
 |  |
| 1. Did you breast feed each baby and for how long?
 |  |
| **Section C: Things you did** (highlight all answers that are true for you) |
| 1. Did you do any of the following:
 | in the year before you got pregnant | once you knew you were pregnant |
| * 1. smoke,
 | Yes | No | Yes | No |
| * 1. drink alcohol,
 | Yes | No | Yes | No |
| * 1. exercise regularly,
 | Yes | No | Yes | No |
| * 1. take supplements for general health,
 | Yes | No | Yes | No |
| * 1. take supplements specifically to help you have a healthy baby,
 | Yes | No | Yes | No |
| * 1. take recreational drugs,
 | Yes | No | Yes | No |
| * 1. try to lose weight,
 | Yes | No | Yes | No |
| * 1. try to gain weight,
 | Yes | No | Yes | No |
| * 1. eat differently.
 | Yes | No | Yes | No |
| **Section D: Your experience of being pregnant** |
| 1. Any depressive episodes?
 | Yes |  | No |  |
| 1. Any weight change other than associated with pregnancy
 | Gain  |  | Loss  |  |
| **Section E: Information you were given at any time to help you prepare for pregnancy** |
| 1. Did you get any information:
 |
| 1. about diet, lifestyle,
 | Yes |  | No |  |
| 1. about caring for yourself,
 | Yes |  | No |  |
| 1. about caring for a baby.
 | Yes |  | No |  |
| 1. about breastfeeding
 | Yes |  | No |  |
| 1. From where did you get this information: (highlight all answers that are true for you)
 |
| your mother | **?** | a library | **?** |
| another family member | **?** | a book | **?** |
| your GP | **?** | radio | **?** |
| the GP surgery | **?** | television | **?** |
| a health visitor | **?** | Internet | **?** |
| a midwife | **?** | school | **?** |
| 1. Did you find any of the information helpful?
 | Yes |  | No |  |
| **Section F: What might have helped you** |
| 1. Would you have liked more Information?
 | Yes |  | No |  |
| 1. Is there any other support you would have liked either before or during pregnancy?
 |  |
| **Section G: Further background information** |
| 1. What is your first language?
 |  |
| 1. Please indicate your ethnic background:
 |
| **White** | **Asian/Asian UK** | **Black/ African/ Caribbean/ Black UK** | **Mixed/ Multiple ethnic groups** |  |
| English/ Scottish/ Welsh/ N. Irish/ UK | Indian | African | Mixed ethnic background | Any other ethnic group |
| Irish | Pakistani | Caribbean |  |  |
| Gypsy/ Irish Traveller | Bangladeshi | Any other Black/ African/ Caribbean background |  |  |
| Any other White background | Chinese |  |  |
| Any other Asian background |  |  |