Screening for study eligibility form

Version 1.0 27/02/17

Screening/eligibility sheet

Study title: A woman-centred, tailored SMS-delivered multi-component intervention for weight loss and maintenance of weight loss in the postpartum period: a pilot RCT.

Participant enrolled onto study?
Yes ☐ No ☐
Data entered onto Access?
Yes ☐ No ☐

Date: __ __/ __ __/ __ __ *(enter date participant screened)*

Screening no: __ __ __

Prior to eligibility testing ensure the following:	
The participant has received and read the Patient information sheet *(please tick one box)*	1 ☐ yes 2 ☐ no
Verbal explanation of the SMS study provided by researcher *(please tick one box)*	1 ☐ yes 2 ☐ no
Participant wishes to answer questions to find out if eligible to take part in SMS study *(please tick one box)*	1 ☐ yes 2 ☐ no
	If yes to all 3, proceed to eligibility check below.

Question	Answer	Eligible	Not eligible
		Circle the appropriate response	
What age are you?	DOB _ _/_ _/_ _	≥18 years of age	< 18 years of age
What is your most recent baby's date of birth (dd/mm/yy)?	_ _/ _ _/ _ _ (Note for researcher: baby should be born after _ _/ _ _/ _ _)	≤2 years ago	> 2 years ago
Are you currently pregnant?	1 ☐ yes 2 ☐ no	NO	YES
Have you got a personal mobile			

Question	Answer	Eligible	Not eligible
phone that can receive text messages?	1 ☐ yes 2 ☐ no	YES	NO
What is your weight and height (to calculate BMI)	**Weight:** ___ kg __ st __ pounds **Height:** ___ m __feet and __ inches **BMI:**	≥ BMI 25 kg/m2	< BMI 25 kg/m2
Are you on any type of specialist diet? (e.g. coeliac)	1 ☐ yes 2 ☐ no	NO	YES
Have you ever had/plan to have any type of weight loss surgery e.g. a gastric band, a gastric bypass or sleeve gastrectomy?	1 ☐ yes 2 ☐ no	NO	YES
Have you ever been told you have Type 1 Diabetes?	1 ☐ yes 2 ☐ no	NO	YES
Have you ever had an eating disorder?	1 ☐ yes 2 ☐ no	NO	YES
ELIGIBLE FOR STUDY?		**YES**	**NO**

Post eligibility testing:	
Tell participant SMS researcher will check the information provided and will call back re. eligibility	1 ☐ yes 2 ☐ no Suitable time to call back re. eligibility:

Preferred method of contact:	
If ineligible, provide response as per SOP	1 ☐ yes 2 ☐ no
If eligible: Ask participant if they wish to proceed to take part in the study If yes, set up first study visit and explain what it will entail Inform participant they will receive a reminder text prior to visit	 1 ☐ yes 2 ☐ no **First study visit date and time:** Date: Time: **Preference for visit reminder texts:** Day before ☐ Week before ☐

Notes about screening call/s	

Follow-up	
Screening form filed and information entered into study database	1 ☐ yes 2 ☐ no

Researcher	
Name	
Signature	
Date	

Case report form to collect researcher administered anthropometric measurements at baseline and all follow-up time points

Case Report Form:

Supporting MumS (SMS) study

Patient ID number: __ __ __

1.0 Contact details

CONTACT DETAILS	
Date	__ __ /__ __ /__ __ __ __ (dd/mm/yyyy)
Participant ID number	__ __ __
First Name	
Surname	
Address	Postcode: BT
Mobile Number	
Telephone Number	
Email Address	
Preferred contact method and time	
GP Name	
GP Address	

Researcher	
Name	
Signature	
Date	

Note to researcher: Remove this page (1.0 Contact details) and store separate to CRF

2.0 Study visit - MONTH 0

	PARTICIPANT ID NUMBER ———
Date and time of Visit	__ __ /__ __ /__ __ __ __ (dd/mm/yyyy) _____am/pm
Location of visit	Participant's home ☐ Centre for Public Health ☐ Other:
Initial Anthropometric measurements	
Height (shoes removed)	— — —. — (cm)
Weight (shoes removed)	— — —. — (kgs)
BMI	— — . — kg/m^2
Eligibility	☐ yes ☐ no
Consent	
Participant Information Sheet obtained and read	☐ yes ☐ no
Detailed explanation of study provided	☐ yes ☐ no
Consent obtained	☐ yes ☐ no
Remaining anthropometric measurements	
Waist Circumference	— — —. — (cm)
Notes	
Blood Pressure: *3 measures using Omron in non-dominant arm after being seated for 5 minutes (average 2nd and 3rd readings only)*	
Blood pressure 1	——— / ——— mm/Hg
Blood pressure 2	——— / ——— mm/Hg
Blood pressure 3	——— / ——— mm/Hg
Average Blood pressure	——— / ——— mm/Hg

2.0 Study visit - MONTH 0

	PARTICIPANT ID NUMBER ———
Details on questionnaire completion	
Questionnaires completed:	1 ☐ with researcher at visit 2 ☐ posted to participant prior to visit and collected by researcher 3 ☐ Left with participant at study visit with stamped addressed envelope to return
Questionnaires completed/being completed on paper/Qualtrics	1 ☐ paper 2 ☐ Qualtrics
Questionnaires obtained	
Baseline Questionnaire within CRF	☐ yes ☐ no
Section 1	☐ yes ☐ no
Section 2	☐ yes ☐ no
Section 3	☐ yes ☐ no
Section 4	☐ yes ☐ no
Section 5	☐ yes ☐ no
Section 6	☐ yes ☐ no
Section 7	☐ yes ☐ no
Section 8	☐ yes ☐ no
Section 9	☐ yes ☐ no
Section 10	☐ yes ☐ no
Section 11	☐ yes ☐ no
Section 12	☐ yes ☐ no
Section 13	☐ yes ☐ no
Section 14	☐ yes ☐ no
Notes about questionnaire completion:	
Provide participant with:	
Questionnaire booklet (if not completed already)	☐ yes ☐ no
Pedometer (and return envelope)	☐ yes ☐ no RD: _ _/_ _/ _ _
Explain pedometer process for next visit	☐ yes ☐ no
Contact card	☐ yes ☐ no
Provisional date for second visit	☐ yes ☐ no Details:
If participant, travelling to CPH, inform to keep parking/travelling receipts	☐ yes ☐ no

2.0 Study visit MONTH 0 *continued*

	PARTICIPANT ID NUMBER ———	
Follow-up from visit 1		
Randomisation of participant	☐ yes ☐ no __/__/____ (dd/mm/yy) Week to start for control: ID number sent in email:	
If questionnaires completed on paper, entered into Qualtrics?	☐ yes ☐ no	
If questionnaire booklet left with participant, follow up	☐ yes ☐ no	
Letter posted to participant's GP to inform of study participation	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
Letter required to GP re. depression	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
Letter required to GP re. blood pressure	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
CRF data entered into study database, consent form and contact details filed	☐ yes ☐ no	
Next study visit documented and reminder scheduled	☐ yes ☐ no	
Reminder to return pedometer	☐ yes ☐ no RD: _ _/_ _/ _ _	
Pedometer information entered	☐ yes ☐ no <u>Step data:</u> Day 2: Day 6: Day 3: Day 7: Day 4: Day 8: Day 5:	
Dates and reminders for next pedometer organised	☐ yes ☐ no	
Participant payment organised	☐ yes ☐ no	
Other notes about study Month 0 visit:		

Researcher	
Name	
Signature	
Date	

3.0 Baseline Information Questionnaire

	PARTICIPANT ID NUMBER ———
	DATE __ __ /__ __ /__ __ __ __ (dd/mm/yyyy)
How did you hear about the SMS study? *(please tick one box)*	Mother & baby group ☐ Library ☐ Word of mouth ☐ Social media ☐ Other: _____ ***If through community group***: Poster ☐ Leaflet ☐ Researcher ☐ Other: _____
Demographic information	
What is your date of birth?	__ __ /__ __ /__ __ __ __ (dd/mm/yyyy)
How would you describe your ethnic origin? *(please tick one box)*	White ☐ Pakistani ☐ Irish traveller ☐ Chinese ☐ Black African ☐ Bangladesh ☐ Black Caribbean ☐ Not known ☐ Black other ☐ Indian ☐ Other (describe): _____
Are you currently on maternity leave? *(please tick one box)*	Yes ☐ No ☐ If yes, when is your estimated return date? __ __ /__ __ /__ __ __ __ (dd/mm/yyyy) Don't know ☐

Current employment status (or if on maternity leave, employment status before going on leave)? *(please tick one box)*	Full-time employment ☐ Part-time employment ☐ Self-employed ☐ Student or training ☐ Unemployed ☐ Retired ☐ Not working due to illness ☐ Prefer not to answer ☐ Other, please specify: _____ _____ _____
What is your highest level of education? *(please tick one box)*	Finished primary school ☐ Finished Secondary School ('O' Levels/GCSE) ☐ Finished Secondary School ('A' Levels) ☐ Further Education (attended a technical college) ☐ Undergraduate degree ☐ Postgraduate degree (e.g. Masters, PhD, MD etc) ☐ Other, please specify: _____
Which best represents your TOTAL ANNUAL HOUSEHOLD INCOME from all sources. Do not deduct Tax, National Insurance, Health Insurance payments, or your contributions to pension schemes. Also do not count loans.	Less than £14,999 ☐ £15,000 - £29,999 ☐ £30,000 - £49,999 ☐ £50,000 or more ☐
Family related information	
What is your marital status? *(please tick one box)*	Single ☐ Married ☐ Living with partner ☐ Civil partnership ☐ Widowed ☐ Separated ☐ Other, please specify: _____

How many children under 18 years of age do you have? *(insert number)*	☐ children
What age are your children?	Child 1: ____ years/ ____ months Child 2: ____ years/ ____ months Child 3: ____ years/ ____ months Child 4: ____ years/ ____ months Child 5: ____ years/ ____ months DOB of youngest baby: _ _/ _ _/ _ _ dd/mm/yr
How much help do you receive from family and/or friends with looking after your baby?	I get enough help ☐ I don't get enough help ☐ I don't get any help at all ☐ I don't need any help ☐
What is your current method of feeding your baby? *(please tick all boxes that apply)*	Breastfeeding ☐ Infant formula ☐ Follow-on milk ☐ Combined feeding (breast and infant formula) ☐ Baby is on solids ☐
TAILORING INFO: If you are in the group of women taking part in SMS that receive messages on diet and physical activity, would you like to receive additional messages with advice on having a healthy lifestyle while breastfeeding? (n= 10 extra messages) *(please tick one box)*	Yes ☐ No ☐ If no, reason given: _____
Weight information	
What is the least you have ever weighed since reaching your current height (i.e. as an adult)?	_____stones and _____ pounds OR _____ kilograms Don't know ☐
How much did you weigh before pregnancy?	_____stones and _____ pounds OR _____ kilograms Don't know ☐
How much weight did you gain during the most recent pregnancy?	_____stones and _____ pounds OR _____ kilograms Don't know ☐
What is your ideal weight?	_____stones and _____ pounds OR _____ kilograms Don't know ☐

If you are on the weight loss group in the SMS study, how much weight would you ideally want to lose?	_____stones and _____ pounds OR _____ kilograms Don't know ☐
Do you own a set of weighing scales?	Yes ☐ No ☐
How often did you weigh yourself before you became pregnant?	Never ☐ About once a year or less ☐ Every couple of months ☐ Every month ☐ Every week ☐ Every day ☐ More than once a day ☐
How often do you weigh yourself currently?	Never ☐ About once a year or less ☐ Every couple of months ☐ Every month ☐ Every week ☐ Every day ☐ More than once a day ☐
Have you tried to lose weight before?	Yes ☐ No ☐
Are you currently a member of any weight loss programmes?	Yes ☐ If yes, details: _____ No ☐
Do you have a step counter (e.g. pedometer, App, Fitbit etc.)	Yes ☐ No ☐
If yes, have you used it in the last week?	Yes ☐ No ☐
Lifestyle information	
Do you smoke?	Yes ☐ No ☐
If no, are you an ex-smoker? *(please tick one box)*	No, I have never been a smoker ☐ Yes, I quit more than a year ago ☐ Yes, I quit within the last year ☐
If yes, how long have you been a smoker? *(please tick one box)*	< 1 year ☐ 1-5 years ☐ 5+ years ☐
If yes, how many cigarettes do you smoke per day? *(please tick one box)*	< 5 ☐ 5 – 10 ☐ 10 – 15 ☐ >15 ☐

TAILORING INFO: If you are in the group of women taking part in the SMS study that receive messages on diet and physical activity, would you like to receive additional messages with advice on giving up smoking? (n= 15 extra messages) *(please tick one box)*	Yes ☐ No ☐
How often do you have a drink containing alcohol? *(please tick one box)*	Never ☐ Monthly or less ☐ 2-4 times a month ☐ 2-3 times a week ☐ 4 or more times a week ☐
If yes, how many standard drinks (e.g. small glass of wine, 25ml spirit (e.g. gin, vodka), 250ml beer, 250ml alcopop) do you have at a typical time when you are drinking? *(please tick one box)*	1 - 2 ☐ 3 – 4 ☐ 5 – 6 ☐ 7 – 8 ☐ 9 – 10 ☐ >10 ☐
Do you have a food intolerance or food allergy?	Yes ☐ No ☐ If yes, please list which foods: _____ _____ _____
Are you on a restricted diet for personal, religious or medical reasons?	Yes ☐ No ☐ If yes, please list which foods you prohibit: _____ _____ _____

Medical information	
Do you have any health problems that limit your ability to be physically active?	Yes ☐ No ☐ If yes, please explain: _____ _____ _____
Are you currently taking medication prescribed by a medical doctor?	Yes ☐ No ☐ If yes, please list: Medication: Purpose: Medication: Purpose: Medication: Purpose: Medication: Purpose:
Are you currently taking any non-prescribed over the counter medications?	Yes ☐ No ☐ If yes, please list: Medication: Purpose: Medication: Purpose: Medication: Purpose: Medication: Purpose:

<table>
<tr><th>Technology information</th><th></th></tr>
<tr><td>Do you own and use a computer (any computer including a PC, laptop, tablet, ipad)
(please tick one box)</td><td>☐ I do not own a computer
☐ I own a computer but never use it
☐ I own a computer but rarely use it
☐ I own a computer and use it regularly
☐ I own more than one computer and use them regularly</td></tr>
<tr><td>Do you have access to the internet (please tick one box)</td><td>☐ I have no access to the Internet at home
☐ I have access to the Internet at home but never use it
☐ I have access to the Internet at home but rarely use it
☐ I have access to the Internet at home and use it regularly</td></tr>
<tr><td>Do you own and use a smartphone (a mobile phone which you can use for email, browsing the internet, downloading apps etc) (please tick one box)</td><td>☐ I do not own a smartphone
☐ I own a smartphone but never use it
☐ I own a smartphone but rarely use it
☐ I own a smartphone and use it regularly</td></tr>
<tr><td>What is the total monthly amount you spend on all your phone, internet and any additional features (app subscriptions) (please tick one box)</td><td>☐ £0-10
☐ £11-20
☐ £21-30
☐ £31-40
☐ £41+</td></tr>
<tr><td>Have you ever used an app for improving your fitness/health or wellbeing? (please tick one box)</td><td>☐No
☐Yes

If Yes, please answer the following two questions:

1. Please state the name of app(s) and the total cost of the app(s):

<table><tr><th>Name of App</th><th>Total cost (£)</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr>
</table>

	2. Since using this app (insert name of most recent app): _____ *How do you feel it has changed your health?* ☐ I feel much more healthy ☐ I feel more healthy ☐ No change ☐ I feel less healthy ☐ I feel much less healthy
SMS study question	
During the SMS study, text messages will be sent any time between 10am and 11pm. Are you happy with this time period?	Yes ☐ No ☐ If no, please specify preferred times: _____

3.0 Study visit MONTH 3

	PARTICIPANT ID NUMBER ———
Date and time of Visit	__ __ /__ __ /__ __ __ __ (dd/mm/yyyy) _____am/pm
Location of visit	Participant's home ☐ Centre for Public Health ☐ Other:
Anthropometric measurements	
Weight (shoes removed)	__ __ __. __ (kgs)
BMI	__ __ . __ kg/m^2
Waist Circumference	__ __ __. __ (cm)
Notes	
Blood Pressure: *3 measures using Omron in non-dominant arm after being seated for 5 minutes (record 2nd and 3rd readings only)*	
Blood pressure 1	___ ___ / ___ ___ mm/Hg
Blood pressure 2	___ ___ / ___ ___ mm/Hg
Blood pressure 3	___ ___ / ___ ___ mm/Hg
Average Blood pressure	___ ___ / ___ ___ mm/Hg

3.0 Study visit MONTH 3 *continued*

	PARTICIPANT ID NUMBER ———
Questionnaire completion	
Questionnaires completed:	☐ with researcher at visit ☐ posted to researcher prior to visit and collected by researcher ☐ Left with participant at study visit with stamped addressed envelope to return
Questionnaires completed/being completed on paper/Qualtrics	☐ paper ☐ Qualtrics
Questionnaires obtained	
Section 1	☐ yes ☐ no
Section 2	☐ yes ☐ no
Section 3	☐ yes ☐ no
Section 4	☐ yes ☐ no
Section 5	☐ yes ☐ no
Section 6	☐ yes ☐ no
Section 7	☐ yes ☐ no
Section 8	☐ yes ☐ no
Section 9	☐ yes ☐ no
Section 10	☐ yes ☐ no
Section 11	☐ yes ☐ no
Section 12	☐ yes ☐ no
Section 13	☐ yes ☐ no
Notes about questionnaire completion:	
Collect	
Questionnaire booklet if posted prior to visit	☐ yes ☐ no
Pedometer	☐ yes ☐ no
Provide participant with	
Provisional date for third visit	☐ yes ☐ no Details:
If participant, travelling to CPH, remind to keep parking/travelling receipts	☐ yes ☐ no

3.0 Study visit MONTH 3 *continued*

	PARTICIPANT ID NUMBER ———	
Follow-up from visit 2		
If questionnaires completed on paper, entered into Qualtrics?	☐ yes ☐ no	
If questionnaire booklet left with participant, follow up	☐ yes ☐ no	
If participant consented to an interview, organise a date for telephone call	☐ yes ☐ no Details:	
Letter required to GP re. depression?	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
Letter required to GP re. blood pressure?	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
CRF data entered into study database	☐ yes ☐ no	
Next study visit documented and reminder scheduled	☐ yes ☐ no	
Reminder to return pedometer	☐ yes ☐ no RD: _ _/_ _/ _ _	
Pedometer information entered	☐ yes ☐ no <u>Step data:</u> Day 2: Day 6: Day 3: Day 7: Day 4: Day 8: Day 5:	
Dates and reminders for next pedometer organised	☐ yes ☐ no	
Participant payment organised	☐ yes ☐ no	
Other notes about month 3 visit:		

Researcher	
Name	
Signature	
Date	

4.0 Study visit MONTH 6

	PARTICIPANT ID NUMBER ———
Date and time of Visit	__ __ /__ __ /__ __ __ __ (dd/mm/yyyy) _____am/pm
Location of visit	Participant's home ☐ Centre for Public Health ☐ Other:
Anthropometric measurements	
Weight (shoes removed)	__ __ __. __ (kgs)
BMI	__ __ . __ kg/m^2
Waist Circumference	__ __ __. __ (cm)
Notes:	
Blood Pressure: *3 measures using Omron in non-dominant arm after being seated for 5 minutes (record 2nd and 3rd readings only)*	
Blood pressure 1	——— / ——— mm/Hg
Blood pressure 2	——— / ——— mm/Hg
Blood pressure 3	——— / ——— mm/Hg
Average Blood pressure	——— / ——— mm/Hg

4.0 Study visit MONTH 6 *continued*

	PARTICIPANT ID NUMBER ———
Questionnaire completion	
Questionnaires completed:	☐ with researcher at visit ☐ posted to researcher prior to visit and collected by researcher ☐ Left with participant at study visit with stamped addressed envelope to return
Questionnaires completed/being completed on paper/Qualtrics	☐ paper ☐ Qualtrics
Questionnaires obtained	
Section 1	☐ yes ☐ no
Section 2	☐ yes ☐ no
Section 3	☐ yes ☐ no
Section 4	☐ yes ☐ no
Section 5	☐ yes ☐ no
Section 6	☐ yes ☐ no
Section 7	☐ yes ☐ no
Section 8	☐ yes ☐ no
Section 9	☐ yes ☐ no
Section 10	☐ yes ☐ no
Section 11	☐ yes ☐ no
Section 12	☐ yes ☐ no
Section 13	☐ yes ☐ no
Notes about questionnaire completion:	
Collect	
Questionnaire booklet if posted prior to visit	☐ yes ☐ no
Pedometer	☐ yes ☐ no
Provide participant with	
Provisional date for third visit	☐ yes ☐ no Details:
If participant, travelling to CPH, remind to keep parking/travelling receipts	☐ yes ☐ no

4.0 Study visit MONTH 6 *continued*

	PARTICIPANT ID NUMBER ———	
Follow-up from visit 2		
If questionnaires completed on paper, entered into Qualtrics?	☐ yes ☐ no	
If questionnaire booklet left with participant, follow up	☐ yes ☐ no	
Letter required to GP re. depression?	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
Letter required to GP re. blood pressure?	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
CRF data entered into study database	☐ yes ☐ no	
Next study visit documented and reminder scheduled	☐ yes ☐ no	
Reminder to return pedometer	☐ yes ☐ no	RD: _ _/_ _/ _ _
Pedometer information entered	☐ yes ☐ no <u>Step data:</u> Day 2: Day 6: Day 3: Day 7: Day 4: Day 8: Day 5:	
Dates and reminders for next pedometer organised	☐ yes ☐ no	
Participant payment organised	☐ yes ☐ no	
Other notes about Month 6 visit:		

Researcher	
Name	
Signature	
Date	

5.0 Study visit MONTH 9

	PARTICIPANT ID NUMBER ———
Date and time of Visit	__ __ /__ __ /__ __ __ __ (dd/mm/yyyy) _____am/pm
Location of visit	Participant's home ☐ Centre for Public Health ☐ Other:
Anthropometric measurements	
Weight (shoes removed)	__ __ __. __ (kgs)
BMI	__ __ . __ kg/m^2
Waist Circumference	__ __ __. __ (cm)
Notes	
Blood Pressure: *3 measures using Omron in non-dominant arm after being seated for 5 minutes (record 2nd and 3rd readings only)*	
Blood pressure 1	——— / ——— mm/Hg
Blood pressure 2	——— / ——— mm/Hg
Blood pressure 3	——— / ——— mm/Hg
Average Blood pressure	——— / ——— mm/Hg

5.0 Study visit MONTH 9 *continued*

	PARTICIPANT ID NUMBER ———
Questionnaire completion	
Questionnaires completed:	☐ with researcher at visit ☐ posted to researcher prior to visit and collected by researcher ☐ Left with participant at study visit with stamped addressed envelope to return
Questionnaires completed on paper/Qualtrics	☐ paper ☐ Qualtrics
Questionnaires obtained	
Section 1	☐ yes ☐ no
Section 2	☐ yes ☐ no
Section 3	☐ yes ☐ no
Section 4	☐ yes ☐ no
Section 5	☐ yes ☐ no
Section 6	☐ yes ☐ no
Section 7	☐ yes ☐ no
Section 8	☐ yes ☐ no
Section 9	☐ yes ☐ no
Section 10	☐ yes ☐ no
Section 11	☐ yes ☐ no
Section 12	☐ yes ☐ no
Section 13	☐ yes ☐ no
Notes about questionnaire completion:	
Collect	
Questionnaire booklet if posted prior to visit	☐ yes ☐ no
Pedometer	☐ yes ☐ no
Provide participant with	
Provisional date for third visit	☐ yes ☐ no Details:
If participant, travelling to CPH, remind to keep parking/travelling receipts	☐ yes ☐ no

5.0 Study visit MONTH 9 *continued*

	PARTICIPANT ID NUMBER ———	
Follow-up from visit 2		
If questionnaires completed on paper, entered into Qualtrics?	☐ yes ☐ no	
If questionnaire booklet left with participant, follow up	☐ yes ☐ no	
Letter required to GP re. depression?	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
Letter required to GP re. blood pressure?	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
CRF data entered into study database	☐ yes ☐ no	
Next study visit documented and reminder scheduled	☐ yes ☐ no	
Reminder to return pedometer	☐ yes ☐ no	RD: _ _/_ _/ _ _
Pedometer information entered	☐ yes ☐ no <u>Step data:</u> Day 2: Day 6: Day 3: Day 7: Day 4: Day 8: Day 5:	
Dates and reminders for next pedometer organised	☐ yes ☐ no	
Participant payment organised	☐ yes ☐ no	
Other notes about Month 9 visit:		

Researcher	
Name	
Signature	
Date	

6.0 Study visit MONTH 12

	PARTICIPANT ID NUMBER ———
Date and time of Visit	__ __ /__ __ /__ __ __ __ (dd/mm/yyyy) _____am/pm
Location of visit	Participant's home ☐ Centre for Public Health ☐ Other:
Anthropometric measurements	
Weight (shoes removed)	__ __ __. __ (kgs)
BMI	__ __ . __ kg/m^2
Waist Circumference	__ __ __. __ (cm)
Notes	
Blood Pressure: *3 measures using Omron in non-dominant arm after being seated for 5 minutes (record 2nd and 3rd readings only)*	
Blood pressure 1	___ / ___ mm/Hg
Blood pressure 2	___ / ___ mm/Hg
Blood pressure 3	___ / ___ mm/Hg
Average Blood pressure	___ / ___ mm/Hg

6.0 Study visit MONTH 12 *continued*

	PARTICIPANT ID NUMBER ———
Questionnaire completion	
Questionnaires completed:	☐ with researcher at visit ☐ posted to researcher prior to visit and collected by researcher ☐ Left with participant at study visit with stamped addressed envelope to return
Questionnaires completed/being completed on paper/Qualtrics	☐ paper ☐ Qualtrics
Questionnaires obtained	
Section 1	☐ yes ☐ no
Section 2	☐ yes ☐ no
Section 3	☐ yes ☐ no
Section 4	☐ yes ☐ no
Section 5	☐ yes ☐ no
Section 6	☐ yes ☐ no
Section 7	☐ yes ☐ no
Section 8	☐ yes ☐ no
Section 9	☐ yes ☐ no
Section 10	☐ yes ☐ no
Section 11	☐ yes ☐ no
Section 12	☐ yes ☐ no
Section 13	☐ yes ☐ no
Section 14	☐ yes ☐ no
Notes about questionnaire completion:	
Collect	
Questionnaire booklet if posted prior to visit	☐ yes ☐ no
Pedometer	☐ yes ☐ no
Provide participant with	
Provisional date for third visit	☐ yes ☐ no Details:
If participant, travelling to CPH, remind to keep parking/travelling receipts	☐ yes ☐ no

6.0 Study visit MONTH 12 *continued*

	PARTICIPANT ID NUMBER ———	
Follow-up from visit 2		
If questionnaires completed on paper, entered into Qualtrics?	☐ yes ☐ no	
If questionnaire booklet left with participant, follow up	☐ yes ☐ no	
If participant consented to an interview, organise a date for telephone call	☐ yes ☐ no Details:	
Letter required to GP re. depression?	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
Letter required to GP re. blood pressure?	☐ yes ☐ no	Date sent: _ _/ _ _/ _ _
CRF data entered into study database	☐ yes ☐ no	
Next study visit documented and reminder scheduled	☐ yes ☐ no	
Reminder to return pedometer	☐ yes ☐ no	RD: _ _/_ _/ _ _
Pedometer information entered	☐ yes ☐ no <u>Step data:</u> Day 2: Day 6: Day 3: Day 7: Day 4: Day 8: Day 5:	
Dates and reminders for next pedometer organised	☐ yes ☐ no	
Participant payment organised	☐ yes ☐ no	
End of trial form completed	☐ yes ☐ no	
Other notes about Visit 1:		

Researcher	
Name	
Signature	
Date	

MISSING DATA RECORD	**PARTICIPANT ID NUMBER ———**

Study Visit Date	——/——/———— (dd/mm/yyyy)
Visit data is missing from (Tick appropriate answer)	Visit 1 (baseline) ☐ yes Visit 2 (month 3) ☐ yes Visit 3 (month 6) ☐ yes Visit 4 (month 9) ☐ yes Visit 5 (month 12) ☐ yes
Reasons for missing data	
Additional information	

Researcher	
Name	
Signature	
Date	

END OF TRIAL FORM **PARTICIPANT ID NUMBER ———**

Final Study Visit Date and Time	—— /—— /———— (dd/mm/yyyy) _____am/pm
Final Visit Type (Tick appropriate answer)	Visit 1 (baseline) ☐ yes Visit 2 (month 3) ☐ yes Visit 3 (month 6) ☐ yes Visit 4 (month 9) ☐ yes Visit 5 (month 12) ☐ yes
Study Completed	☐ yes ☐ no
Give reason for early withdrawal from study *(please circle one)*	1 = maternal adverse event; 2 = participant pregnant 3 = withdrawal of consent; 4 = OGTT revealed ongoing diabetes 5 = other - please specify: 8 = not applicable 9 = not known Details: _____ _____ _____

Researcher	
Name	
Signature	
Date	

Participant self-report questionnaire to collect data on proposed study outcomes at baseline

Supporting MumS (SMS) study Questionnaire Booklet

Month 0

Participant ID:	_ _ _
Researcher name:	
Today's date:	_ _ / _ _ / _ _ _ _ **e.g. 05 / 01 / 2017**

About questionnaire booklet

Thank you for taking the time to fill out this questionnaire booklet.

The questionnaire booklet is made up questions that will help us find out more about the postpartum period. Please complete the questions as accurately as you can. There are **no right or wrong answers**. If there are any questions you do not wish to answer, please leave them blank. Please note that your responses will be **anonymous** i.e. your name will never be given with your responses.

The questionnaire booklet is split up into the short sections shown below. You can fill it all out at once, or do it in chunks as your time allows.

Section 1: Health and well-being

1. Mobility *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems in walking about	☐
I have slight problems in walking about	☐
I have moderate problems in walking about	☐
I have severe problems in walking about	☐
I am unable to walk about	☐

2. Self-care *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems washing or dressing myself	☐
I have slight problems washing or dressing myself	☐
I have moderate problems washing or dressing myself	☐
I have severe problems washing or dressing myself	☐
I am unable to wash or dress myself	☐

3. Usual Activities *(e.g. work, study, housework, family or leisure activities) (Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems doing my usual activities	☐
I have slight problems doing my usual activities	☐
I have moderate problems doing my usual activities	☐
I have severe problems doing my usual activities	☐
I am unable to do my usual activities	☐

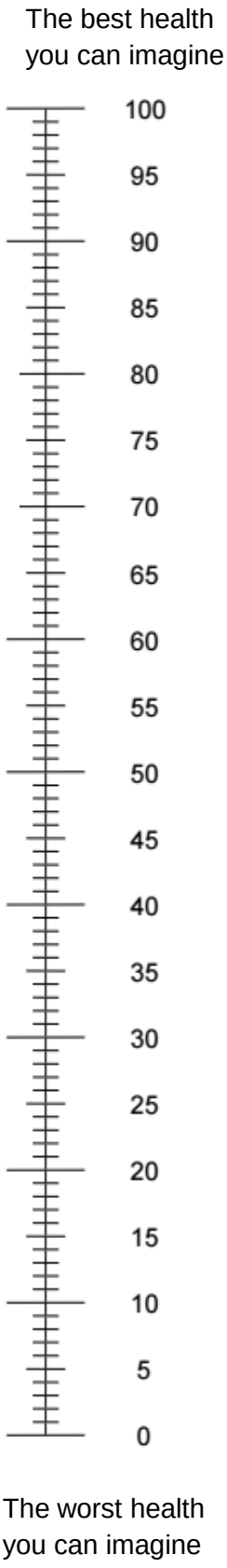
4. Pain/ Discomfort *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no pain or discomfort	☐
I have slight pain or discomfort	☐
I have moderate pain or discomfort	☐
I have severe pain or discomfort	☐
I have extreme pain or discomfort	☐

5. Anxiety/ Depression *(Please tick (✓) **one** box that best describes your health TODAY).*	
I am not anxious or depressed	☐
I am slightly anxious or depressed	☐
I am moderately anxious or depressed	☐
I am severely anxious or depressed	☐
I am extremely anxious or depressed	☐

6. We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐



Q1-Q6 Reproduced with permission from: Brooks R. EuroQol: The current state of play. Health Policy. 1996;37(1):53-7

1. Feeling settled and secure *(Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I am able to feel settled and secure in **all** areas of my life	☐
I am able to feel settled and secure in **many** areas of my life	☐
I am able to feel settled and secure in **a few** areas of my life	☐
I am unable to feel settled and secure in **any** areas of my life	☐

2. Love, friendship and support *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I can have **a lot** of love, friendship and support	☐
I can have **quite a lot** of love, friendship and support	☐
I can have **a little** love, friendship and support	☐
I **cannot** have **any** love, friendship and support	☐

3. Being independent	
I am able to be **completely** independent	☐
I am able to be independent in **many** things	☐
I am able to be independent in **a few** things	☐
I am **unable** to be at all independent	☐

4. Achievement and progress	
I can achieve and progress in **all** aspects of my life	☐
I can achieve and progress in **many** aspects of my life	☐
I can achieve and progress in **a few** aspects of my life	☐
I cannot achieve and progress in **any** aspects of my life	☐

5. Enjoyment and pleasure	
I can have **a lot** of enjoyment and pleasure	☐
I can have **quite a lot** of enjoyment and pleasure	☐
I can have **a little** enjoyment and pleasure	☐
I **cannot** have **any** enjoyment and pleasure	☐

Q1-Q5 Reproduced with permission from: Al-Janabi H, Flynn T, Coast J. Development of a self-report measure of capability wellbeing for adults: the ICECAP-A. Quality of Life Research. 2012;21:167-76

Section 2: Health resources

1. In the last 3 months, have you seen <u>any</u> health professional at your GP surgery? (*Please tick (✓) **one** box).*

Yes	☐
No	☐

If YES, <u>how many times</u> were you seen by: *(Please enter a number)*

GP	
Practice nurse	
Other (please state)	
Other (please state)	

2. In the last 3 months, have you attended an Accident and Emergency (Casualty) department? *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u>	
No	☐		

3. In the last 3 months, have you have you attended hospital as an <u>out-patient?</u> *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u>	
No	☐		

4. In the last 3 months, have you have you attended hospital as an <u>in-patient?</u> *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u> If YES, how many nights did you spend in hospital in the last 3 months in total?	
No	☐		

5. In the last 3 months, have you received any prescriptions for medicine? *(Please tick (✓) **one** box).*

Yes	☐
No	☐

6. In the last 3 months, have you purchased any over-the-counter medications/ or lifestyle products (e.g. slimming aids)? *(Please tick (✓) **one** box).*

Yes	☐	If YES, please state total amount spent in last 3 months	£
No	☐		

7. In the last 3 months have you paid for any services or clubs for the specific purpose of helping you with your lifestyle - for example slimming clubs, health clubs, gyms, swimming pools, exercise classes?
*(Please tick (✓) **one** box).*

Yes	☐	If YES, approximately how much have you spent in <u>total</u> for all of these services/clubs in the <u>last 3 months?</u>	£
No	☐		

8. Please think about <u>last week's</u> food and drink purchases for your household (i.e. you and your family) and tell us the cost to your household of the following: *(Please enter **all** that apply).*

Type of food and drink purchased	Weekly Cost to you (your household)
Food and non-alcoholic drinks (e.g. supermarket shopping)	£
Alcoholic drinks e.g. wine & beer	£
Takeaway meals and snacks eaten AT HOME e.g. pizza delivery	£
Meals, snacks and drinks CONSUMED AWAY FROM HOME (e.g. restaurant)	£
Cigarettes or vaping products	£

9. Have you previously purchased any apps for improving your fitness/health or wellbeing? *(Please tick (✓) **one** box).*

Yes	☐	If YES, Please state the total amount you spent on fitness/health apps in the <u>last year?</u>	£
No	☐		

10. On average, <u>per day</u> how much time have you spent exercising/walking in the last 3 months in total?

On average per day:	Hours		Minutes	

11. Has your employment status changed in the last three months?
*(Please tick (✓) **one** box).*

Yes	☐
No	☐

Source:Q1 –Q11 Study specific questions.

Section 3: Eating and activity approaches

This section asks you about your diet. *(Please circle **one** number in each row to indicate how much you agree or disagree with the following statements).*

1. Eating healthier is something…	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7
I do without having to consciously remember	1	2	3	4	5	6	7
I do without thinking	1	2	3	4	5	6	7
I start doing before I realise I'm doing it	1	2	3	4	5	6	7

2. Over the next few months I intend to...	**Strongly Disagree**						**Strongly Agree**
eat a healthy diet (e.g. reduce portion size, eat less sugary and high fact snacks and eat more fruit and vegetables)	1	2	3	4	5	6	7
be physically active (e.g. by walking more or taking exercise classes)	1	2	3	4	5	6	7

3. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on how to eat a healthy diet	1	2	3	4	5	6	7
on when to eat a healthy diet	1	2	3	4	5	6	7

4. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on when I need to be especially careful to maintain my healthy diet	1	2	3	4	5	6	7
about what to do in difficult situations to stick to my healthy diet	1	2	3	4	5	6	7
on how I will cope if I slip back into old eating habits	1	2	3	4	5	6	7

5. I am confident that I can stick to a healthy diet even...	**Strongly Disagree**						**Strongly Agree**
if I have to learn a lot about nutrition	1	2	3	4	5	6	7
if I initially have to watch out in many situations	1	2	3	4	5	6	7
if I have to start all over again several times until I succeed	1	2	3	4	5	6	7
if I initially have to make plans	1	2	3	4	5	6	7
if initially food doesn't taste as good	1	2	3	4	5	6	7
if I initially don't get much support	1	2	3	4	5	6	7
if it takes a long time to get used to it	1	2	3	4	5	6	7
if I have worries and troubles	1	2	3	4	5	6	7
if my partner/ my family don't change their nutrition habits	1	2	3	4	5	6	7
if I am tired	1	2	3	4	5	6	7
if I am stressed out	1	2	3	4	5	6	7
if I don't lose weight initially	1	2	3	4	5	6	7

6. In spite of good intentions when losing weight, slip-ups may occur. Imagine you relapse back into your old eating habits. How confident are you about restarting your new healthy eating habits?

I am sure I can start my new healthy eating habits again regularly, even if I...	**Strongly Disagree**						**Strongly Agree**
have several bad days in a row	1	2	3	4	5	6	7
lose my motivation to keep up my new healthy eating habits	1	2	3	4	5	6	7
have had a relapse and have fallen back into old eating habits for several weeks	1	2	3	4	5	6	7

7. For the next few questions:

'Tempting foods' are any food you want to eat more of than you think you should.
'Eating intentions' refer to the way you are aiming to eat, for example you may intend to avoid tempting foods or eat healthy foods.

*(Please tick (✓) **one** box for each of the following statements).*	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
I give up too easily on my eating intentions	☐	☐	☐	☐	☐
I'm good at resisting tempting food	☐	☐	☐	☐	☐
I easily get distracted from the way I intend to eat	☐	☐	☐	☐	☐
If I am not eating in the way I intend to I make changes	☐	☐	☐	☐	☐
I find it hard to remember what I have eaten throughout the day	☐	☐	☐	☐	☐

Q1 Reproduced with permission from: Gardner B, Abraham C, Lally P, de Bruijn G-J. Towards parsimony in habit measurement: Testing the convergent and predictive validity of an automaticity subscale of the Self-Report Habit Index. International Journal of Behavioral Nutrition and Physical Activity. 2012;9. **Q2 to Q4 Adapted from:** Sniehotta FF, Scholz U , Lippke S, Ziegelmann J. (2002). Scale for assessment of implementation planning and coping planning. http://userpage.fuberlin.de/~falko/scales/heartdocu.html **Q5 - Q6 Adapted from:** Sniehotta FF, Scholz U, Lippke S, Ziegelmann J, Luszczynska A. (2003). Phase-specific self-efficacy in health behavior change. Unpublished manuscript, Free University Berlin. Sniehotta FF, Scholz U, Lippke,S and Ziegelmann J. (2002). Scale for the assessement of phase-specific self-efficacy of physical activity. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität.] http://userpage.fuberlin.de/~falko/scales/heartdocu.html

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<u>This section asks about your physical activity</u>. *(Please circle **one** number in each row to indicate how much you agree or disagree with the following statements).*

1. Being active every day is something…	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7
I do without having to consciously remember	1	2	3	4	5	6	7
I do without thinking	1	2	3	4	5	6	7
I start doing before I realise I'm doing it	1	2	3	4	5	6	7

2. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on when to be physically active	1	2	3	4	5	6	7
on where to be physically active	1	2	3	4	5	6	7
on how to be physically active	1	2	3	4	5	6	7
on how often be physically active	1	2	3	4	5	6	7
on who I can be physically active with	1	2	3	4	5	6	7
3. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
about what to do if something gets in the way	1	2	3	4	5	6	7
about what to do if I miss a physical activity session	1	2	3	4	5	6	7
about what to do in difficult situations to stick to my physical activity intentions	1	2	3	4	5	6	7
for times when I will need to be extra careful to stay committed	1	2	3	4	5	6	7

4a. Certain barriers make it hard to begin physical activity. How sure are you that you can begin exercising regularly?

I am sure that...	**Strongly Disagree**						**Strongly Agree**
I can change to a physically active lifestyle	1	2	3	4	5	6	7
I can be physically active once a week	1	2	3	4	5	6	7
I can be physically active at least 3 times a week for 30 minutes	1	2	3	4	5	6	7

4b. I am sure I can start being physically active immediately, even if...	**Strongly**

	Strongly Disagree						Agree
the planning for this is takes a lot of time and effort	1	2	3	4	5	6	7
I have to force myself to start immediately	1	2	3	4	5	6	7
I have to push myself	1	2	3	4	5	6	7

5. Are you confident that you can manage staying physically active?

I am sure I can keep being physically active regularly, even if...	Strongly Disagree						Strongly Agree
it takes me a long time to make a habit	1	2	3	4	5	6	7
I am worried and troubled	1	2	3	4	5	6	7
I am tired	1	2	3	4	5	6	7
I am stressed out	1	2	3	4	5	6	7
I don't lose weight at once	1	2	3	4	5	6	7
I have to start all over again several times until I succeed	1	2	3	4	5	6	7
my partner/family isn't physically active	1	2	3	4	5	6	7

6. In spite of good intentions, slip ups may occur. How confident are you about restarting exercises?

I am sure I can keep being physically active regularly, even if...	Strongly Disagree						Strongly Agree
I postpone my plans several times	1	2	3	4	5	6	7
I lose my motivation	1	2	3	4	5	6	7
I have not been active for several weeks	1	2	3	4	5	6	7

Q1 Reproduced with permission from: Gardner B, Abraham C, Lally P, de Bruijn G-J. Towards parsimony in habit measurement: Testing the convergent and predictive validity of an automaticity subscale of the Self-Report Habit Index. International Journal of Behavioral Nutrition and Physical Activity. 2012;9. **Q2 to Q3 Adapted from:** Sniehotta FF, Scholz U, Lippke S, Ziegelmann J. (2002). Scale for assessment of implementation planning and coping planning. http://userpage.fuberlin.de/~falko/scales/heartdocu.html. **Q4-Q6 Adapted from:**

Sniehotta FF, Scholz U, Lippke S, Ziegelmann J, Luszczynska A. (2003). Phase-specific self-efficacy in health behavior change. Unpublished manuscript, Free University Berlin. Sniehotta FF, Scholz U, Lippke,S and Ziegelmann J. (2002). Scale for the assessment of phase-specific self-efficacy of physical activity. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität.] http://userpage.fuberlin.de/~falko/scales/heartdocu.html

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Section 4: Social Support

1. **Below is a list of statements about social support.** *(Please tick (✓) **one** box in each row to indicate how much you agree or disagree with the following statements).*

Within the past 3 months, I have got support from my friends and/or family to help me:

	Strongly Agree	Agree	Disagree	Strongly disagree	Not applicable
Eat well	☐	☐	☐	☐	☐
Be physically active	☐	☐	☐	☐	☐
Lose weight	☐	☐	☐	☐	☐

Q1 Adapted from: Sallis JF, Grossman RM, Pinski RB, Patterson TL, Nader PR. The development of scales to measure social support for diet and exercise behaviors. Preventive Medicine. 1987;16(6):825-36.

Section 5: Lifestyle behaviours and attitudes

1. How often do you weigh yourself currently? *(Please tick (✓) **one** box).*

Never	☐
About once a year or less	☐
Every couple of months	☐
Every month	☐
Every week	☐
Every day	☐
More than once a day	☐

2. Within the past 3 months, have you taken part in any weight loss programmes (e.g. Slimming World). *(Please tick (✓) **one** box).*

Yes	☐
No	☐

If yes, please give details below; (name, how long attended for, etc)

3. Do you want to lose weight? *(Please tick (✓) **one** box).*

Yes	☐	→ Please complete the rest of the questions in this section (i.e. questions 4, 5 & 6)
No	☐	→ Please go to Section 6 on Page 16

4. How confident are you in your ability to:

*(Please circle **one** number in each row to indicate how confident you feel about each of the following statements).*

	Not confident						**Very confident**
Lose weight	1	2	3	4	5	6	7
Keep lost weight off in the long term	1	2	3	4	5	6	7

5. How important is losing weight for you at the moment? *(Please circle **one** number).*

Not important						**Very important**
1	2	3	4	5	6	7

6. The questions below ask you about why you want to lose weight. *(Please tick* (✓) ***one*** *box for each statement).*

I want to lose weight...

	Absolutely not	**Somewhat**	**Moderately**	**Strongly**
Because it is commonly said that being overweight is unhealthy	☐	☐	☐	☐
To be healthier	☐	☐	☐	☐
To be more agile	☐	☐	☐	☐
For health reasons	☐	☐	☐	☐
Because I read that it is healthier	☐	☐	☐	☐
To decrease my health risks	☐	☐	☐	☐
To live long	☐	☐	☐	☐
Because acquaintances have advised me to	☐	☐	☐	☐
To not attract attention	☐	☐	☐	☐
Because I'll be more successful in my job	☐	☐	☐	☐
So I will be accepted by society	☐	☐	☐	☐
To dare to socialise again	☐	☐	☐	☐
Because I would be luckier in love	☐	☐	☐	☐
To be more appreciated/liked	☐	☐	☐	☐
To have more friends	☐	☐	☐	☐
To have better success with others	☐	☐	☐	☐
So that other people will think better of me	☐	☐	☐	☐
To be more attractive	☐	☐	☐	☐
To like to look at myself in the mirror again	☐	☐	☐	☐
Because I want to like myself more	☐	☐	☐	☐
Because I want to be more attractive	☐	☐	☐	☐
To be able to dress more fashionably	☐	☐	☐	☐
To fit into my clothes again	☐	☐	☐	☐
To feel more self-confident	☐	☐	☐	☐

Source: Q1 – Q5: Study specific questions. **Q6 Reproduced with permission from:** Meyer AH, Weissen-Schelling S, Munsch S, Margraf J. Initial development and reliability of a motivation for weight loss scale. Obes Facts 2010;3:205-11.

Section 6: Food patterns

*(Please tick (✓) **one** box for each of the following questions).*

1. How many times a week do you eat two or more pieces of fruit?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

2. When eating cheese, how often do you choose reduced fat cheese in preference to regular cheese?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat cheese	☐

3. How many days a week do you eat fried food with a batter or bread crumb coating?	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than once a week	☐
Never	☐

4. How often do you eat fried or roasted vegetables?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

5. When eating bread (as toast, sandwiches or a snack) how often do you spread butter or margarine on it?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

6. How many portions of vegetables do you eat in a typical day? (a portion is about three tablespoons of vegetables or a small bowl of salad).	
5 or more portions	☐
3 or 4 portions	☐
1 or 2 portions	☐
Less than one portion per day	☐
None	☐

7. How often do you trim all the visible fat off the meat you eat?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat meat	☐

8. How many times a week do you eat meat pies, pasties or sausage rolls?	
3 or more times a week	☐
Once or twice a week	☐
Once a fortnight	☐
Less than once a fortnight	☐
Never	☐

9. How often do you (or the person who cooks for you) remove the skin from chicken before it is cooked?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don’t eat chicken	☐

10. How many days a week do you eat fried potato (e.g. hot chips or potato crisps)?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

11. How many days a week do you eat take-away foods such as: fried or BBQ chicken; fish and chips; Chinese; pizza; hamburger etc.?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

12. How often do you (or the person who cooks for you) use fat when cooking? (e.g. butter, margarine, oil, lard etc)	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

13. How often do you choose wholemeal spaghetti or pasta in preference to regular spaghetti or pasta?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat spaghetti/pasta	

14. How often do you choose wholemeal bread in preference to white bread?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

15. How many days a week do you eat legumes? (e.g. baked beans, three bean mix, lentils, split peas, dried beans etc)	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than once a week	☐
Never	☐

16. How many days a week do you eat a high fibre breakfast cereal? (e.g. Weetabix, All-Bran, untoasted muesli, porridge)	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

17. How many different types of vegetables would you eat on a typical day?	
5 or more types	☐
4 types	☐
3 types	☐
1 or 2 types	☐
None	☐

18. How many days a week do you eat high fat cheeses? (e.g. cheddar or cream cheese)	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

19. How often do you choose low-fat milk (semi-skimmed or skimmed) in preference to whole milk?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't drink milk	☐

20. How many days a week do you eat processed meats? (e.g. bacon, salami, ham etc)	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than one day a week	☐
Never	☐

21. How often do you eat or drink any of the following? *(Please tick (✓) **one** box for each row).*	**More than once a day**	**Once a day**	**3-6 days a week**	**1-2 days a week**	**less than weekly**	**Never**
Sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat)	☐	☐	☐	☐	☐	☐
Buns, cakes or pastries or desserts	☐	☐	☐	☐	☐	☐
Fizzy drinks or squashes that contain sugar (e.g. coca cola, Ribena, Club Orange)	☐	☐	☐	☐	☐	☐
Diet drinks (e.g. Diet Coke, Sprite Zero, Diet Club)	☐	☐	☐	☐	☐	☐

22. How often do you have a drink containing alcohol?	
Never	☐
Monthly or less	☐
2 - 4 times a month	☐
2 - 3 times a week	☐
4 or more times a week	☐

23. Do you keep a record of what you eat and drink? (e.g. writing it down, using an App etc).	
Yes	☐
No	☐

24. Do you set yourself food and drink related goals? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

Q1–Q20 Reproduced with permission from: Wright JL, Scott JA. The Fat and Fibre Barometer, s short food behaviour questionnaire: reliability, relative validity and utility. Australian Journal of Nutrition and Dietetics. 2000;57(1):33-9. **Source Q21 - Q24**: Study specific questions

Section 7: Physical activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

VIGOROUS ACTIVITIES

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?		
_____	Days per week	
☐	No vigorous physical activities →	***Skip to question 3***

2. How much time did you usually spend doing vigorous physical activities on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

MODERATE ACTIVITIES

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.		
_____	Days per week	
☐	No moderate physical activities →	***Skip to question 5***

4. How much time did you usually spend doing moderate physical activities on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

WALKING

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?		
_____	Days per week	
☐	No walking	⟶ ***Skip to question 7***

6. How much time did you usually spend walking on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

SITTING

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the last 7 days, how much time did you spend sitting on a week day?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

STEPS

8. Do you use a step counter? (e.g. pedometer, App, Fitbit etc) *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

9. Do you set yourself physical activity related goals? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

10. Did you have any problem/s that limited your physical activity during the past 3 months? *(Please tick (✓) **one** box).*		
Yes	☐	If yes, please give details:
No	☐	

Q1-Q10 Adapted from: Booth ML. Assessment of physical activity: an international perspective. Research Quarterly for Exercise and Sport. 2000;71(2):s114-20.

Section 8: Infant Feeding

1. What is your current method of feeding for your youngest child? *(Please tick (✓) **as many** boxes that apply).*

Breast feeding	☐
Infant formula feeding	☐
Combined feeding (Breast and infant formula)	☐
Follow-on milk	☐
Baby is on solids	☐

NOTE: If you ticked 'Baby is on solids', please go to question 2 below.
If you did not tick 'Baby is on solids', please go to Section 9 on Page 24.

2. How often do you usually give your baby these particular TYPES of solid food? *(Please tick (✓) **one** box for each food).*

	More than once a day	Once a day	3 or more times a week	Once or twice a week	Less than once a week	Never
Breakfast Cereals	☐	☐	☐	☐	☐	☐
Rice or Pasta	☐	☐	☐	☐	☐	☐
Bread	☐	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐	☐
Potato products (incl. chips, waffles, shapes)	☐	☐	☐	☐	☐	☐
Butter/Margarine and other spreads	☐	☐	☐	☐	☐	☐
Red meat	☐	☐	☐	☐	☐	☐
Processed meat (e.g. ham)	☐	☐	☐	☐	☐	☐
Chicken/other poultry	☐	☐	☐	☐	☐	☐
Fish (incl. tuna)	☐	☐	☐	☐	☐	☐

	More than once a day	Once a day	3 or more times a week	Once or twice a week	Less than once a week	Never
Eggs	☐	☐	☐	☐	☐	☐
Beans, lentils, chickpeas	☐	☐	☐	☐	☐	☐
Tofu, Quorn,	☐	☐	☐	☐	☐	☐
Textured vegetable protein	☐	☐	☐	☐	☐	☐
Nuts	☐	☐	☐	☐	☐	☐
Fruit	☐	☐	☐	☐	☐	☐
Vegetables	☐	☐	☐	☐	☐	☐
Cheese, yoghurt, fromage frais	☐	☐	☐	☐	☐	☐
Puddings or desserts	☐	☐	☐	☐	☐	☐
Biscuits, sweets, chocolate or cakes	☐	☐	☐	☐	☐	☐
Crisps and corn snacks	☐	☐	☐	☐	☐	☐
Follow on formula	☐	☐	☐	☐	☐	☐
Or something else (please tick and then write below)	☐	☐	☐	☐	☐	☐

3. Do you ever add salt to your baby's solid food, including adding salt when the food is being cooked? *(Please tick (✓) **one** box).*

Yes, often	☐
Yes, sometimes	☐
Never	☐

Source Q1 and Q3: Study specific questions. **Q2 Adapted from**: Andrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ. Infant Feeding Survey 2010. Health and Social Care Information Centre; 2012

Section 9: Mood

*(Please tick (✓) **one** box for each statement below).*

In the past 7 days...

1. I have been able to laugh and see the funny side of things.	
As much as I always could	☐
Not quite so much now	☐
Definitely not so much now	☐
Not at all	☐

2. I have looked forward with enjoyment to things.	
As much as I ever did	☐
Rather less than I used to	☐
Definitely less than I used to	☐
Hardly at all	☐

3. I have blamed myself unnecessarily when things went wrong.	
Yes, most of the time	☐
Yes, some of the time	☐
Not very often	☐
No, never	☐

4. I have been anxious or worried for no good reason.	
No, not at all	☐
Hardly ever	☐
Yes, sometimes	☐
Yes, very often	☐

5. I have felt scared or panicky for no very good reason.	
Yes, quite a lot	☐
Yes, sometimes	☐
No, not much	☐
No, not at all	☐

6. Things have been getting on top of me.	
Yes, most of the time I haven't been able to cope at all	☐
Yes, sometimes I haven't been coping as well as usual	☐
No, most of the time I have coped quite well	☐
No, I have been coping as well as ever	☐

7. I have been so unhappy that I have had difficulty sleeping.	
Yes, most of the time	☐
Yes, sometimes	☐
Not very often	☐
No, not at all	☐

8. I have felt sad or miserable.	
Yes, most of the time	☐
Yes, quite often	☐
Not very often	☐
No, not at all	☐

9. I have been so unhappy that I have been crying.	
Yes, most of the time	☐
Yes, quite often	☐
Only occasionally	☐
No, never	☐

10. The thought of harming myself has occurred to me.	
Yes, quite often	☐
Sometimes	☐
Hardly ever	☐
Never	☐

Q1-Q10 Reproduced with Permission from: Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry 1987;150:782-786.

Section 10: Body satisfaction

1. Please indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

*(Please tick (✓) **one** box for each statement below).*

	Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
Face (facial features, complexion)	☐	☐	☐	☐	☐
Hair (colour, thickness, texture)	☐	☐	☐	☐	☐
Lower torso (buttocks, hips, thighs, legs)	☐	☐	☐	☐	☐
Mid torso (waist, stomach)	☐	☐	☐	☐	☐
Upper torso (chest or breasts, shoulders, arms)	☐	☐	☐	☐	☐
Muscle tone	☐	☐	☐	☐	☐
Weight	☐	☐	☐	☐	☐
Height	☐	☐	☐	☐	☐
Overall appearance	☐	☐	☐	☐	☐

***2.* This question asks your opinion about your weight.** *(Please tick (✓) one box for each statement below).*

	Very Underweight	Somewhat Underweight	Normal Weight	Somewhat Overweight	Very Overweight
I think I am...	☐	☐	☐	☐	☐
From looking at me, most other people would think I am...	☐	☐	☐	☐	☐

Source Q1-Q2: Reproduced with Permission from: Cash TF. The Multidimensional body-self relations questionnaire: MBSRQ users' manual. Norfolk: VA: 2000.

Section 11: Self-esteem

Q1.Below is a list of statements dealing with your general feelings about yourself.

*(Please tick (✓) **one** box to indicate how much you agree or disagree with each of the following statements).*

	Strongly Agree	Agree	Disagree	Strongly disagree
I feel that I'm a person of worth, at least on an equal plane with others.	☐	☐	☐	☐
I feel that I have a number of good qualities.	☐	☐	☐	☐
All in all, I am inclined to feel that I am a failure.	☐	☐	☐	☐
I am able to do things as well as most other people.	☐	☐	☐	☐
I feel I do not have much to be proud of.	☐	☐	☐	☐
I take a positive attitude toward myself.	☐	☐	☐	☐
On the whole I am satisfied with myself.	☐	☐	☐	☐
I wish I could have more respect for myself.	☐	☐	☐	☐
I certainly feel useless at times.	☐	☐	☐	☐
At times I think I am no good at all.	☐	☐	☐	☐

Section 12: Sleep

1. At the moment, how often does your baby sleep all night? *(Please tick (✓) **one** box).*

Always	☐
Mostly	☐
Sometimes	☐
Rarely	☐
Never	☐

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.

2. During the past month, what time have you usually gone to bed at night?

Usual bed time ☐

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

Number of minutes ☐

4. During the past month, what has been your usual getting up time in the morning?

Usual getting up time ☐

5. During the past month, on average how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

Hours of sleep per night ☐

6. During the past month, how often have you had trouble sleeping because you…

*(Please tick (✓) **one** box for each statement).*

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Cannot get to sleep within 30 minutes	☐	☐	☐	☐
Wake up in the middle of the night or early morning	☐	☐	☐	☐
Have to get up to use the bathroom	☐	☐	☐	☐
Cannot breathe comfortably	☐	☐	☐	☐
Cough or snore loudly	☐	☐	☐	☐
Feel too cold	☐	☐	☐	☐
Feel too hot	☐	☐	☐	☐
Had bad dreams	☐	☐	☐	☐
Have pain	☐	☐	☐	☐
Other reason(s), please describe and indicate how often during the past month you had trouble sleeping because of this:	☐	☐	☐	☐

7. During the past month, how would you rate your sleep quality overall?
*(Please tick (✓) **one** box).*

Very Good	Fairly Good	Fairly Bad	Very Bad
☐	☐	☐	☐

8. (Please tick *(✓)* ***one*** *box for each question below.)*	**Not during the past month**	**Less than once a week**	**Once or twice a week**	**Three or more times a week**
During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?	☐	☐	☐	☐
During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	☐	☐	☐	☐

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? (Please tick *(✓)* ***one*** *box).*

No problem at all	**Only a very slight problem**	**Somewhat of a problem**	**A very big problem**
☐	☐	☐	☐

10. Do you have a bed partner or room-mate? *(Please tick (✓)* ***one*** *box).*

No bed partner or room-mate	**Partner/room-mate in other room**	**Partner in same room but not in same bed**	**Partner in same bed**
☐	☐	☐	☐

11. If you have a room-mate or bed partner, ask him/her how often in the past month you have had:

Please tick *(✓)* ***one*** *box for each statement).*	**Not during the past month**	**Less than once a week**	**Once or twice a week**	**Three or more times a week**
Loud snoring	☐	☐	☐	☐
Long pauses between breaths while asleep	☐	☐	☐	☐
Legs twitching or jerking while you sleep	☐	☐	☐	☐
Episodes of confusion during sleep	☐	☐	☐	☐
Other restlessness while you sleep, please describe:				

Source Q1. Study specific questions. **Q2-Q11 Reproduced with Permission from:** Buysse DJ, Reynolds CF 3rd, Monk TH, Berman SR, Kupfer DJ. The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. Psychiatry Res 1989;28:193-213.

You have now completed the questionnaire. Thank you very much for your time and effort! We really appreciate your help with our research.

Participant self-report questionnaire to collect data on proposed study outcomes at three, six and nine- months' follow-ups

Supporting MumS (SMS) study Questionnaire Booklet

Month 3,6,9

Participant ID:	_ _ _
Researcher name:	
Today's date:	_ _ / _ _ / _ _ _ _ **e.g. 05 / 01 / 2017**

About questionnaire booklet

Thank you for taking the time to fill out this questionnaire booklet.

The questionnaire booklet is made up questions that will help us find out more about the postpartum period. Please complete the questions as accurately as you can. There are **no right or wrong answers**. If there are any questions you do not wish to answer, please leave them blank. Please note that your responses will be **anonymous** i.e. your name will never be given with your responses.

The questionnaire booklet is split up into the short sections shown below. You can fill it all out at once, or do it in chunks as your time allows.

Section 1: Satisfaction with SMS text messages

1. How satisfied are you with the text messages to date? *(Please tick (✓) **one** box).*

Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
☐	☐	☐	☐	☐

If you are very dissatisfied or mostly dissatisfied, please explain what could have been improved:

_____

_____

_____

Source Q1: Study specific question

Section 1: Health and well-being

1. Mobility *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems in walking about	☐
I have slight problems in walking about	☐
I have moderate problems in walking about	☐
I have severe problems in walking about	☐
I am unable to walk about	☐

2. Self-care *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems washing or dressing myself	☐
I have slight problems washing or dressing myself	☐
I have moderate problems washing or dressing myself	☐
I have severe problems washing or dressing myself	☐
I am unable to wash or dress myself	☐

3. Usual Activities *(e.g. work, study, housework, family or leisure activities) (Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems doing my usual activities	☐
I have slight problems doing my usual activities	☐
I have moderate problems doing my usual activities	☐
I have severe problems doing my usual activities	☐
I am unable to do my usual activities	☐

4. Pain/ Discomfort *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no pain or discomfort	☐
I have slight pain or discomfort	☐
I have moderate pain or discomfort	☐
I have severe pain or discomfort	☐
I have extreme pain or discomfort	☐

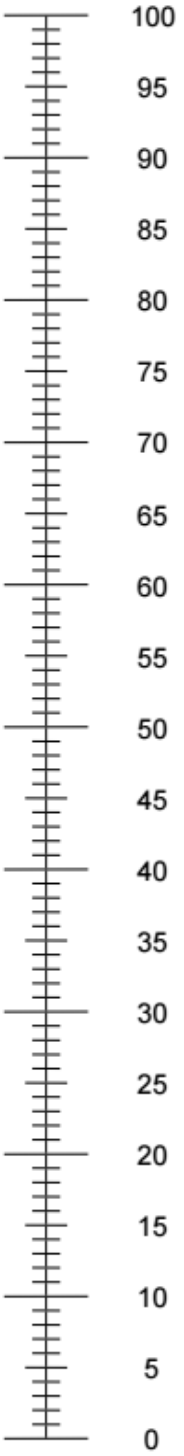
5. Anxiety/ Depression *(Please tick (✓) **one** box that best describes your health TODAY).*	
I am not anxious or depressed	☐
I am slightly anxious or depressed	☐
I am moderately anxious or depressed	☐
I am severely anxious or depressed	☐
I am extremely anxious or depressed	☐

6. We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐

The best health you can imagine



The worst health you can imagine

Q1-Q6 Reproduced with permission from: Brooks R. EuroQol: The current state of play. Health Policy. 1996;37(1):53-7

1. Feeling settled and secure *(Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I am able to feel settled and secure in **all** areas of my life	☐
I am able to feel settled and secure in **many** areas of my life	☐
I am able to feel settled and secure in **a few** areas of my life	☐
I am unable to feel settled and secure in **any** areas of my life	☐

2. Love, friendship and support *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I can have **a lot** of love, friendship and support	☐
I can have **quite a lot** of love, friendship and support	☐
I can have **a little** love, friendship and support	☐
I **cannot** have **any** love, friendship and support	☐

3. Being independent	
I am able to be **completely** independent	☐
I am able to be independent in **many** things	☐
I am able to be independent in **a few** things	☐
I am **unable** to be at all independent	☐

4. Achievement and progress	
I can achieve and progress in **all** aspects of my life	☐
I can achieve and progress in **many** aspects of my life	☐
I can achieve and progress in **a few** aspects of my life	☐
I cannot achieve and progress in **any** aspects of my life	☐

5. Enjoyment and pleasure	
I can have **a lot** of enjoyment and pleasure	☐
I can have **quite a lot** of enjoyment and pleasure	☐
I can have **a little** enjoyment and pleasure	☐
I **cannot** have **any** enjoyment and pleasure	☐

Q1-Q5 Reproduced with permission from: Al-Janabi H, Flynn T, Coast J. Development of a self-report measure of capability wellbeing for adults: the ICECAP-A. Quality of Life Research. 2012;21:167-76

Section 2: Health resources

1. In the last 3 months, have you seen <u>any</u> health professional at your GP surgery? (*Please tick (✓) **one** box).*

Yes	☐
No	☐

If YES, <u>how many times</u> were you seen by: *(Please enter a number)*

GP	
Practice nurse	
Other (please state)	
Other (please state)	

2. In the last 3 months, have you attended an Accident and Emergency (Casualty) department? *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u>	
No	☐		

3. In the last 3 months, have you have you attended hospital as an <u>out-patient?</u> *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u>	
No	☐		

4. In the last 3 months, have you have you attended hospital as an <u>in-patient?</u> *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u> If YES, how many nights did you spend in hospital in the last 3 months in total?	
No	☐		

5. In the last 3 months, have you received any prescriptions for medicine? *(Please tick (✓) **one** box).*

Yes	☐
No	☐

6. In the last 3 months, have you purchased any over-the-counter medications/ or lifestyle products (e.g. slimming aids)? *(Please tick (✓) **one** box).*

Yes	☐	If YES, please state total amount spent in last 3 months	£
No	☐		

7. In the last 3 months have you paid for any services or clubs for the specific purpose of helping you with your lifestyle - for example slimming clubs, health clubs, gyms, swimming pools, exercise classes?
*(Please tick (✓) **one** box).*

Yes	☐	If YES, approximately how much have you spent in <u>total</u> for all of these services/clubs in the <u>last 3 months?</u>	£
No	☐		

8. Please think about <u>last week's</u> food and drink purchases for your household (i.e. you and your family) and tell us the cost to your household of the following: *(Please enter **all** that apply).*

Type of food and drink purchased	Weekly Cost to you (your household)
Food and non-alcoholic drinks (e.g. supermarket shopping)	£
Alcoholic drinks e.g. wine & beer	£
Takeaway meals and snacks eaten AT HOME e.g. pizza delivery	£
Meals, snacks and drinks CONSUMED AWAY FROM HOME (e.g. restaurant)	£
Cigarettes or vaping products	£

9. Have you previously purchased any apps for improving your fitness/health or wellbeing? *(Please tick (✓) **one** box).*

Yes	☐	If YES, Please state the total amount you spent on fitness/health apps in the <u>last year?</u>	£
No	☐		

10. On average, <u>per day</u> how much time have you spent exercising/walking in the last 3 months in total?

On average per day:	Hours		Minutes	

11. Has your employment status changed in the last three months?
*(Please tick (✓) **one** box).*

Yes	☐
No	☐

Source: Q1-Q11. Study specific questions.

Section 3: Eating and activity approaches

This section asks you about your diet. *(Please circle **one** number in each row to indicate how much you agree or disagree with the following statements).*

1. Eating healthier is something…	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7
I do without having to consciously remember	1	2	3	4	5	6	7
I do without thinking	1	2	3	4	5	6	7
I start doing before I realise I'm doing it	1	2	3	4	5	6	7

2. Over the next few months I intend to...	**Strongly Disagree**						**Strongly Agree**
eat a healthy diet (e.g. reduce portion size, eat less sugary and high fact snacks and eat more fruit and vegetables)	1	2	3	4	5	6	7
be physically active (e.g. by walking more or taking exercise classes)	1	2	3	4	5	6	7

3. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on how to eat a healthy diet	1	2	3	4	5	6	7
on when to eat a healthy diet	1	2	3	4	5	6	7

4. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on when I need to be especially careful to maintain my healthy diet	1	2	3	4	5	6	7
about what to do in difficult situations to stick to my healthy diet	1	2	3	4	5	6	7
on how I will cope if I slip back into old eating habits	1	2	3	4	5	6	7

5. I am confident that I can stick to a healthy diet even...	**Strongly Disagree**						**Strongly Agree**
if I have to learn a lot about nutrition	1	2	3	4	5	6	7
if I initially have to watch out in many situations	1	2	3	4	5	6	7
if I have to start all over again several times until I succeed	1	2	3	4	5	6	7
if I initially have to make plans	1	2	3	4	5	6	7
if initially food doesn't taste as good	1	2	3	4	5	6	7
if I initially don't get much support	1	2	3	4	5	6	7
if it takes a long time to get used to it	1	2	3	4	5	6	7
if I have worries and troubles	1	2	3	4	5	6	7
if my partner/ my family don't change their nutrition habits	1	2	3	4	5	6	7
if I am tired	1	2	3	4	5	6	7
if I am stressed out	1	2	3	4	5	6	7
if I don't lose weight initially	1	2	3	4	5	6	7

6. In spite of good intentions when losing weight, slip-ups may occur. Imagine you relapse back into your old eating habits. How confident are you about restarting your new healthy eating habits?

I am sure I can start my new healthy eating habits again regularly, even if I...	**Strongly Disagree**						**Strongly Agree**
have several bad days in a row	1	2	3	4	5	6	7
lose my motivation to keep up my new healthy eating habits	1	2	3	4	5	6	7
have had a relapse and have fallen back into old eating habits for several weeks	1	2	3	4	5	6	7

7. For the next few questions:

'Tempting foods' are any food you want to eat more of than you think you should.
'Eating intentions' refer to the way you are aiming to eat, for example you may intend to avoid tempting foods or eat healthy foods.

*(Please tick (✓) **one** box for each of the following statements).*	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
I give up too easily on my eating intentions	☐	☐	☐	☐	☐
I'm good at resisting tempting food	☐	☐	☐	☐	☐
I easily get distracted from the way I intend to eat	☐	☐	☐	☐	☐
If I am not eating in the way I intend to I make changes	☐	☐	☐	☐	☐
I find it hard to remember what I have eaten throughout the day	☐	☐	☐	☐	☐

Q1 Reproduced with permission from: Gardner B, Abraham C, Lally P, de Bruijn G-J. Towards parsimony in habit measurement: Testing the convergent and predictive validity of an automaticity subscale of the Self-Report Habit Index. International Journal of Behavioral Nutrition and Physical Activity. 2012;9. **Q2 to Q4 Adapted from:** Sniehotta FF, Scholz U , Lippke S, Ziegelmann J. (2002). Scale for assessment of implementation planning and coping planning. http://userpage.fuberlin.de/~falko/scales/heartdocu.html **Q5 - Q6 Adapted from:** Sniehotta FF, Scholz U, Lippke S, Ziegelmann J, Luszczynska A. (2003). Phase-specific self-efficacy in health behavior change. Unpublished manuscript, Free University Berlin. Sniehotta FF, Scholz U, Lippke,S and Ziegelmann J. (2002). Scale for the assessement of phase-specific self-efficacy of physical activity. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität] http://userpage.fuberlin.de/~falko/scales/heartdocu.html

This section asks about your physical activity. *(Please circle **one** number in each row to indicate how much you agree or disagree with the following statements).*

1. Being active every day is something…	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7
I do without having to consciously remember	1	2	3	4	5	6	7
I do without thinking	1	2	3	4	5	6	7
I start doing before I realise I'm doing it	1	2	3	4	5	6	7

2. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on when to be physically active	1	2	3	4	5	6	7
on where to be physically active	1	2	3	4	5	6	7
on how to be physically active	1	2	3	4	5	6	7
on how often be physically active	1	2	3	4	5	6	7
on who I can be physically active with	1	2	3	4	5	6	7
3. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
about what to do if something gets in the way	1	2	3	4	5	6	7
about what to do if I miss a physical activity session	1	2	3	4	5	6	7
about what to do in difficult situations to stick to my physical activity intentions	1	2	3	4	5	6	7
for times when I will need to be extra careful to stay committed	1	2	3	4	5	6	7

4a. Certain barriers make it hard to begin physical activity. How sure are you that you can begin exercising regularly?

I am sure that...	**Strongly Disagree**						**Strongly Agree**
I can change to a physically active lifestyle	1	2	3	4	5	6	7
I can be physically active once a week	1	2	3	4	5	6	7
I can be physically active at least 3 times a week for 30 minutes	1	2	3	4	5	6	7

4b. I am sure I can start being physically active immediately, even if...	**Strongly Disagree**	**Strongly Agree**

the planning for this is takes a lot of time and effort	1	2	3	4	5	6	7
I have to force myself to start immediately	1	2	3	4	5	6	7
I have to push myself	1	2	3	4	5	6	7

5. Are you confident that you can manage staying physically active?

I am sure I can keep being physically active regularly, even if...	**Strongly Disagree**						**Strongly Agree**
it takes me a long time to make a habit	1	2	3	4	5	6	7
I am worried and troubled	1	2	3	4	5	6	7
I am tired	1	2	3	4	5	6	7
I am stressed out	1	2	3	4	5	6	7
I don't lose weight at once	1	2	3	4	5	6	7
I have to start all over again several times until I succeed	1	2	3	4	5	6	7
my partner/family isn't physically active	1	2	3	4	5	6	7

6. In spite of good intentions, slip ups may occur. How confident are you about restarting exercises?

I am sure I can keep being physically active regularly, even if...	**Strongly Disagree**						**Strongly Agree**
I postpone my plans several times	1	2	3	4	5	6	7
I lose my motivation	1	2	3	4	5	6	7
I have not been active for several weeks	1	2	3	4	5	6	7

Q1 Reproduced with permission from: Gardner B, Abraham C, Lally P, de Bruijn G-J. Towards parsimony in habit measurement: Testing the convergent and predictive validity of an automaticity subscale of the Self-Report Habit Index. International Journal of Behavioral Nutrition and Physical Activity. 2012;9. **Q2 to Q3 Adapted from:** Sniehotta FF, Scholz U , Lippke S, Ziegelmann J. (2002). Scale for assessment of implementation planning and coping planning. http://userpage.fuberlin.de/~falko/scales/heartdocu.html. **Q4-Q6 Adapted from:** Sniehotta FF, Scholz U, Lippke S, Ziegelmann J, Luszczynska A. (2003). Phase-specific self-efficacy in health behavior change. Unpublished manuscript, Free University Berlin. Sniehotta

FF, Scholz U, Lippke,S and Ziegelmann J. (2002). Scale for the assessement of phase-specific self-efficacy of physical activity. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität]

Section 4: Social Support

1. **Below is a list of statements about social support.** *(Please tick (✓) **one** box in each row to indicate how much you agree or disagree with the following statements).*

Within the past 3 months, I have got support from my friends and/or family to help me:

	Strongly Agree	Agree	Disagree	Strongly disagree	Not applicable
Eat well	☐	☐	☐	☐	☐
Be physically active	☐	☐	☐	☐	☐
Lose weight	☐	☐	☐	☐	☐

Q1 Adapted from: Sallis JF, Grossman RM, Pinski RB, Patterson TL, Nader PR. The development of scales to measure social support for diet and exercise behaviors. Preventive Medicine. 1987;16(6):825-36.

Section 5: Lifestyle behaviours and attitudes

4. How often do you weigh yourself currently? *(Please tick (✓) **one** box).*

Never	☐
About once a year or less	☐
Every couple of months	☐
Every month	☐
Every week	☐
Every day	☐
More than once a day	☐

5. Within the past 3 months, have you taken part in any weight loss programmes (e.g. Slimming World). *(Please tick (✓) **one** box).*

Yes	☐
No	☐

If yes, please give details below; (name, how long attended for, etc)

6. Do you want to lose weight? *(Please tick (✓) **one** box).*

Yes	☐	→ Please complete the rest of the questions in this section (i.e. questions 4, 5 & 6)
No	☐	→ Please go to Section 6 on Page 16

4. How confident are you in your ability to:

*(Please circle **one** number in each row to indicate how confident you feel about each of the following statements).*

	Not confident						**Very confident**
Lose weight	1	2	3	4	5	6	7
Keep lost weight off in the long term	1	2	3	4	5	6	7

5. How important is losing weight for you at the moment? *(Please circle **one** number).*

Not important						**Very important**
1	2	3	4	5	6	7

6. The questions below ask you about why you want to lose weight. *(Please tick* (✓) ***one*** *box for each statement).*

I want to lose weight...

	Absolutely not	**Somewhat**	**Moderately**	**Strongly**
Because it is commonly said that being overweight is unhealthy	☐	☐	☐	☐
To be healthier	☐	☐	☐	☐
To be more agile	☐	☐	☐	☐
For health reasons	☐	☐	☐	☐
Because I read that it is healthier	☐	☐	☐	☐
To decrease my health risks	☐	☐	☐	☐
To live long	☐	☐	☐	☐
Because acquaintances have advised me to	☐	☐	☐	☐
To not attract attention	☐	☐	☐	☐
Because I'll be more successful in my job	☐	☐	☐	☐
So I will be accepted by society	☐	☐	☐	☐
To dare to socialise again	☐	☐	☐	☐
Because I would be luckier in love	☐	☐	☐	☐
To be more appreciated/liked	☐	☐	☐	☐
To have more friends	☐	☐	☐	☐
To have better success with others	☐	☐	☐	☐
So that other people will think better of me	☐	☐	☐	☐
To be more attractive	☐	☐	☐	☐
To like to look at myself in the mirror again	☐	☐	☐	☐
Because I want to like myself more	☐	☐	☐	☐
Because I want to be more attractive	☐	☐	☐	☐
To be able to dress more fashionably	☐	☐	☐	☐
To fit into my clothes again	☐	☐	☐	☐
To feel more self-confident	☐	☐	☐	☐

Source: Q1 – Q5: Study specific. **Q6 Reproduced with permission from:** Meyer AH, Weissen-Schelling S, Munsch S, Margraf J. Initial development and reliability of a motivation for weight loss scale. Obes Facts 2010;3:205-11.

Section 6: Food patterns

*(Please tick (✓) **one** box for each of the following questions).*

1. How many times a week do you eat two or more pieces of fruit?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

2. When eating cheese, how often do you choose reduced fat cheese in preference to regular cheese?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat cheese	☐

3. How many days a week do you eat fried food with a batter or bread crumb coating?	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than once a week	☐
Never	☐

4. How often do you eat fried or roasted vegetables?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

5. When eating bread (as toast, sandwiches or a snack) how often do you spread butter or margarine on it?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

6. How many portions of vegetables do you eat in a typical day? (a portion is about three tablespoons of vegetables or a small bowl of salad).	
5 or more portions	☐
3 or 4 portions	☐
1 or 2 portions	☐
Less than one portion per day	☐
None	☐

7. How often do you trim all the visible fat off the meat you eat?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat meat	☐

8. How many times a week do you eat meat pies, pasties or sausage rolls?	
3 or more times a week	☐
Once or twice a week	☐
Once a fortnight	☐
Less than once a fortnight	☐
Never	☐

9. How often do you (or the person who cooks for you) remove the skin from chicken before it is cooked?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don’t eat chicken	☐

10. How many days a week do you eat fried potato (e.g. hot chips or potato crisps)?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

11. How many days a week do you eat take-away foods such as: fried or BBQ chicken; fish and chips; Chinese; pizza; hamburger etc.?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

12. How often do you (or the person who cooks for you) use fat when cooking? (e.g. butter, margarine, oil, lard etc)	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

13. How often do you choose wholemeal spaghetti or pasta in preference to regular spaghetti or pasta?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don’t eat spaghetti/pasta	

14. How often do you choose wholemeal bread in preference to white bread?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

15.How many days a week do you eat legumes? (e.g. baked beans, three bean mix, lentils, split peas, dried beans etc)	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than once a week	☐
Never	☐

16. How many days a week do you eat a high fibre breakfast cereal? (e.g. Weetabix, All-Bran, untoasted muesli, porridge)	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

17. How many different types of vegetables would you eat on a typical day?	
5 or more types	☐
4 types	☐
3 types	☐
1 or 2 types	☐
None	☐

18. How many days a week do you eat high fat cheeses? (e.g. cheddar or cream cheese)	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

19. How often do you choose low-fat milk (semi-skimmed or skimmed) in preference to whole milk?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't drink milk	☐

20. How many days a week do you eat processed meats? (e.g. bacon, salami, ham etc)	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than one day a week	☐
Never	☐

21. How often do you eat or drink any of the following? *(Please tick (✓) **one** box for each row).*	**More than once a day**	**Once a day**	**3-6 days a week**	**1-2 days a week**	**less than weekly**	**Never**
Sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat)	☐	☐	☐	☐	☐	☐
Buns, cakes or pastries or desserts	☐	☐	☐	☐	☐	☐
Fizzy drinks or squashes that contain sugar (e.g. coca cola, Ribena, Club Orange)	☐	☐	☐	☐	☐	☐
Diet drinks (e.g. Diet Coke, Sprite Zero, Diet Club)	☐	☐	☐	☐	☐	☐

22. How often do you have a drink containing alcohol?	
Never	☐
Monthly or less	☐
2 - 4 times a month	☐
2 - 3 times a week	☐
4 or more times a week	☐

23. Do you keep a record of what you eat and drink? (e.g. writing it down, using an App etc).	
Yes	☐
No	☐

24. Do you set yourself food and drink related goals? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

Q1–Q20 Reproduced with permission from: Wright JL, Scott JA. The Fat and Fibre Barometer, s short food behaviour questionnaire: reliability, relative validity and utility. Australian Journal of Nutrition and Dietetics. 2000;57(1):33-9. **Source Q21 - Q24**: Study specific questions

Section 7: Physical activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

VIGOROUS ACTIVITIES

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?	
_____	Days per week
☐	No vigorous physical activities → ***Skip to question 3***

2. How much time did you usually spend doing vigorous physical activities on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

MODERATE ACTIVITIES

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.	
_____	Days per week
☐	No moderate physical activities → ***Skip to question 5***

4. How much time did you usually spend doing moderate physical activities on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

WALKING

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?		
_____	Days per week	
☐	No walking	⟶ ***Skip to question 7***

6. How much time did you usually spend walking on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

SITTING

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the last 7 days, how much time did you spend sitting on a week day?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

STEPS

8. Do you use a step counter? (e.g. pedometer, App, Fitbit etc) *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

9. Do you set yourself physical activity related goals? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

10. Did you have any problem/s that limited your physical activity during the past 3 months? *(Please tick (✓) **one** box).*		
Yes	☐	If yes, please give details:
No	☐	

Q1-Q10 Adapted from: Booth ML. Assessment of physical activity: an international perspective. Research Quarterly for Exercise and Sport. 2000;71(2):s114-20.

Section 8: Infant Feeding

4. What is your current method of feeding for your youngest child? *(Please tick (✓) **as many** boxes that apply).*

Breast feeding	☐
Infant formula feeding	☐
Combined feeding (Breast and infant formula)	☐
Follow-on milk	☐
Baby is on solids	☐

NOTE: If you ticked 'Baby is on solids', please go to question 2 below.
If you did not tick 'Baby is on solids', please go to Section 9 on Page 24.

5. How often do you usually give your baby these particular TYPES of solid food? *(Please tick (✓) **one** box for each food).*

	More than once a day	Once a day	3 or more times a week	Once or twice a week	Less than once a week	Never
Breakfast Cereals	☐	☐	☐	☐	☐	☐
Rice or Pasta	☐	☐	☐	☐	☐	☐
Bread	☐	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐	☐
Potato products (incl. chips, waffles, shapes)	☐	☐	☐	☐	☐	☐
Butter/Margarine and other spreads	☐	☐	☐	☐	☐	☐
Red meat	☐	☐	☐	☐	☐	☐
Processed meat (e.g. ham)	☐	☐	☐	☐	☐	☐
Chicken/other poultry	☐	☐	☐	☐	☐	☐
Fish (incl. tuna)	☐	☐	☐	☐	☐	☐

	More than once a day	Once a day	3 or more times a week	Once or twice a week	Less than once a week	Never
Eggs	☐	☐	☐	☐	☐	☐
Beans, lentils, chickpeas	☐	☐	☐	☐	☐	☐
Tofu, Quorn,	☐	☐	☐	☐	☐	☐
Textured vegetable protein	☐	☐	☐	☐	☐	☐
Nuts	☐	☐	☐	☐	☐	☐
Fruit	☐	☐	☐	☐	☐	☐
Vegetables	☐	☐	☐	☐	☐	☐
Cheese, yoghurt, fromage frais	☐	☐	☐	☐	☐	☐
Puddings or desserts	☐	☐	☐	☐	☐	☐
Biscuits, sweets, chocolate or cakes	☐	☐	☐	☐	☐	☐
Crisps and corn snacks	☐	☐	☐	☐	☐	☐
Follow on formula	☐	☐	☐	☐	☐	☐
Or something else (please tick and then write below)	☐	☐	☐	☐	☐	☐

6. Do you ever add salt to your baby's solid food, including adding salt when the food is being cooked? *(Please tick (✓) **one** box).*

Yes, often	☐
Yes, sometimes	☐
Never	☐

Source Q1 and Q3: Study specific questions. **Q2 Adapted from**: Andrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ. Infant Feeding Survey 2010. Health and Social Care Information Centre; 201

Section 9: Mood

*(Please tick (✓) **one** box for each statement below).*

In the past 7 days...

9. I have been able to laugh and see the funny side of things.	
As much as I always could	☐
Not quite so much now	☐
Definitely not so much now	☐
Not at all	☐

10. I have looked forward with enjoyment to things.	
As much as I ever did	☐
Rather less than I used to	☐
Definitely less than I used to	☐
Hardly at all	☐

11. I have blamed myself unnecessarily when things went wrong.	
Yes, most of the time	☐
Yes, some of the time	☐
Not very often	☐
No, never	☐

12. I have been anxious or worried for no good reason.	
No, not at all	☐
Hardly ever	☐
Yes, sometimes	☐
Yes, very often	☐

13. I have felt scared or panicky for no very good reason.	
Yes, quite a lot	☐
Yes, sometimes	☐
No, not much	☐
No, not at all	☐

14. Things have been getting on top of me.	
Yes, most of the time I haven't been able to cope at all	☐
Yes, sometimes I haven't been coping as well as usual	☐
No, most of the time I have coped quite well	☐
No, I have been coping as well as ever	☐

15. I have been so unhappy that I have had difficulty sleeping.	
Yes, most of the time	☐
Yes, sometimes	☐
Not very often	☐
No, not at all	☐

16. I have felt sad or miserable.	
Yes, most of the time	☐
Yes, quite often	☐
Not very often	☐
No, not at all	☐

9. I have been so unhappy that I have been crying.	
Yes, most of the time	☐
Yes, quite often	☐
Only occasionally	☐
No, never	☐

10. The thought of harming myself has occurred to me.	
Yes, quite often	☐
Sometimes	☐
Hardly ever	☐
Never	☐

Q1-Q10 Reproduced with Permission from: Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry 1987;150:782-786

Section 10: Body satisfaction

1.Please indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

*(Please tick (✓) **one** box for each statement below).*

	Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
Face (facial features, complexion)	☐	☐	☐	☐	☐
Hair (colour, thickness, texture)	☐	☐	☐	☐	☐
Lower torso (buttocks, hips, thighs, legs)	☐	☐	☐	☐	☐
Mid torso (waist, stomach)	☐	☐	☐	☐	☐
Upper torso (chest or breasts, shoulders, arms)	☐	☐	☐	☐	☐
Muscle tone	☐	☐	☐	☐	☐
Weight	☐	☐	☐	☐	☐
Height	☐	☐	☐	☐	☐
Overall appearance	☐	☐	☐	☐	☐

2. **This question asks your opinion about your weight.** *(Please tick (✓) one box for each statement below).*

	Very Underweight	Somewhat Underweight	Normal Weight	Somewhat Overweight	Very Overweight
I think I am...	☐	☐	☐	☐	☐
From looking at me, most other people would think I am...	☐	☐	☐	☐	☐

Source Q1-Q2: Reproduced with Permission from: Cash TF. The Multidimensional body-self relations questionnaire: MBSRQ users' manual. Norfolk: VA: 2000. Source Q2:

Section 11: Self-esteem

Q1. Below is a list of statements dealing with your general feelings about yourself.

*(Please tick (✓) **one** box to indicate how much you agree or disagree with each of the following statements).*

	Strongly Agree	Agree	Disagree	Strongly disagree
I feel that I'm a person of worth, at least on an equal plane with others.	☐	☐	☐	☐
I feel that I have a number of good qualities.	☐	☐	☐	☐
All in all, I am inclined to feel that I am a failure.	☐	☐	☐	☐
I am able to do things as well as most other people.	☐	☐	☐	☐
I feel I do not have much to be proud of.	☐	☐	☐	☐
I take a positive attitude toward myself.	☐	☐	☐	☐
On the whole I am satisfied with myself.	☐	☐	☐	☐
I wish I could have more respect for myself.	☐	☐	☐	☐
I certainly feel useless at times.	☐	☐	☐	☐
At times I think I am no good at all.	☐	☐	☐	☐

Q1 Reproduced with Permission from: Rosenberg, Morris. 1989. Society and the Adolescent Self-Image. Revised edition. Middletown, CT: Wesleyan University Press

Section 12: Sleep

1. At the moment, how often does your baby sleep all night? *(Please tick (✓) **one** box).*

Always	☐
Mostly	☐
Sometimes	☐
Rarely	☐
Never	☐

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.

2. During the past month, what time have you usually gone to bed at night?

Usual bed time ☐

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

Number of minutes ☐

4. During the past month, what has been your usual getting up time in the morning?

Usual getting up time ☐

5. During the past month, on average how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

Hours of sleep per night ☐

6. During the past month, how often have you had trouble sleeping because you…

*(Please tick (✓) **one** box for each statement).*

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Cannot get to sleep within 30 minutes	☐	☐	☐	☐
Wake up in the middle of the night or early morning	☐	☐	☐	☐
Have to get up to use the bathroom	☐	☐	☐	☐
Cannot breathe comfortably	☐	☐	☐	☐
Cough or snore loudly	☐	☐	☐	☐
Feel too cold	☐	☐	☐	☐
Feel too hot	☐	☐	☐	☐
Had bad dreams	☐	☐	☐	☐
Have pain	☐	☐	☐	☐
Other reason(s), please describe and indicate how often during the past month you had trouble sleeping because of this:	☐	☐	☐	☐

7. During the past month, how would you rate your sleep quality overall?
*(Please tick (✓) **one** box).*

Very Good	Fairly Good	Fairly Bad	Very Bad
☐	☐	☐	☐

8. (Please tick *(✓) **one** box for each question below.)*	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?	☐	☐	☐	☐

During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	☐	☐	☐	☐

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? (Please tick *(✓)* ***one*** *box).*

No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem
☐	☐	☐	☐

10. Do you have a bed partner or room-mate? *(Please tick (✓)* ***one*** *box).*

No bed partner or room-mate	Partner/room-mate in other room	Partner in same room but not in same bed	Partner in same bed
☐	☐	☐	☐

11. If you have a room-mate or bed partner, ask him/her how often in the past month you have had:

Please tick *(✓)* ***one*** *box for each statement).*	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Loud snoring	☐	☐	☐	☐
Long pauses between breaths while asleep	☐	☐	☐	☐
Legs twitching or jerking while you sleep	☐	☐	☐	☐
Episodes of confusion during sleep	☐	☐	☐	☐
Other restlessness while you sleep, please describe:				

Q1. Study specific questions. **Q2-Q11 Reproduced with Permission from::** Buysse DJ, Reynolds CF 3rd, Monk TH, Berman SR, Kupfer DJ. The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. Psychiatry Res 1989;28:193-213.

You have now completed the questionnaire. Thank you very much for your time and effort! We really appreciate your help with our research.

Participant self-report questionnaire to collect data on proposed study outcomes for the intervention group participants at 12-months follow-up

Supporting MumS (SMS) study Questionnaire Booklet

Month 12

Participant ID:	_ _ _
Researcher name:	
Today's date:	_ _ / _ _ / _ _ _ _ **e.g. 05 / 01 / 2017**

About questionnaire booklet

Thank you for taking the time to fill out this questionnaire booklet.

The questionnaire booklet is made up questions that will help us find out more about the postpartum period. Please complete the questions as accurately as you can. There are **no right or wrong answers**. If there are any questions you do not wish to answer, please leave them blank. Please note that your responses will be **anonymous** i.e. your name will never be given with your responses.

The questionnaire booklet is split up into the short sections shown below. You can fill it all out at once, or do it in chunks as your time allows.

Section 1: SMS Evaluation

Thank you for participating in our study. We would like to ask you some questions about how you have found participating in this research. Your responses to this survey will help us to improve the studies we carry out in the future.

1. How satisfied were you with your overall experience of the SMS study? *(Please tick (✓) **one** box).*

Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
☐	☐	☐	☐	☐

If you were neither satisfied nor dissatisfied, mostly dissatisfied, or very dissatisfied please explain what could have been improved:

_____

_____

_____

2. Please answer the questions below about your experience of taking part in the SMS study. *(Please tick (✓) **one** box to indicate how much you agree or disagree with each of the following statements).*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
At the start of the study, the information I was given about the study was appropriate	☐	☐	☐	☐	☐
The level of information and support provided by the researchers during the study was appropriate to my needs	☐	☐	☐	☐	☐

If you neither agreed or disagreed, disagreed or strongly disagreed with any of the above statements, please explain what could have been improved:

_____

_____

_____

3. How satisfied were you with the text messages? *(Please tick (✓) **one** box).*

Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
☐	☐	☐	☐	☐

If you are neither satisfied nor dissatisfied, very dissatisfied or mostly dissatisfied, please explain what could have been improved:

_____

_____

_____

4. Please answer the questions below about your experience of the text messages you received during the SMS study. *(Please tick (✓) **one** box to indicate how much you agree or disagree with each of the following statements).*

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
SMS texts were easy to understand	☐	☐	☐	☐	☐
SMS texts were helpful	☐	☐	☐	☐	☐
SMS texts were Interesting	☐	☐	☐	☐	☐
An appropriate amount of SMS texts were sent during the study	☐	☐	☐	☐	☐
SMS texts were delivered at appropriate times of the day	☐	☐	☐	☐	☐

If you have neither agreed or disagreed, disagreed or strongly disagreed with any of the above statements, please explain what could have been improved:

_____

_____

_____

5. How helpful did you find the following parts of SMS in helping you to lose weight and maintain weight loss? *(Please tick (✓) **one** response for each statement below)*

	Very unhelpful	Somewhat unhelpful	Neither helpful or unhelpful	Somewhat helpful	Very helpful	Didn't use it
SMS website	☐	☐	☐	☐	☐	☐
SMS online forum	☐	☐	☐	☐	☐	☐
Reminders to set goals	☐	☐	☐	☐	☐	☐
Reminders to weigh yourself weekly						
Trigger words (e.g. 'crave', 'exhausted' etc.)	☐	☐	☐	☐	☐	☐
Support system (i.e. having a friend receive SMS messages as well)	☐	☐	☐	☐	☐	☐
The Yes/No replies	☐	☐	☐	☐	☐	☐
Web links provided within the text messages	☐	☐	☐	☐	☐	☐
The feedback messages about your weight (i.e. replies to UP, DOWN, SAME texts)	☐	☐	☐	☐	☐	☐

If you have felt any aspect was not helpful, please explain what could have been improved:

_____

_____

_____

6. During the study you were asked to attend 5 study visits. Please rate how easy or difficult you found each aspect of these visits. *(Please tick (✓) **one** response that most applies to you in relation to your experience).*

	Very difficult	Difficult	No strong opinion	Easy	Very easy
Location of visits	☐	☐	☐	☐	☐
Length of visits	☐	☐	☐	☐	☐
Having your blood pressure taken	☐	☐	☐	☐	☐
Having your height measurement taken	☐	☐	☐	☐	☐
Having your waist measurements taken	☐	☐	☐	☐	☐
Having your weight taken	☐	☐	☐	☐	☐
Completing the questionnaires	☐	☐	☐	☐	☐
Wearing the 7 day pedometer	☐	☐	☐	☐	☐

If you have felt the visits were difficult, please explain how they could have been improved:

_____

_____

_____

7. Did you sign-up to receive additional text messages on giving up smoking during SMS? *(Please tick (✓) **one** box).*

Yes	☐	→ Please complete Question 8.
No	☐	→ Please go to Question 9.

8. Did you give up smoking during SMS? *(Please tick (✓) **one** box).*

Yes	☐
No	☐

9. Did you sign-up to receive additional text messages on breastfeeding during SMS? *(Please tick (✓) **one** box).*

Yes	☐	→ Please complete Question 9.
No	☐	→ Please go to Question 10.

10. How helpful did you find the breastfeeding messages? *(Please tick (✓) **one** box).*

Very Unhelpful	Somewhat Unhelpful	Neither helpful or unhelpful	Somewhat helpful	Very helpful
☐	☐	☐	☐	☐

If you felt these messages were not helpful, please explain what could have been improved:

_____

_____

_____

11. Based on your experience in taking part in SMS, do you think the programme should be offered to other mums? (*Please tick (✓) **one** response).*

Yes ☐

No ☐

If you answered no, please provide detail:

_____

_____

_____

12. Do you have any other comments? We would welcome any suggestions you have regarding how we could improve future studies for those taking part:

_____

_____

_____

Source Q1-Q12. Study specific questions

Section 2: Health and well-being

1. Mobility *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems in walking about	☐
I have slight problems in walking about	☐
I have moderate problems in walking about	☐
I have severe problems in walking about	☐
I am unable to walk about	☐

2. Self-care *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems washing or dressing myself	☐
I have slight problems washing or dressing myself	☐
I have moderate problems washing or dressing myself	☐
I have severe problems washing or dressing myself	☐
I am unable to wash or dress myself	☐

3. Usual Activities *(e.g. work, study, housework, family or leisure activities) (Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems doing my usual activities	☐
I have slight problems doing my usual activities	☐
I have moderate problems doing my usual activities	☐
I have severe problems doing my usual activities	☐
I am unable to do my usual activities	☐

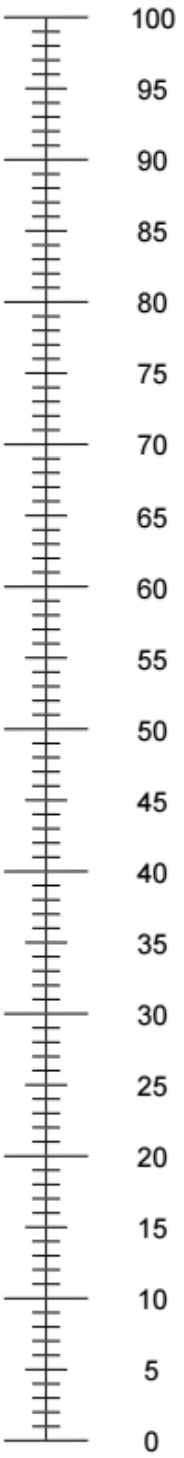
4. Pain/ Discomfort *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no pain or discomfort	☐
I have slight pain or discomfort	☐
I have moderate pain or discomfort	☐
I have severe pain or discomfort	☐
I have extreme pain or discomfort	☐

5. Anxiety/ Depression *(Please tick (✓) **one** box that best describes your health TODAY).*	
I am not anxious or depressed	☐
I am slightly anxious or depressed	☐
I am moderately anxious or depressed	☐
I am severely anxious or depressed	☐
I am extremely anxious or depressed	☐

- We would like to know how good or bad your health is TODAY
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐

The best health you can imagine



The worst health you can imagine

Q1-Q6 Reproduced with permission from: Brooks R. EuroQol: The current state of play. Health Policy. 1996;37(1):53-7

1. Feeling settled and secure *(Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I am able to feel settled and secure in **all** areas of my life	☐
I am able to feel settled and secure in **many** areas of my life	☐
I am able to feel settled and secure in **a few** areas of my life	☐
I am unable to feel settled and secure in **any** areas of my life	☐

2. Love, friendship and support *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I can have **a lot** of love, friendship and support	☐
I can have **quite a lot** of love, friendship and support	☐
I can have **a little** love, friendship and support	☐
I **cannot** have **any** love, friendship and support	☐

3. Being independent *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I am able to be **completely** independent	☐
I am able to be independent in **many** things	☐
I am able to be independent in **a few** things	☐
I am **unable** to be at all independent	☐

4. Achievement and progress *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I can achieve and progress in **all** aspects of my life	☐
I can achieve and progress in **many** aspects of my life	☐
I can achieve and progress in **a few** aspects of my life	☐
I cannot achieve and progress in **any** aspects of my life	☐

5. Enjoyment and pleasure *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I can have **a lot** of enjoyment and pleasure	☐
I can have **quite a lot** of enjoyment and pleasure	☐
I can have **a little** enjoyment and pleasure	☐
I **cannot** have **any** enjoyment and pleasure	☐

Q1 – Q5 Reproduced with permission from: Al-Janabi H, Flynn T, Coast J. Development of a self-report measure of capability wellbeing for adults: the ICECAP-A. Quality of Life Research. 2012;21:167-76

Section 3: Health resources

1. In the last 3 months, have you seen any health professional at your GP surgery? (*Please tick (✓) **one** box).*

Yes	☐
No	☐

If YES, how many times were you seen by: *(Please enter a number)*

GP	
Practice nurse	
Other (please state)	
Other (please state)	

2. In the last 3 months, have you attended an Accident and Emergency (Casualty) department? *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many times?	
No	☐		

3. In the last 3 months, have you have you attended hospital as an out-patient? *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many times?	
No	☐		

4. In the last 3 months, have you have you attended hospital as an in-patient? *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many times?	
		If YES, how many nights did you spend in hospital in the last 3 months in total?	
No	☐		

5. In the last 3 months, have you received any prescriptions for medicine? *(Please tick (✓) **one** box).*

Yes	☐
No	☐

6. In the last 3 months, have you purchased any over-the-counter medications/ or lifestyle products (e.g. slimming aids)?
*(Please tick (✓) **one** box).*

Yes	☐	If YES, please state total amount spent in last 3 months	£
No	☐		

7. In the last 3 months have you paid for any services or clubs for the specific purpose of helping you with your lifestyle - for example slimming clubs, health clubs, gyms, swimming pools, exercise classes?
*(Please tick (✓) **one** box).*

Yes	☐	If YES, approximately how much have you spent in <u>total</u> for all of these services/clubs in the <u>last 3 months?</u>	£
No	☐		

8. Please think about <u>last week's</u> food and drink purchases for your household (i.e. you and your family) and tell us the cost to your household of the following: *(Please enter **all** that apply).*

Type of food and drink purchased	Weekly Cost to you (your household)
Food and non-alcoholic drinks (e.g. supermarket shopping)	£
Alcoholic drinks e.g. wine & beer	£
Takeaway meals and snacks eaten AT HOME e.g. pizza delivery	£
Meals, snacks and drinks CONSUMED AWAY FROM HOME (e.g. restaurant)	£
Cigarettes or vaping products	£

9. Have you previously purchased any apps for improving your fitness/health or wellbeing? *(Please tick (✓) **one** box).*

Yes	☐	If YES, Please state the total amount you spent on fitness/health apps in the <u>last year?</u>	£
No	☐		

10. On average, <u>per day</u> how much time have you spent exercising/walking in the last 3 months in total?

On average per day:	Hours		Minutes	

11. Has your employment status changed in the last three months? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

Source:Q1 –Q11 study specific questions.

Section 4: Eating and activity approaches

This section asks you about your diet. *(Please circle **one** number in each row to indicate how much you agree or disagree with the following statements).*

1. Eating healthier is something…	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7
I do without having to consciously remember	1	2	3	4	5	6	7
I do without thinking	1	2	3	4	5	6	7
I start doing before I realise I'm doing it	1	2	3	4	5	6	7

2. Over the next few months I intend to...	**Strongly Disagree**						**Strongly Agree**
eat a healthy diet (e.g. reduce portion size, eat less sugary and high fact snacks and eat more fruit and vegetables)	1	2	3	4	5	6	7
be physically active (e.g. by walking more or taking exercise classes)	1	2	3	4	5	6	7

3. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on how to eat a healthy diet	1	2	3	4	5	6	7
on when to eat a healthy diet	1	2	3	4	5	6	7

4. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on when I need to be especially careful to maintain my healthy diet	1	2	3	4	5	6	7
about what to do in difficult situations to stick to my healthy diet	1	2	3	4	5	6	7
on how I will cope if I slip back into old eating habits	1	2	3	4	5	6	7

5. I am confident that I can stick to a healthy diet even...	**Strongly Disagree**						**Strongly Agree**
if I have to learn a lot about nutrition	1	2	3	4	5	6	7
if I initially have to watch out in many situations	1	2	3	4	5	6	7
if I have to start all over again several times until I succeed	1	2	3	4	5	6	7
if I initially have to make plans	1	2	3	4	5	6	7
if initially food doesn't taste as good	1	2	3	4	5	6	7
if I initially don't get much support	1	2	3	4	5	6	7
if it takes a long time to get used to it	1	2	3	4	5	6	7
if I have worries and troubles	1	2	3	4	5	6	7
if my partner/ my family don't change their nutrition habits	1	2	3	4	5	6	7
if I am tired	1	2	3	4	5	6	7
if I am stressed out	1	2	3	4	5	6	7
if I don't lose weight initially	1	2	3	4	5	6	7

6. In spite of good intentions when losing weight, slip-ups may occur. Imagine you relapse back into your old eating habits. How confident are you about restarting your new healthy eating habits?

I am sure I can start my new healthy eating habits again regularly, even if I...	**Strongly Disagree**						**Strongly Agree**
have several bad days in a row	1	2	3	4	5	6	7
lose my motivation to keep up my new healthy eating habits	1	2	3	4	5	6	7
have had a relapse and have fallen back into old eating habits for several weeks	1	2	3	4	5	6	7

7. For the next few questions:

'Tempting foods' are any food you want to eat more of than you think you should. **'Eating intentions'** refer to the way you are aiming to eat, for example you may intend to avoid tempting foods or eat healthy foods.

*(Please tick (✓) **one** box for each of the following statements).*	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
I give up too easily on my eating intentions	☐	☐	☐	☐	☐
I'm good at resisting tempting food	☐	☐	☐	☐	☐
I easily get distracted from the way I intend to eat	☐	☐	☐	☐	☐
If I am not eating in the way I intend to I make changes	☐	☐	☐	☐	☐
I find it hard to remember what I have eaten throughout the day	☐	☐	☐	☐	☐

Q1 Reproduced with permission from: Gardner B, Abraham C, Lally P, de Bruijn G-J. Towards parsimony in habit measurement: Testing the convergent and predictive validity of an automaticity subscale of the Self-Report Habit Index. International Journal of Behavioral Nutrition and Physical Activity. 2012;9. **Q2 to Q4 Adapted from:** Sniehotta FF, Scholz U , Lippke S, Ziegelmann J. (2002). Scale for assessment of implementation planning and coping planning. http://userpage.fuberlin.de/~falko/scales/heartdocu.html **Q5 - Q6 Adapted from:** Sniehotta FF, Scholz U, Lippke S, Ziegelmann J, Luszczynska A. (2003). Phase-specific self-efficacy in health behavior change. Unpublished manuscript, Free University Berlin. Sniehotta FF, Scholz U, Lippke,S and Ziegelmann J. (2002). Scale for the assessement of phase-specific self-efficacy of physical activity. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität.] http://userpage.fuberlin.de/~falko/scales/heartdocu.html .

<u>This section asks about your physical activity</u>. *(Please circle **one** number in each row to indicate how much you agree or disagree with the following statements).*

1. Being active every day is something…	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7
I do without having to consciously remember	1	2	3	4	5	6	7
I do without thinking	1	2	3	4	5	6	7
I start doing before I realise I'm doing it	1	2	3	4	5	6	7

2. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on when to be physically active	1	2	3	4	5	6	7
on where to be physically active	1	2	3	4	5	6	7
on how to be physically active	1	2	3	4	5	6	7
on how often be physically active	1	2	3	4	5	6	7
on who I can be physically active with	1	2	3	4	5	6	7
3. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
about what to do if something gets in the way	1	2	3	4	5	6	7
about what to do if I miss a physical activity session	1	2	3	4	5	6	7
about what to do in difficult situations to stick to my physical activity intentions	1	2	3	4	5	6	7
for times when I will need to be extra careful to stay committed	1	2	3	4	5	6	7

4a. Certain barriers make it hard to begin physical activity. How sure are you that you can begin exercising regularly?

I am sure that...	**Strongly Disagree**						**Strongly Agree**
I can change to a physically active lifestyle	1	2	3	4	5	6	7
I can be physically active once a week	1	2	3	4	5	6	7
I can be physically active at least 3 times a week for 30 minutes	1	2	3	4	5	6	7

4b. I am sure I can start being physically active immediately, even if...	**Strongly Disagree**						**Strongly Agree**
the planning for this is takes a lot of time and effort	1	2	3	4	5	6	7
I have to force myself to start immediately	1	2	3	4	5	6	7
I have to push myself	1	2	3	4	5	6	7

5. Are you confident that you can manage staying physically active?

I am sure I can keep being physically active regularly, even if...	**Strongly Disagree**						**Strongly Agree**
it takes me a long time to make a habit	1	2	3	4	5	6	7
I am worried and troubled	1	2	3	4	5	6	7
I am tired	1	2	3	4	5	6	7
I am stressed out	1	2	3	4	5	6	7
I don't lose weight at once	1	2	3	4	5	6	7
I have to start all over again several times until I succeed	1	2	3	4	5	6	7
my partner/family isn't physically active	1	2	3	4	5	6	7

6. In spite of good intentions, slip ups may occur. How confident are you about restarting exercises?

I am sure I can keep being physically active regularly, even if...	**Strongly Disagree**						**Strongly Agree**
I postpone my plans several times	1	2	3	4	5	6	7
I lose my motivation	1	2	3	4	5	6	7
I have not been active for several weeks	1	2	3	4	5	6	7

Q1 Reproduced with permission from: Gardner B, Abraham C, Lally P, de Bruijn G-J. Towards parsimony in habit measurement: Testing the convergent and predictive validity of an automaticity subscale of the Self-Report Habit Index. International Journal of Behavioral Nutrition and Physical Activity. 2012;9. **Q2 to Q3 Adapted from:** Sniehotta FF, Scholz U , Lippke S, Ziegelmann J. (2002). Scale for assessment of implementation planning and coping planning. http://userpage.fuberlin.de/~falko/scales/heartdocu.html. **Q4-Q6 Adapted from:**

Sniehotta FF, Scholz U, Lippke S, Ziegelmann J, Luszczynska A. (2003). Phase-specific self-efficacy in health behavior change. Unpublished manuscript, Free University Berlin. Sniehotta FF, Scholz U, Lippke,S and Ziegelmann J. (2002). Scale for the assessement of phase-specific self-efficacy of physical activity. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität]

Section 5: Social Support

1. **Below is a list of statements about social support.** *(Please tick (✓) **one** box in each row to indicate how much you agree or disagree with the following statements).*

Within the past 3 months, I have got support from my friends and/or family to help me:

	Strongly Agree	Agree	Disagree	Strongly disagree	Not applicable
Eat well	☐	☐	☐	☐	☐
Be physically active	☐	☐	☐	☐	☐
Lose weight	☐	☐	☐	☐	☐

Q1 Adapted from: Sallis JF, Grossman RM, Pinski RB, Patterson TL, Nader PR. The development of scales to measure social support for diet and exercise behaviors. Preventive Medicine. 1987;16(6):825-36.

Section 6: Lifestyle behaviours and attitudes

1.How often do you weigh yourself currently? *(Please tick (✓) **one** box).*

Never	☐
About once a year or less	☐
Every couple of months	☐
Every month	☐
Every week	☐
Every day	☐
More than once a day	☐

2. Within the past 3 months, have you taken part in any weight loss programmes (e.g. Slimming World). *(Please tick (✓) **one** box).*

Yes	☐
No	☐

If yes, please give details below; (name, how long attended for, etc)

3. Before you started the Supporting MumS study, did you take part in the Public Health Agency's Weigh to a Healthy Pregnancy programme? *(Please tick (✓) **one** box).*

Yes	☐
No	☐

4. Thinking about your most recent pregnancy (before taking part in the Supporting MumS study), do you feel you: *(Please tick (✓) **one** box).*

Gained too much weight	☐
Gained too little weight	☐
Gained about the right amount of weight	☐

5. Do you want to lose weight? *(Please tick (✓) **one** box).*

Yes	☐	→ Please complete the rest of the questions in this section (i.e. questions 6, 7 & 8)
No	☐	→ Please go to Section 7 on Page 23

6. How confident are you in your ability to:

*(Please circle **one** number in each row to indicate how confident you feel about each of the following statements).*

	Not confident						**Very confident**
Lose weight	1	2	3	4	5	6	7
Keep lost weight off in the long term	1	2	3	4	5	6	7

7. How important is losing weight for you at the moment? *(Please circle **one** number).*

Not important						**Very important**
1	2	3	4	5	6	7

8. The questions below ask you about why you want to lose weight. *(Please tick* (✓) ***one** box for each statement).*

I want to lose weight...

	Absolutely not	**Somewhat**	**Moderately**	**Strongly**
Because it is commonly said that being overweight is unhealthy	☐	☐	☐	☐
To be healthier	☐	☐	☐	☐
To be more agile	☐	☐	☐	☐
For health reasons	☐	☐	☐	☐
Because I read that it is healthier	☐	☐	☐	☐
To decrease my health risks	☐	☐	☐	☐
To live long	☐	☐	☐	☐
Because acquaintances have advised me to	☐	☐	☐	☐
To not attract attention	☐	☐	☐	☐
Because I'll be more successful in my job	☐	☐	☐	☐
So I will be accepted by society	☐	☐	☐	☐
To dare to socialise again	☐	☐	☐	☐
Because I would be luckier in love	☐	☐	☐	☐
To be more appreciated/liked	☐	☐	☐	☐
To have more friends	☐	☐	☐	☐

I want to lose weight...	**Absolutely not**	**Somewhat**	**Moderately**	**Strongly**
So that other people will think better of me	☐	☐	☐	☐
To be more attractive	☐	☐	☐	☐
To like to look at myself in the mirror again	☐	☐	☐	☐
Because I want to like myself more	☐	☐	☐	☐
Because I want to be more attractive	☐	☐	☐	☐
To be able to dress more fashionably	☐	☐	☐	☐
To fit into my clothes again	☐	☐	☐	☐
To feel more self-confident	☐	☐	☐	☐

Source: Q1 – Q5: Study specific. **Q6 Reproduced with permission from:** Meyer AH, Weissen-Schelling S, Munsch S, Margraf J. Initial development and reliability of a motivation for weight loss scale. Obes Facts 2010;3:205-11.

Section 7: Food patterns

*(Please tick (✓) **one** box for each of the following questions).*

1. How many times a week do you eat two or more pieces of fruit?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

2. When eating cheese, how often do you choose reduced fat cheese in preference to regular cheese?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat cheese	☐

3. How many days a week do you eat fried food with a batter or bread crumb coating?	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than once a week	☐
Never	☐

4. How often do you eat fried or roasted vegetables?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

5. When eating bread (as toast, sandwiches or a snack) how often do you spread butter or margarine on it?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

6. How many portions of vegetables do you eat in a typical day? (a portion is about three tablespoons of vegetables or a small bowl of salad).	
5 or more portions	☐
3 or 4 portions	☐
1 or 2 portions	☐
Less than one portion per day	☐
None	☐

7. How often do you trim all the visible fat off the meat you eat?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat meat	☐

8. How many times a week do you eat meat pies, pasties or sausage rolls?	
3 or more times a week	☐
Once or twice a week	☐
Once a fortnight	☐
Less than once a fortnight	☐
Never	☐

9. How often do you (or the person who cooks for you) remove the skin from chicken before it is cooked?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don’t eat chicken	☐

10. How many days a week do you eat fried potato (e.g. hot chips or potato crisps)?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

11. How many days a week do you eat take-away foods such as: fried or BBQ chicken; fish and chips; Chinese; pizza; hamburger etc.?

6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

12. How often do you (or the person who cooks for you) use fat when cooking? (e.g. butter, margarine, oil, lard etc)

Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

13. How often do you choose wholemeal spaghetti or pasta in preference to regular spaghetti or pasta?

Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat spaghetti/pasta	

14. How often do you choose wholemeal bread in preference to white bread?

Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

15. How many days a week do you eat legumes? (e.g. baked beans, three bean mix, lentils, split peas, dried beans etc)

4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than once a week	☐
Never	☐

16. How many days a week do you eat a high fibre breakfast cereal? (e.g. Weetabix, All-Bran, untoasted muesli, porridge)	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

17. How many different types of vegetables would you eat on a typical day?	
5 or more types	☐
4 types	☐
3 types	☐
1 or 2 types	☐
None	☐

18. How many days a week do you eat high fat cheeses? (e.g. cheddar or cream cheese)	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

19. How often do you choose low-fat milk (semi-skimmed or skimmed) in preference to whole milk?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't drink milk	☐

20. How many days a week do you eat processed meats? (e.g. bacon, salami, ham etc)	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than one day a week	☐
Never	☐

21. How often do you eat or drink any of the following? *(Please tick (✓) **one** box for each row).*	**More than once a day**	**Once a day**	**3-6 days a week**	**1-2 days a week**	**less than weekly**	**Never**
Sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat)	☐	☐	☐	☐	☐	☐
Buns, cakes or pastries or desserts	☐	☐	☐	☐	☐	☐
Fizzy drinks or squashes that contain sugar (e.g. coca cola, Ribena, Club Orange)	☐	☐	☐	☐	☐	☐
Diet drinks (e.g. Diet Coke, Sprite Zero, Diet Club)	☐	☐	☐	☐	☐	☐

22. How often do you have a drink containing alcohol?	
Never	☐
Monthly or less	☐
2 - 4 times a month	☐
2 - 3 times a week	☐
4 or more times a week	☐

23. Do you keep a record of what you eat and drink? (e.g. writing it down, using an App etc).	
Yes	☐
No	☐

24. Do you set yourself food and drink related goals? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

Q1–Q20 Reproduced with permission from: Wright JL, Scott JA. The Fat and Fibre Barometer, s short food behaviour questionnaire: reliability, relative validity and utility. Australian Journal of Nutrition and Dietetics. 2000;57(1):33-9. **Source Q21 - Q24**: Study specific question

Section 8: Physical activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

VIGOROUS ACTIVITIES

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?	
_____	Days per week
☐	No vigorous physical activities → ***Skip to question 3***

2. How much time did you usually spend doing vigorous physical activities on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

MODERATE ACTIVITIES

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.	
_____	Days per week
☐	No moderate physical activities → ***Skip to question 5***

4. How much time did you usually spend doing moderate physical activities on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

WALKING

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?		
_____	Days per week	
☐	No walking	⟶ ***Skip to question 7***

6. How much time did you usually spend walking on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

SITTING

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the last 7 days, how much time did you spend sitting on a week day?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

STEPS

8. Do you use a step counter? (e.g. pedometer, App, Fitbit etc) *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

9. Do you set yourself physical activity related goals? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

10. Did you have any problem/s that limited your physical activity during the past 3 months? *(Please tick (✓) **one** box).*		
Yes	☐	If yes, please give details:
No	☐	

Q1-Q10 Adapted from: Booth ML. Assessment of physical activity: an international perspective. Research Quarterly for Exercise and Sport. 2000;71(2):s114-20.

Section 9: Infant Feeding

1. What is your current method of feeding for your youngest child? *(Please tick (✓) **as many** boxes that apply).*

Breast feeding	☐
Infant formula feeding	☐
Combined feeding (Breast and infant formula)	☐
Follow-on milk	☐
Baby is on solids	☐

NOTE: If you ticked 'Baby is on solids', please go to question 2 below.
If you did not tick 'Baby is on solids', please go to Section 10 on Page 32.

2. How often do you usually give your baby these particular TYPES of solid food? *(Please tick (✓) **one** box for each food).*

	More than once a day	Once a day	3 or more times a week	Once or twice a week	Less than once a week	Never
Breakfast Cereals	☐	☐	☐	☐	☐	☐
Rice or Pasta	☐	☐	☐	☐	☐	☐
Bread	☐	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐	☐
Potato products (incl. chips, waffles, shapes)	☐	☐	☐	☐	☐	☐
Butter/Margarine and other spreads	☐	☐	☐	☐	☐	☐
Red meat	☐	☐	☐	☐	☐	☐
Processed meat (e.g. ham)	☐	☐	☐	☐	☐	☐
Chicken/other poultry	☐	☐	☐	☐	☐	☐
Fish (incl. tuna)	☐	☐	☐	☐	☐	☐

	More than once a day	Once a day	3 or more times a week	Once or twice a week	Less than once a week	Never
Eggs	☐	☐	☐	☐	☐	☐
Beans, lentils, chickpeas	☐	☐	☐	☐	☐	☐
Tofu, Quorn,	☐	☐	☐	☐	☐	☐
Textured vegetable protein	☐	☐	☐	☐	☐	☐
Nuts	☐	☐	☐	☐	☐	☐
Fruit	☐	☐	☐	☐	☐	☐
Vegetables	☐	☐	☐	☐	☐	☐
Cheese, yoghurt, fromage frais	☐	☐	☐	☐	☐	☐
Puddings or desserts	☐	☐	☐	☐	☐	☐
Biscuits, sweets, chocolate or cakes	☐	☐	☐	☐	☐	☐
Crisps and corn snacks	☐	☐	☐	☐	☐	☐
Follow on formula	☐	☐	☐	☐	☐	☐
Or something else (please tick and then write below)	☐	☐	☐	☐	☐	☐

3. Do you ever add salt to your baby's solid food, including adding salt when the food is being cooked? *(Please tick (✓) **one** box).*

Yes, often	☐
Yes, sometimes	☐
Never	☐

Source Q1 and Q3: Study specific questions. **Q2 Adapted from**:. Andrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ. Infant Feeding Survey 2010. Health and Social Care Information Centre; 2012

Section 10: Mood

*(Please tick (✓) **one** box for each statement below).*

In the past 7 days...

1. I have been able to laugh and see the funny side of things.	
As much as I always could	☐
Not quite so much now	☐
Definitely not so much now	☐
Not at all	☐

2. I have looked forward with enjoyment to things.	
As much as I ever did	☐
Rather less than I used to	☐
Definitely less than I used to	☐
Hardly at all	☐

3. I have blamed myself unnecessarily when things went wrong.	
Yes, most of the time	☐
Yes, some of the time	☐
Not very often	☐
No, never	☐

4. I have been anxious or worried for no good reason.	
No, not at all	☐
Hardly ever	☐
Yes, sometimes	☐
Yes, very often	☐

5. I have felt scared or panicky for no very good reason.	
Yes, quite a lot	☐
Yes, sometimes	☐
No, not much	☐
No, not at all	☐

6. Things have been getting on top of me.	
Yes, most of the time I haven't been able to cope at all	☐
Yes, sometimes I haven't been coping as well as usual	☐
No, most of the time I have coped quite well	☐
No, I have been coping as well as ever	☐

7. I have been so unhappy that I have had difficulty sleeping.	
Yes, most of the time	☐
Yes, sometimes	☐
Not very often	☐
No, not at all	☐

8. I have felt sad or miserable.	
Yes, most of the time	☐
Yes, quite often	☐
Not very often	☐
No, not at all	☐

9. I have been so unhappy that I have been crying.	
Yes, most of the time	☐
Yes, quite often	☐
Only occasionally	☐
No, never	☐

10. The thought of harming myself has occurred to me.	
Yes, quite often	☐
Sometimes	☐
Hardly ever	☐
Never	☐

Q1-Q10 Reproduced with Permission from: Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry 1987;150:782-786.

Section 11: Body satisfaction

1. Please indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

*(Please tick (✓) **one** box for each statement below).*

	Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
Face (facial features, complexion)	☐	☐	☐	☐	☐
Hair (colour, thickness, texture)	☐	☐	☐	☐	☐
Lower torso (buttocks, hips, thighs, legs)	☐	☐	☐	☐	☐
Mid torso (waist, stomach)	☐	☐	☐	☐	☐
Upper torso (chest or breasts, shoulders, arms)	☐	☐	☐	☐	☐
Muscle tone	☐	☐	☐	☐	☐
Weight	☐	☐	☐	☐	☐
Height	☐	☐	☐	☐	☐
Overall appearance	☐	☐	☐	☐	☐

2. **This question asks your opinion about your weight.** *(Please tick (✓) one box for each statement below).*

	Very Underweight	Somewhat Underweight	Normal Weight	Somewhat Overweight	Very Overweight
I think I am...	☐	☐	☐	☐	☐
From looking at me, most other people would think I am...	☐	☐	☐	☐	☐

Source Q1-Q2: Reproduced with Permission from: TF. The Multidimensional body-self relations questionnaire: MBSRQ users' manual. Norfolk: VA: 2000.

Section 12: Self-esteem

1. Below is a list of statements dealing with your general feelings about yourself.

*(Please tick (✓) **one** box to indicate how much you agree or disagree with each of the following statements).*

	Strongly Agree	Agree	Disagree	Strongly disagree
I feel that I'm a person of worth, at least on an equal plane with others.	☐	☐	☐	☐
I feel that I have a number of good qualities.	☐	☐	☐	☐
All in all, I am inclined to feel that I am a failure.	☐	☐	☐	☐
I am able to do things as well as most other people.	☐	☐	☐	☐
I feel I do not have much to be proud of.	☐	☐	☐	☐
I take a positive attitude toward myself.	☐	☐	☐	☐
On the whole I am satisfied with myself.	☐	☐	☐	☐
I wish I could have more respect for myself.	☐	☐	☐	☐
I certainly feel useless at times.	☐	☐	☐	☐
At times I think I am no good at all.	☐	☐	☐	☐

Q1 Reproduced with Permission from: Rosenberg, Morris. 1989. Society and the Adolescent Self-Image. Revised edition. Middletown, CT: Wesleyan University Press

Section 13: Sleep

1. At the moment, how often does your baby sleep all night? *(Please tick (✓) **one** box).*

Always	☐
Mostly	☐
Sometimes	☐
Rarely	☐
Never	☐

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.

2. During the past month, what time have you usually gone to bed at night?

Usual bed time ☐

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

Number of minutes ☐

4. During the past month, what has been your usual getting up time in the morning?

Usual getting up time ☐

5. During the past month, on average how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

Hours of sleep per night ☐

6. During the past month, how often have you had trouble sleeping because you…

*(Please tick (✓) **one** box for each statement).*

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Cannot get to sleep within 30 minutes	☐	☐	☐	☐
Wake up in the middle of the night or early morning	☐	☐	☐	☐
Have to get up to use the bathroom	☐	☐	☐	☐
Cannot breathe comfortably	☐	☐	☐	☐
Cough or snore loudly	☐	☐	☐	☐
Feel too cold	☐	☐	☐	☐
Feel too hot	☐	☐	☐	☐
Had bad dreams	☐	☐	☐	☐
Have pain	☐	☐	☐	☐
Other reason(s), please describe and indicate how often during the past month you had trouble sleeping because of this:	☐	☐	☐	☐

7. During the past month, how would you rate your sleep quality overall?
*(Please tick (✓) **one** box).*

Very Good	Fairly Good	Fairly Bad	Very Bad
☐	☐	☐	☐

8. (Please tick *(✓)* ***one*** *box for each question below.)*	**Not during the past month**	**Less than once a week**	**Once or twice a week**	**Three or more times a week**
During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?	☐	☐	☐	☐
During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	☐	☐	☐	☐

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? (Please tick *(✓)* ***one*** *box).*

No problem at all	**Only a very slight problem**	**Somewhat of a problem**	**A very big problem**
☐	☐	☐	☐

10. Do you have a bed partner or room-mate? *(Please tick (✓)* ***one*** *box).*

No bed partner or room-mate	**Partner/room-mate in other room**	**Partner in same room but not in same bed**	**Partner in same bed**
☐	☐	☐	☐

11. If you have a room-mate or bed partner, ask him/her how often in the past month you have had:

Please tick *(✓)* ***one*** *box for each statement).*	**Not during the past month**	**Less than once a week**	**Once or twice a week**	**Three or more times a week**
Loud snoring	☐	☐	☐	☐
Long pauses between breaths while asleep	☐	☐	☐	☐
Legs twitching or jerking while you sleep	☐	☐	☐	☐
Episodes of confusion during sleep	☐	☐	☐	☐
Other restlessness while you sleep *Please describe:*	☐	☐	☐	☐

Source Q1: Study specific questions. **Q2-Q11 Reproduced with Permission from::** Buysse DJ, Reynolds CF 3rd, Monk TH, Berman SR, Kupfer DJ. The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. Psychiatry Res 1989;28:193-213.

You have now completed the questionnaire. Thank you very much for your time and effort! We really appreciate your help with our research.

Participant self-report questionnaire to collect data on proposed study outcomes for the active control participants at 12 months follow-up

Supporting MumS (SMS) study Questionnaire Booklet

Month 12

Participant ID:	_ _ _
Researcher name:	
Today's date:	_ _ / _ _ / _ _ _ _ **e.g. 05 / 01 / 2017**

About questionnaire booklet

Thank you for taking the time to fill out this questionnaire booklet.

The questionnaire booklet is made up questions that will help us find out more about the postpartum period. Please complete the questions as accurately as you can. There are **no right or wrong answers**. If there are any questions you do not wish to answer, please leave them blank. Please note that your responses will be **anonymous** i.e. your name will never be given with your responses.

The questionnaire booklet is split up into the short sections shown below. You can fill it all out at once, or do it in chunks as your time allows.

Section 1: SMS Evaluation

Thank you for participating in our study. We would like to ask you some questions about how you have found participating in this research. Your responses to this survey will help us to improve the studies we carry out in the future.

1. How satisfied were you with your overall experience of the SMS study? *(Please tick (✓) **one** box).*

Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
☐	☐	☐	☐	☐

If you were neither satisfied nor dissatisfied, very or mostly dissatisfied, please explain what could have been improved:

_____

_____

_____

2. Please answer the questions below about your experience of taking part in the SMS study. *(Please tick (✓) **one** box to indicate how much you agree or disagree with each of the following statements).*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
At the start of the study, the information I was given about the study was appropriate	☐	☐	☐	☐	☐
The level of information and support provided by the researchers during the study was appropriate to my needs	☐	☐	☐	☐	☐

If you neither agree/disagree, are very dissatisfied or mostly dissatisfied, please explain what could have been improved:

_____

_____

_____

3. How satisfied were you with the text messages? *(Please tick (✓) **one** box).*

Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
☐	☐	☐	☐	☐

If you were neither satisfied nor dissatisfied, very dissatisfied or mostly dissatisfied, please explain what could have been improved:

_____

_____

_____

4. Please answer the questions below about your experience of the text messages you received during the SMS study. *(Please tick (✓) **one** box to indicate how much you agree or disagree with each of the following statements).*

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
SMS texts were easy to understand	☐	☐	☐	☐	☐
SMS texts were helpful	☐	☐	☐	☐	☐
SMS texts were Interesting	☐	☐	☐	☐	☐
An appropriate amount of SMS texts were sent during the study	☐	☐	☐	☐	☐
SMS texts were delivered at appropriate times of the day	☐	☐	☐	☐	☐

If you have neither agreed or disagreed, disagreed or strongly disagreed with any of the above statements, please explain what could have been improved:

_____

_____

_____

5. During the study you were asked to attend 5 study visits. Please rate how easy or difficult you found each aspect of these visits. *(Please tick (✓) **one** response that most applies to you in relation to your experience).*

	Very difficult	Difficult	No strong opinion	Easy	Very easy
Location of visits	☐	☐	☐	☐	☐
Length of visits	☐	☐	☐	☐	☐
Having your blood pressure taken	☐	☐	☐	☐	☐
Having your height measurement taken	☐	☐	☐	☐	☐
Having your waist measurements taken	☐	☐	☐	☐	☐
Having your weight taken	☐	☐	☐	☐	☐
Completing the questionnaires	☐	☐	☐	☐	☐
Wearing the 7 day pedometer	☐	☐	☐	☐	☐

If you have felt the visits were difficult, please explain how they could have been improved:

_____

_____

_____

6. Based on your experience in taking part in SMS, do you think the programme should be offered to other mums? (*Please tick (✓)* ***one*** *response).*

Yes ☐

No ☐

If you answered no, please provide detail:

_____

_____

_____

7. Do you have any other comments? We would welcome any suggestions you have regarding how we could improve future studies for those taking part:

_____

_____

_____

Source Q1-Q16. Study specific questions

Section 2: Health and well-being

1. Mobility *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems in walking about	☐
I have slight problems in walking about	☐
I have moderate problems in walking about	☐
I have severe problems in walking about	☐
I am unable to walk about	☐

2. Self-care *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems washing or dressing myself	☐
I have slight problems washing or dressing myself	☐
I have moderate problems washing or dressing myself	☐
I have severe problems washing or dressing myself	☐
I am unable to wash or dress myself	☐

3. Usual Activities *(e.g. work, study, housework, family or leisure activities) (Please tick (✓) **one** box that best describes your health TODAY).*	
I have no problems doing my usual activities	☐
I have slight problems doing my usual activities	☐
I have moderate problems doing my usual activities	☐
I have severe problems doing my usual activities	☐
I am unable to do my usual activities	☐

4. Pain/ Discomfort *(Please tick (✓) **one** box that best describes your health TODAY).*	
I have no pain or discomfort	☐
I have slight pain or discomfort	☐
I have moderate pain or discomfort	☐
I have severe pain or discomfort	☐
I have extreme pain or discomfort	☐

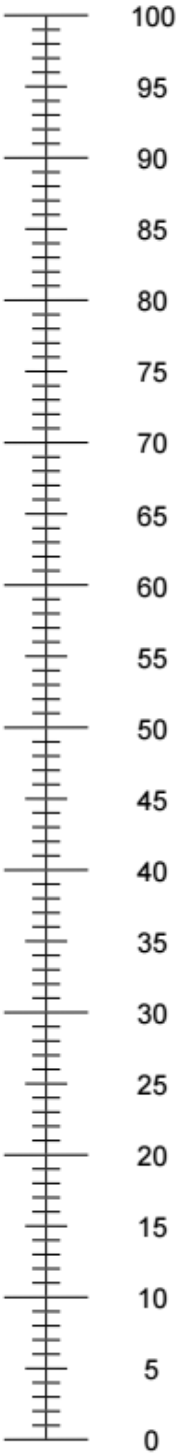
5. Anxiety/ Depression *(Please tick (✓) **one** box that best describes your health TODAY).*	
I am not anxious or depressed	☐
I am slightly anxious or depressed	☐
I am moderately anxious or depressed	☐
I am severely anxious or depressed	☐
I am extremely anxious or depressed	☐

6. We would like to know how good or bad your health is TODAY.

The best health you can imagine

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐



The worst health you can imagine

Q1-Q6 Reproduced with permission from: Brooks R. EuroQol: The current state of play. Health Policy. 1996;37(1):53-7

1. Feeling settled and secure *(Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I am able to feel settled and secure in **all** areas of my life	☐
I am able to feel settled and secure in **many** areas of my life	☐
I am able to feel settled and secure in **a few** areas of my life	☐
I am unable to feel settled and secure in **any** areas of my life	☐

2. Love, friendship and support *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I can have **a lot** of love, friendship and support	☐
I can have **quite a lot** of love, friendship and support	☐
I can have **a little** love, friendship and support	☐
I **cannot** have **any** love, friendship and support	☐

3. Being independent *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I am able to be **completely** independent	☐
I am able to be independent in **many** things	☐
I am able to be independent in **a few** things	☐
I am **unable** to be at all independent	☐

4. Achievement and progress *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I can achieve and progress in **all** aspects of my life	☐
I can achieve and progress in **many** aspects of my life	☐
I can achieve and progress in **a few** aspects of my life	☐
I cannot achieve and progress in **any** aspects of my life	☐

5. Enjoyment and pleasure *Please tick (✓) **one** box that best describes your overall quality of life at the moment).*	
I can have **a lot** of enjoyment and pleasure	☐
I can have **quite a lot** of enjoyment and pleasure	☐
I can have **a little** enjoyment and pleasure	☐
I **cannot** have **any** enjoyment and pleasure	☐

Q1-Q5 Reproduced with permission from: Al-Janabi H, Flynn T, Coast J. Development of a self-report measure of capability wellbeing for adults: the ICECAP-A. Quality of Life Research. 2012;21:167-76

Section 3: Health resources

1. In the last 3 months, have you seen <u>any</u> health professional at your GP surgery? (*Please tick (✓) **one** box).*

Yes	☐
No	☐

If YES, <u>how many times</u> were you seen by: *(Please enter a number)*

GP	
Practice nurse	
Other (please state)	
Other (please state)	

2. In the last 3 months, have you attended an Accident and Emergency (Casualty) department? *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u>	
No	☐		

3. In the last 3 months, have you have you attended hospital as an <u>out-patient?</u> *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u>	
No	☐		

4. In the last 3 months, have you have you attended hospital as an <u>in-patient?</u> *(Please tick (✓) **one** box).*

Yes	☐	If YES, how many <u>times?</u>	
		If YES, how many nights did you spend in hospital in the last 3 months in total?	
No	☐		

5. In the last 3 months, have you received any prescriptions for medicine? *(Please tick (✓) **one** box).*

Yes	☐
No	☐

6. In the last 3 months, have you purchased any over-the-counter medications/ or lifestyle products (e.g. slimming aids)?
*(Please tick (✓) **one** box).*

Yes	☐	If YES, please state total amount spent in last 3 months	£
No	☐		

7. In the last 3 months have you paid for any services or clubs for the specific purpose of helping you with your lifestyle - for example slimming clubs, health clubs, gyms, swimming pools, exercise classes?
*(Please tick (✓) **one** box).*

Yes	☐	If YES, approximately how much have you spent in <u>total</u> for all of these services/clubs in the <u>last 3 months?</u>	£
No	☐		

8. Please think about <u>last week's</u> food and drink purchases for your household (i.e. you and your family) and tell us the cost to your household of the following: *(Please enter **all** that apply).*

Type of food and drink purchased	Weekly Cost to you (your household)
Food and non-alcoholic drinks (e.g. supermarket shopping)	£
Alcoholic drinks e.g. wine & beer	£
Takeaway meals and snacks eaten AT HOME e.g. pizza delivery	£
Meals, snacks and drinks CONSUMED AWAY FROM HOME (e.g. restaurant)	£
Cigarettes or vaping products	£

9. Have you previously purchased any apps for improving your fitness/health or wellbeing? *(Please tick (✓) **one** box).*

Yes	☐	If YES, Please state the total amount you spent on fitness/health apps in the <u>last year?</u>	£
No	☐		

10. On average, <u>per day</u> how much time have you spent exercising/walking in the last 3 months in total?

On average per day:	Hours		Minutes	

11. Has your employment status changed in the last three months? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

Source Q1-Q11: Study specific questions

Section 4: Eating and activity approaches

This section asks you about your diet. *(Please circle **one** number in each row to indicate how much you agree or disagree with the following statements).*

1. Eating healthier is something…	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7
I do without having to consciously remember	1	2	3	4	5	6	7
I do without thinking	1	2	3	4	5	6	7
I start doing before I realise I'm doing it	1	2	3	4	5	6	7

2. Over the next few months I intend to...	**Strongly Disagree**						**Strongly Agree**
eat a healthy diet (e.g. reduce portion size, eat less sugary and high fact snacks and eat more fruit and vegetables)	1	2	3	4	5	6	7
be physically active (e.g. by walking more or taking exercise classes)	1	2	3	4	5	6	7

3. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on how to eat a healthy diet	1	2	3	4	5	6	7
on when to eat a healthy diet	1	2	3	4	5	6	7

4. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on when I need to be especially careful to maintain my healthy diet	1	2	3	4	5	6	7
about what to do in difficult situations to stick to my healthy diet	1	2	3	4	5	6	7
on how I will cope if I slip back into old eating habits	1	2	3	4	5	6	7

5. I am confident that I can stick to a healthy diet even...	**Strongly Disagree**						**Strongly Agree**
if I have to learn a lot about nutrition	1	2	3	4	5	6	7
if I initially have to watch out in many situations	1	2	3	4	5	6	7
if I have to start all over again several times until I succeed	1	2	3	4	5	6	7
if I initially have to make plans	1	2	3	4	5	6	7
if initially food doesn't taste as good	1	2	3	4	5	6	7
if I initially don't get much support	1	2	3	4	5	6	7
if it takes a long time to get used to it	1	2	3	4	5	6	7
if I have worries and troubles	1	2	3	4	5	6	7
if my partner/ my family don't change their nutrition habits	1	2	3	4	5	6	7
if I am tired	1	2	3	4	5	6	7
if I am stressed out	1	2	3	4	5	6	7
if I don't lose weight initially	1	2	3	4	5	6	7

6. In spite of good intentions when losing weight, slip-ups may occur. Imagine you relapse back into your old eating habits. How confident are you about restarting your new healthy eating habits?

I am sure I can start my new healthy eating habits again regularly, even if I...	**Strongly Disagree**						**Strongly Agree**
have several bad days in a row	1	2	3	4	5	6	7
lose my motivation to keep up my new healthy eating habits	1	2	3	4	5	6	7
have had a relapse and have fallen back into old eating habits for several weeks	1	2	3	4	5	6	7

7. For the next few questions:

'Tempting foods' are any food you want to eat more of than you think you should. **'Eating intentions'** refer to the way you are aiming to eat, for example you may intend to avoid tempting foods or eat healthy foods.

*(Please tick (✓) **one** box for each of the following statements).*	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
I give up too easily on my eating intentions	☐	☐	☐	☐	☐
I'm good at resisting tempting food	☐	☐	☐	☐	☐
I easily get distracted from the way I intend to eat	☐	☐	☐	☐	☐
If I am not eating in the way I intend to I make changes	☐	☐	☐	☐	☐
I find it hard to remember what I have eaten throughout the day	☐	☐	☐	☐	☐

Q1 Reproduced with permission from: Gardner B, Abraham C, Lally P, de Bruijn G-J. Towards parsimony in habit measurement: Testing the convergent and predictive validity of an automaticity subscale of the Self-Report Habit Index. International Journal of Behavioral Nutrition and Physical Activity. 2012;9. **Q2 to Q4 Adapted from:** Sniehotta FF, Scholz U , Lippke S, Ziegelmann J. (2002). Scale for assessment of implementation planning and coping planning. http://userpage.fuberlin.de/~falko/scales/heartdocu.html **Q5 - Q6 Adapted from:** Sniehotta FF, Scholz U, Lippke S, Ziegelmann J, Luszczynska A. (2003). Phase-specific self-efficacy in health behavior change. Unpublished manuscript, Free University Berlin. Sniehotta FF, Scholz U, Lippke,S and Ziegelmann J. (2002). Scale for the assessement of phase-specific self-efficacy of physical activity. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität.] http://userpage.fuberlin.de/~falko/scales/heartdocu.html .

This section asks about your physical activity. *(Please circle **one** number in each row to indicate how much you agree or disagree with the following statements).*

1. Being active every day is something…	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7
I do without having to consciously remember	1	2	3	4	5	6	7

I do without thinking	1	2	3	4	5	6	7
I start doing before I realise I'm doing it	1	2	3	4	5	6	7

2. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
on when to be physically active	1	2	3	4	5	6	7
on where to be physically active	1	2	3	4	5	6	7
on how to be physically active	1	2	3	4	5	6	7
on how often be physically active	1	2	3	4	5	6	7
on who I can be physically active with	1	2	3	4	5	6	7
3. I already have concrete plans...	**Strongly Disagree**						**Strongly Agree**
about what to do if something gets in the way	1	2	3	4	5	6	7
about what to do if I miss a physical activity session	1	2	3	4	5	6	7
about what to do in difficult situations to stick to my physical activity intentions	1	2	3	4	5	6	7
for times when I will need to be extra careful to stay committed	1	2	3	4	5	6	7

4a. Certain barriers make it hard to begin physical activity. How sure are you that you can begin exercising regularly?

I am sure that...	**Strongly Disagree**						**Strongly Agree**
I can change to a physically active lifestyle	1	2	3	4	5	6	7
I can be physically active once a week	1	2	3	4	5	6	7
I can be physically active at least 3 times a week for 30 minutes	1	2	3	4	5	6	7

4b. I am sure I can start being physically active immediately, even if...	**Strongly Disagree**						**Strongly Agree**
the planning for this is takes a lot of time and effort	1	2	3	4	5	6	7
I have to force myself to start immediately	1	2	3	4	5	6	7
I have to push myself	1	2	3	4	5	6	7

5. Are you confident that you can manage staying physically active?

I am sure I can keep being physically active regularly, even if...	**Strongly Disagree**						**Strongly Agree**
it takes me a long time to make a habit	1	2	3	4	5	6	7
I am worried and troubled	1	2	3	4	5	6	7
I am tired	1	2	3	4	5	6	7
I am stressed out	1	2	3	4	5	6	7
I don't lose weight at once	1	2	3	4	5	6	7
I have to start all over again several times until I succeed	1	2	3	4	5	6	7
my partner/family isn't physically active	1	2	3	4	5	6	7

6. In spite of good intentions, slip ups may occur. How confident are you about restarting exercises?

I am sure I can keep being physically active regularly, even if...	**Strongly Disagree**						**Strongly Agree**
I postpone my plans several times	1	2	3	4	5	6	7
I lose my motivation	1	2	3	4	5	6	7
I have not been active for several weeks	1	2	3	4	5	6	7

Q1 Reproduced with permission from: Gardner B, Abraham C, Lally P, de Bruijn G-J. Towards parsimony in habit measurement: Testing the convergent and predictive validity of an automaticity subscale of the Self-Report Habit Index. International Journal of Behavioral Nutrition and Physical Activity. 2012;9. **Q2 to Q3 Adapted from:** Sniehotta FF, Scholz U , Lippke S, Ziegelmann J. (2002). Scale for assessment of implementation planning and coping planning. http://userpage.fuberlin.de/~falko/scales/heartdocu.html. **Q4-Q6 Adapted from:** Sniehotta FF, Scholz U, Lippke S, Ziegelmann J, Luszczynska A. (2003). Phase-specific self-efficacy in health behavior change. Unpublished manuscript, Free University Berlin. Sniehotta FF, Scholz U, Lippke,S and Ziegelmann J. (2002). Scale for the assessement of phase-specific self-efficacy of physical activity. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität.] http://userpage.fuberlin.de/~falko/scales/heartdocu.html

Section 5: Social Support

1. **Below is a list of statements about social support.** *(Please tick (✓) **one** box in each row to indicate how much you agree or disagree with the following statements).*

Within the past 3 months, I have got support from my friends and/or family to help me:

	Strongly Agree	Agree	Disagree	Strongly disagree	Not applicable
Eat well	☐	☐	☐	☐	☐
Be physically active	☐	☐	☐	☐	☐
Lose weight	☐	☐	☐	☐	☐

Q1 Adapted from: Sallis JF, Grossman RM, Pinski RB, Patterson TL, Nader PR. The development of scales to measure social support for diet and exercise behaviors. Preventive Medicine. 1987;16(6):825-36.

Section 6: Lifestyle behaviours and attitudes

1. How often do you weigh yourself currently? *(Please tick (✓) **one** box).*

Never	☐
About once a year or less	☐
Every couple of months	☐
Every month	☐
Every week	☐
Every day	☐
More than once a day	☐

2. Within the past 3 months, have you taken part in any weight loss programmes (e.g. Slimming World). *(Please tick (✓) **one** box).*

Yes	☐
No	☐

If yes, please give details below; (name, how long attended for, etc)

3. Before you started the Supporting MumS study, did you take part in the Public Health Agency's Weigh to a Healthy Pregnancy programme? *(Please tick (✓) **one** box).*

Yes	☐
No	☐

4. Thinking about your most recent pregnancy (before taking part in the Supporting MumS study), do you feel you: *(Please tick (✓) **one** box).*

Gained too much weight	☐
Gained too little weight	☐
Gained about the right amount of weight	☐

5. **Do you want to lose weight?** *(Please tick (✓) **one** box).*

Yes	☐	→ Please complete the rest of the questions in this section (i.e. questions 4, 5 & 6)
No	☐	→ Please go to Section 6 on Page 16

6. How confident are you in your ability to:

*(Please circle **one** number in each row to indicate how confident you feel about each of the following statements).*

	Not confident						Very confident
Lose weight	1	2	3	4	5	6	7
Keep lost weight off in the long term	1	2	3	4	5	6	7

7. How important is losing weight for you at the moment? *(Please circle **one** number).*

Not important						Very important
1	2	3	4	5	6	7

8. The questions below ask you about why you want to lose weight. *(Please tick* (✓) ***one** box for each statement).*

I want to lose weight...

	Absolutely not	Somewhat	Moderately	Strongly
Because it is commonly said that being overweight is unhealthy	☐	☐	☐	☐
To be healthier	☐	☐	☐	☐
To be more agile	☐	☐	☐	☐
For health reasons	☐	☐	☐	☐
Because I read that it is healthier	☐	☐	☐	☐
To decrease my health risks	☐	☐	☐	☐
To live long	☐	☐	☐	☐
Because acquaintances have advised me to	☐	☐	☐	☐
To not attract attention	☐	☐	☐	☐
Because I'll be more successful in my job	☐	☐	☐	☐
So I will be accepted by society	☐	☐	☐	☐
To dare to socialise again	☐	☐	☐	☐
Because I would be luckier in love	☐	☐	☐	☐
To be more appreciated/liked	☐	☐	☐	☐
To have more friends	☐	☐	☐	☐
To have better success with others	☐	☐	☐	☐

	Absolutely not	Somewhat	Moderately	Strongly
So that other people will think better of me	☐	☐	☐	☐
To be more attractive	☐	☐	☐	☐
To like to look at myself in the mirror again	☐	☐	☐	☐
Because I want to like myself more	☐	☐	☐	☐
Because I want to be more attractive	☐	☐	☐	☐
To be able to dress more fashionably	☐	☐	☐	☐
To fit into my clothes again	☐	☐	☐	☐
To feel more self-confident	☐	☐	☐	☐

Source: Q1 – Q5: Study specific. **Q6 Reproduced with permission from:** Meyer AH, Weissen-Schelling S, Munsch S, Margraf J. Initial development and reliability of a motivation for weight loss scale. Obes Facts 2010;3:205-11.

Section 7: Food patterns

*(Please tick (✓) **one** box for each of the following questions).*

1. How many times a week do you eat two or more pieces of fruit?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

2. When eating cheese, how often do you choose reduced fat cheese in preference to regular cheese?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat cheese	☐

3. How many days a week do you eat fried food with a batter or bread crumb coating?	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than once a week	☐
Never	☐

4. How often do you eat fried or roasted vegetables?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

5. When eating bread (as toast, sandwiches or a snack) how often do you spread butter or margarine on it?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

6. How many portions of vegetables do you eat in a typical day? (a portion is about three tablespoons of vegetables or a small bowl of salad).	
5 or more portions	☐
3 or 4 portions	☐
1 or 2 portions	☐
Less than one portion per day	☐
None	☐

7. How often do you trim all the visible fat off the meat you eat?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat meat	☐

8. How many times a week do you eat meat pies, pasties or sausage rolls?	
3 or more times a week	☐
Once or twice a week	☐
Once a fortnight	☐
Less than once a fortnight	☐
Never	☐

9. How often do you (or the person who cooks for you) remove the skin from chicken before it is cooked?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don’t eat chicken	☐

10. How many days a week do you eat fried potato (e.g. hot chips or potato crisps)?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

11. How many days a week do you eat take-away foods such as: fried or BBQ chicken; fish and chips; Chinese; pizza; hamburger etc.?	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

12. How often do you (or the person who cooks for you) use fat when cooking? (e.g. butter, margarine, oil, lard etc)	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

13. How often do you choose wholemeal spaghetti or pasta in preference to regular spaghetti or pasta?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't eat spaghetti/pasta	

14. How often do you choose wholemeal bread in preference to white bread?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐

15. How many days a week do you eat legumes? (e.g. baked beans, three bean mix, lentils, split peas, dried beans etc)	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than once a week	☐
Never	☐

16. How many days a week do you eat a high fibre breakfast cereal? (e.g. Weetabix, All-Bran, untoasted muesli, porridge)	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

17. How many different types of vegetables would you eat on a typical day?	
5 or more types	☐
4 types	☐
3 types	☐
1 or 2 types	☐
None	☐

18. How many days a week do you eat high fat cheeses? (e.g. cheddar or cream cheese)	
6 or more days a week	☐
3-5 days a week	☐
1-2 days a week	☐
Less than one day a week	☐
Never	☐

19. How often do you choose low-fat milk (semi-skimmed or skimmed) in preference to whole milk?	
Always	☐
Usually	☐
Occasionally	☐
Rarely	☐
Never	☐
I don't drink milk	☐

20. How many days a week do you eat processed meats? (e.g. bacon, salami, ham etc)	
4 or more days a week	☐
2 or 3 days a week	☐
Once a week	☐
Less than one day a week	☐
Never	☐

21. How often do you eat or drink any of the following? *(Please tick (✓) **one** box for each row).*	**More than once a day**	**Once a day**	**3-6 days a week**	**1-2 days a week**	**less than weekly**	**Never**
Sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat)	☐	☐	☐	☐	☐	☐
Buns, cakes or pastries or desserts	☐	☐	☐	☐	☐	☐
Fizzy drinks or squashes that contain sugar (e.g. coca cola, Ribena, Club Orange)	☐	☐	☐	☐	☐	☐
Diet drinks (e.g. Diet Coke, Sprite Zero, Diet Club)	☐	☐	☐	☐	☐	☐

22. How often do you have a drink containing alcohol?	
Never	☐
Monthly or less	☐
2 - 4 times a month	☐
2 - 3 times a week	☐
4 or more times a week	☐

23. Do you keep a record of what you eat and drink? (e.g. writing it down, using an App etc).	
Yes	☐
No	☐

24. Do you set yourself food and drink related goals? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

Q1–Q20 Reproduced with permission from: Wright JL, Scott JA. The Fat and Fibre Barometer, s short food behaviour questionnaire: reliability, relative validity and utility. Australian Journal of Nutrition and Dietetics. 2000;57(1):33-9. **Source Q21 - Q24**: Study specific questions

Section 8: Physical activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

VIGOROUS ACTIVITIES

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?	
_____	Days per week
☐	No vigorous physical activities → ***Skip to question 3***

2. How much time did you usually spend doing vigorous physical activities on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

MODERATE ACTIVITIES

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.	
_____	Days per week
☐	No moderate physical activities → ***Skip to question 5***

4. How much time did you usually spend doing moderate physical activities on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

WALKING

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?		
_____	Days per week	
☐	No walking	⟶ ***Skip to question 7***

6. How much time did you usually spend walking on one of those days?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

SITTING

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the last 7 days, how much time did you spend sitting on a week day?	
_____	Hours per day
_____	Minutes per day
☐	Don't know/not sure

STEPS

8. Do you use a step counter? (e.g. pedometer, App, Fitbit etc) *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

9. Do you set yourself physical activity related goals? *(Please tick (✓) **one** box).*	
Yes	☐
No	☐

10. Did you have any problem/s that limited your physical activity during the past 3 months? *(Please tick (✓) **one** box).*		
Yes	☐	If yes, please give details:
No	☐	

Q1-Q10 Adapted from: Booth ML. Assessment of physical activity: an international perspective. Research Quarterly for Exercise and Sport. 2000;71(2):s114-20.

Section 9: Infant Feeding

1. What is your current method of feeding for your youngest child? *(Please tick (✓) **as many** boxes that apply).*

Breast feeding	☐
Infant formula feeding	☐
Combined feeding (Breast and infant formula)	☐
Follow-on milk	☐
Baby is on solids	☐

NOTE: If you ticked 'Baby is on solids', please go to question 2 below.
If you did not tick 'Baby is on solids', please go to Section 9 on Page 24.

2. How often do you usually give your baby these particular TYPES of solid food? *(Please tick (✓) **one** box for each food).*

	More than once a day	Once a day	3 or more times a week	Once or twice a week	Less than once a week	Never
Breakfast Cereals	☐	☐	☐	☐	☐	☐
Rice or Pasta	☐	☐	☐	☐	☐	☐
Bread	☐	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐	☐
Potato products (incl. chips, waffles, shapes)	☐	☐	☐	☐	☐	☐
Butter/Margarine and other spreads	☐	☐	☐	☐	☐	☐
Red meat	☐	☐	☐	☐	☐	☐
Processed meat (e.g. ham)	☐	☐	☐	☐	☐	☐
Chicken/other poultry	☐	☐	☐	☐	☐	☐
Fish (incl. tuna)	☐	☐	☐	☐	☐	☐

	More than once a day	Once a day	3 or more times a week	Once or twice a week	Less than once a week	Never
Eggs	☐	☐	☐	☐	☐	☐
Beans, lentils, chickpeas	☐	☐	☐	☐	☐	☐
Tofu, Quorn,	☐	☐	☐	☐	☐	☐
Textured vegetable protein	☐	☐	☐	☐	☐	☐
Nuts	☐	☐	☐	☐	☐	☐
Fruit	☐	☐	☐	☐	☐	☐
Vegetables	☐	☐	☐	☐	☐	☐
Cheese, yoghurt, fromage frais	☐	☐	☐	☐	☐	☐
Puddings or desserts	☐	☐	☐	☐	☐	☐
Biscuits, sweets, chocolate or cakes	☐	☐	☐	☐	☐	☐
Crisps and corn snacks	☐	☐	☐	☐	☐	☐
Follow on formula	☐	☐	☐	☐	☐	☐
Or something else (please tick and then write below)	☐	☐	☐	☐	☐	☐

3. Do you ever add salt to your baby's solid food, including adding salt when the food is being cooked? *(Please tick (✓) **one** box).*

Yes, often	☐
Yes, sometimes	☐
Never	☐

Source Q1 and Q3: Study specific questions. **Q2 Adapted from**:. Andrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ. Infant Feeding Survey 2010. Health and Social Care Information Centre; 2012

Section 10: Mood

*(Please tick (✓) **one** box for each statement below).*

In the past 7 days...

1. I have been able to laugh and see the funny side of things.	
As much as I always could	☐
Not quite so much now	☐
Definitely not so much now	☐
Not at all	☐

2. I have looked forward with enjoyment to things.	
As much as I ever did	☐
Rather less than I used to	☐
Definitely less than I used to	☐
Hardly at all	☐

3. I have blamed myself unnecessarily when things went wrong.	
Yes, most of the time	☐
Yes, some of the time	☐
Not very often	☐
No, never	☐

4. I have been anxious or worried for no good reason.	
No, not at all	☐
Hardly ever	☐
Yes, sometimes	☐
Yes, very often	☐

5. I have felt scared or panicky for no very good reason.	
Yes, quite a lot	☐
Yes, sometimes	☐
No, not much	☐
No, not at all	☐

6. Things have been getting on top of me.	
Yes, most of the time I haven't been able to cope at all	☐
Yes, sometimes I haven't been coping as well as usual	☐
No, most of the time I have coped quite well	☐
No, I have been coping as well as ever	☐

7. I have been so unhappy that I have had difficulty sleeping.	
Yes, most of the time	☐
Yes, sometimes	☐
Not very often	☐
No, not at all	☐

8. I have felt sad or miserable.	
Yes, most of the time	☐
Yes, quite often	☐
Not very often	☐
No, not at all	☐

9. I have been so unhappy that I have been crying.	
Yes, most of the time	☐
Yes, quite often	☐
Only occasionally	☐
No, never	☐

10. The thought of harming myself has occurred to me.	
Yes, quite often	☐
Sometimes	☐
Hardly ever	☐
Never	☐

Q1-Q10 Reproduced with Permission from: Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry 1987;150:782-786.

Section 11: Body satisfaction

1. Please indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

*(Please tick (✓) **one** box for each statement below).*

	Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
Face (facial features, complexion)	☐	☐	☐	☐	☐
Hair (colour, thickness, texture)	☐	☐	☐	☐	☐
Lower torso (buttocks, hips, thighs, legs)	☐	☐	☐	☐	☐
Mid torso (waist, stomach)	☐	☐	☐	☐	☐
Upper torso (chest or breasts, shoulders, arms)	☐	☐	☐	☐	☐
Muscle tone	☐	☐	☐	☐	☐
Weight	☐	☐	☐	☐	☐
Height	☐	☐	☐	☐	☐
Overall appearance	☐	☐	☐	☐	☐

2. **This question asks your opinion about your weight.** *(Please tick (✓) one box for each statement below).*

	Very Underweight	Somewhat Underweight	Normal Weight	Somewhat Overweight	Very Overweight
I think I am...	☐	☐	☐	☐	☐
From looking at me, most other people would think I am...	☐	☐	☐	☐	☐

Source Q1-Q2: Reproduced with Permission from: Cash TF. The Multidimensional body-self relations questionnaire: MBSRQ users' manual. Norfolk: VA: 2000

Section 12: Self-esteem

1. Below is a list of statements dealing with your general feelings about yourself.

*(Please tick (✓) **one** box to indicate how much you agree or disagree with each of the following statements).*

	Strongly Agree	Agree	Disagree	Strongly disagree
I feel that I'm a person of worth, at least on an equal plane with others.	☐	☐	☐	☐
I feel that I have a number of good qualities.	☐	☐	☐	☐
All in all, I am inclined to feel that I am a failure.	☐	☐	☐	☐
I am able to do things as well as most other people.	☐	☐	☐	☐
I feel I do not have much to be proud of.	☐	☐	☐	☐
I take a positive attitude toward myself.	☐	☐	☐	☐
On the whole I am satisfied with myself.	☐	☐	☐	☐
I wish I could have more respect for myself.	☐	☐	☐	☐
I certainly feel useless at times.	☐	☐	☐	☐
At times I think I am no good at all.	☐	☐	☐	☐

Q1 Reproduced with Permission from: Rosenberg, Morris. 1989. Society and the Adolescent Self-Image. Revised edition. Middletown, CT: Wesleyan University Press.

Section 13: Sleep

1. At the moment, how often does your baby sleep all night? *(Please tick (✓) **one** box).*

Always	☐
Mostly	☐
Sometimes	☐
Rarely	☐
Never	☐

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.

2. During the past month, what time have you usually gone to bed at night?

Usual bed time ☐

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

Number of minutes ☐

4. During the past month, what has been your usual getting up time in the morning?

Usual getting up time ☐

5. During the past month, on average how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

Hours of sleep per night ☐

6. During the past month, how often have you had trouble sleeping because you…

*(Please tick (✓) **one** box for each statement).*

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Cannot get to sleep within 30 minutes	☐	☐	☐	☐
Wake up in the middle of the night or early morning	☐	☐	☐	☐
Have to get up to use the bathroom	☐	☐	☐	☐
Cannot breathe comfortably	☐	☐	☐	☐
Cough or snore loudly	☐	☐	☐	☐
Feel too cold	☐	☐	☐	☐
Feel too hot	☐	☐	☐	☐
Had bad dreams	☐	☐	☐	☐
Have pain	☐	☐	☐	☐
Other reason(s), please describe and indicate how often during the past month you had trouble sleeping because of this:	☐	☐	☐	☐

7. During the past month, how would you rate your sleep quality overall?
*(Please tick (✓) **one** box).*

Very Good	Fairly Good	Fairly Bad	Very Bad
☐	☐	☐	☐

8. (Please tick *(✓)* ***one*** *box for each question below.)*	**Not during the past month**	**Less than once a week**	**Once or twice a week**	**Three or more times a week**
During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?	☐	☐	☐	☐
During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	☐	☐	☐	☐

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? (Please tick *(✓)* ***one*** *box).*

No problem at all	**Only a very slight problem**	**Somewhat of a problem**	**A very big problem**
☐	☐	☐	☐

10. Do you have a bed partner or room-mate? *(Please tick (✓)* ***one*** *box).*

No bed partner or room-mate	**Partner/room-mate in other room**	**Partner in same room but not in same bed**	**Partner in same bed**
☐	☐	☐	☐

11. If you have a room-mate or bed partner, ask him/her how often in the past month you have had:

Please tick *(✓)* ***one*** *box for each statement).*	**Not during the past month**	**Less than once a week**	**Once or twice a week**	**Three or more times a week**
Loud snoring	☐	☐	☐	☐
Long pauses between breaths while asleep	☐	☐	☐	☐
Legs twitching or jerking while you sleep	☐	☐	☐	☐
Episodes of confusion during sleep	☐	☐	☐	☐
Other restlessness while you sleep	☐	☐	☐	☐
Please describe:				

Q1. Study specific questions. **Q2-Q11 Reproduced with Permission from:** Buysse DJ, Reynolds CF 3rd, Monk TH, Berman SR, Kupfer DJ. The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. Psychiatry Res 1989;28:193-213

You have now completed the questionnaire. Thank you very much for your time and effort! We really appreciate your help with our research.

Participant-reported pedometer diary to record information on pedometer wear

Participant ID: _ _ _ (month)

Pedometer Diary

DATE TO RETURN PEDOMETER:

_ _/_ _/__

	DATE	Time you put on the pedometer*	Time you took off the pedometer*	Amount of time and reason/s you didn't wear the pedometer
Example		7.00am	11.30pm	8.15am - 10.15am (Forgot to put on after shower)
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

***Please record time you put on/ took off the pedometer to the nearest 5 minutes**