**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.**

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| **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 |  | | | |  | | |