Supplementary document 8

Supporting Women with Postnatal Weight Management

SWAN STUDY

12 MONTH QUESTIONNAIRE INTERVENTION GROUP

Code				

Many thanks for agreeing to take part in our study which is trying to find out how best to support women to manage their weight after having a baby. As your baby is now around one year old, we would like to ask you some questions about your health, your lifestyle (including how you are feeding your baby and about your own diet and activity) and about your baby's health.

Please try to complete all sections of the questionnaire, which we estimate will take you around 20 minutes. Most of the questions can be answered with a 'tick (✓)'. As a 'thank you' for your time, we will send you a £10 Love2Shop voucher when we receive your completed questionnaire. If you have any questions about the any of the sections in the questionnaire, please email one of our research midwives

Illustrations by Marie Furuta

Women's health and lifestyle after having a baby

We would like to know about your health after having your baby. As not all questions may apply to you, please read the instructions carefully before completing.

What is today's date? Date / Month / 20….

Section 1 This section is about your general health. Under each heading, please tick the ONE box that best describes your health TODAY

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY
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 ☐

SELF-CARE
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 ☐

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*
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 ☐

PAIN / DISCOMFORT
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 ☐

ANXIETY / DEPRESSION
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 ☐

The best health
you can imagine

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 =

100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0

The worst health
you can imagine

Section 2. This section asks questions about feeding your baby. Please tick ONE box for each question you answer

1. **Are you still breastfeeding your baby?**

☐ Yes   No ☐

<u>If YES,</u> are you feeding your baby

☐ Only breastmilk (including expressed breastmilk)

☐ Breast plus formula milk

☐ Breast plus cow's milk

<u>If NO,</u> how old was your baby when you stopped breastfeeding?..........month(s)

2. **Have you introduced your baby to solid food such as finger foods, mashed or pureed food yet?**

☐ Yes   No ☐

<u>If YES,</u> how old was your baby when you first introduced solid foods?........................ month(s)

Section 3. The questions in this section ask about your smoking habits

1. Which of the following statements best describes your smoking? Please tick one box only.

a. I have never smoked *(if you tick this box, please go to the next section)*	☐
b. I had already stopped the last time you asked and still don't smoke	☐
c. I have stopped smoking since the last time you asked and don't currently smoke	☐
d. I smoke every once in a while	☐
e. I smoke every day, but I've cut down since the last time you asked	☐
f. I smoke every day, about the same as the last time you asked	☐

2. If you currently smoke, about how many cigarettes a day do you smoke? …………….

3. Since the last time we asked, have you used:

Nicotine replacement therapy (e.g. patch) Yes ☐ No ☐ Electronic cigarettes Yes ☐ No ☐

Section 4. The questions in this section ask about your current alcohol consumption *in the last 6 months.* Please circle the answer closest to how much alcohol you drink and how often. The pictures below illustrate how many units of alcohol are in different drinks

How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 or more units on a single occasion in the last six months?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Section 5. We are interested in finding out about your physical activity. The following questions 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.

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 aerobics, or fast bicycling? ______ days per week ☐ if **No** vigorous physical activities please go 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

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, dancing or water aerobics? Do not include walking.

______ days per week ☐ if **No** moderate physical activities please go 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

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 ☐ if **No** walking for at least 10 minutes at a time please go 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

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

Section 6. The questions in this section ask about any contacts you have had for yourself or for your baby with healthcare professionals during the last 6 months

1. Have you or your baby had any contact with any of the following community services within the last 6 months? Please tick all boxes that apply to you and write the number of contacts you've had.

Community service	No. of contacts
Health visitor	
GP	
Community psychiatrist	
Community psychiatric nurse	
Practice nurse	
Smoking cessation service	
Social worker	
Housing/debt advice/citizen's advice worker	
Employment advice worker	
Other NHS/Social care service *not dentist* *please say what*	

2. Have you and/or your baby been admitted to hospital during the last 6 months?

Yes, I have ☐

Yes, my baby has ☐

No ☐ Please go to Q3

If you said 'YES' to any of the options above, what was the reason for being admitted to hospital and how many nights were you and/or your baby admitted?

Please use this box to add your comments including which hospital you and/or your baby were admitted to:

3.Have you/and your baby required an outpatient appointment in the last 6 months? Please tick all boxes that apply

Yes, I have had an outpatient appointment ☐

Yes, my baby has had an outpatient appointment ☐

No ☐ Please go to Q4

<u>If YES for yourself</u>, could you please tell us how many appointments <u>you had</u> and what for:

How many appointments? ……………………………… What for?……………………………………………………………

How many appointments? ……………………………… What for?…………………………………………………………

How many appointments? ……………………………… What for?……………………………………………………………

<u>If YES for your baby</u>, could you please tell us how many appointments <u>your baby had</u> and what for:

How many appointments? ……………………………… What for?……………………………………………………………

How many appointments? ……………………………… What for?…………………………………………………………………

How many appointments? ……………………………… What for?………………………………………………………………

4.Have you and/or your baby attended an accident and emergency (A&E) department in the last 6 months because of a health problem?

Yes, I have attended A & E ☐

Yes, my baby has attended A & E ☐

No ☐ Please go to next Section

If <u>YES</u>, were you or your baby admitted to hospital and was an ambulance involved? How many times did this happen?

Admitted	**Ambulance**	**Number of times**
Yes / No	Yes / No	
Yes / No	Yes / No	
Yes/No	Yes/No	
Yes/No	Yes/No	

Section 7. The questions below ask about the different foods you eat. Some questions ask you what you eat in a usual *week* but others what you eat in a usual *day*.

Please tick only one box on each line

3. How many pieces or slices of bread do you eat on a **usual day**? (choose one answer on each line)

	None	Less than 1 **a week**	1 – 2 **a week**	3 – 4 **a week**	5+ **a week**
White bread, pitta or soft rolls					
Brown or granary bread; 'best of both', soft grain					
Wholemeal bread or 2 slices crispbread or wholemeal bagels/muffins/pitta or similar					

2. About how many **servings per week** do you eat of the following types of breakfast cereal or porridge? (choose one answer on each line)

Breakfast Cereal	None	Less than 1 **a week**	1 – 2 **a week**	3 - 5 **a week**	6 or more **a week**
High sugar varieties: Frosties, Coco Pops or other chocolate covered cereals, Ricicles, Sugar puffs					
Rice/Corn type: Corn flakes, Rice Krispies, Special K.					
Porridge or Ready Brek **Wheat type**: Shredded Wheat, Weetabix, Puffed Wheat, Fruit'n Fibre, NutriGrain, Oat Krunchies,. **Muesli type**: Alpen, Jordan's or home brand muesli					
Bran type: All-Bran, Bran Flakes, Sultana Bran					

3. About how many **servings per week** do you eat of the following foods? (choose one answer on each line)

Starchy foods	None	less than 1 **a week**	1 – 2 **a week**	3 – 5 **a week**	6 – 7 **a week**	8 - 11 **a week**	12 or more **a week**
Pasta or rice							
Potatoes							
Beans and pulses such as lentils, chick peas, red kidney beans (baked, tinned, or dried)							

4. How many pieces of fruit and vegetable (excluding potatoes) do you eat, of any sort, on a typical day? ***Please look at the end of the questionnaire for guidance on portion size for fruit and vegetables.*** Please note: Fruit and vegetable juice can count as one portion (choose one on each line)

	None	1	2	3	4	5	6	7	8 or more
Fruit									
Vegetable									

5. About how many **servings per week** do you eat of the following foods? (choose one answer on each line)

	None	less than 1 **a week**	1 - 2 **a week**	3 - 5 **a week**	6 or more **a week**
Beefburgers or sausages					
Beef, pork, or lamb					
Bacon, meat pie, processed meat, sausage rolls					
Chicken or turkey					
Nuts/soya/quorn					
White fish (NOT fried fish) e.g. pollock, haddock, coley					

Oily fish eg sardines, mackerel					
ANY fried food: fried fish, chips, cooked breakfast, samosas					
Cakes, pies, puddings, pastries					
Biscuits, chocolate, or crisps					

14. About how much of the following types of milk do you yourself use **per day**, for example in cereal, tea, or coffee? (choose one answer on each line)

Milk	None	less than quarter pint	about a quarter pint	about a half pint	1 pint or more
Full cream					
Semi-skimmed					
Skimmed					

15. About how many **servings per week** do you eat of the following foods? (choose one answer on each line)

	None	less than 1 **a week**	1 – 2 **a week**	3 – 5**a week**	6 or more **a week**
Full fat cheese (ie cheddar, stilton, goats cheese, full fat cream cheese, feta)					
Low fat cheese (ie Low Fat Cottage cheese, Low Fat cheese spread (e.g. a low fat “Philadelphia style” cheese) or Low Fat Hard cheese					
Full fat yoghurt/fromage frais					
Low fat yoghurt/fromage frais					
Full fat yoghurt/fromage frais - sweetened					
Low fat yoghurt/fromage frais – unsweetened					

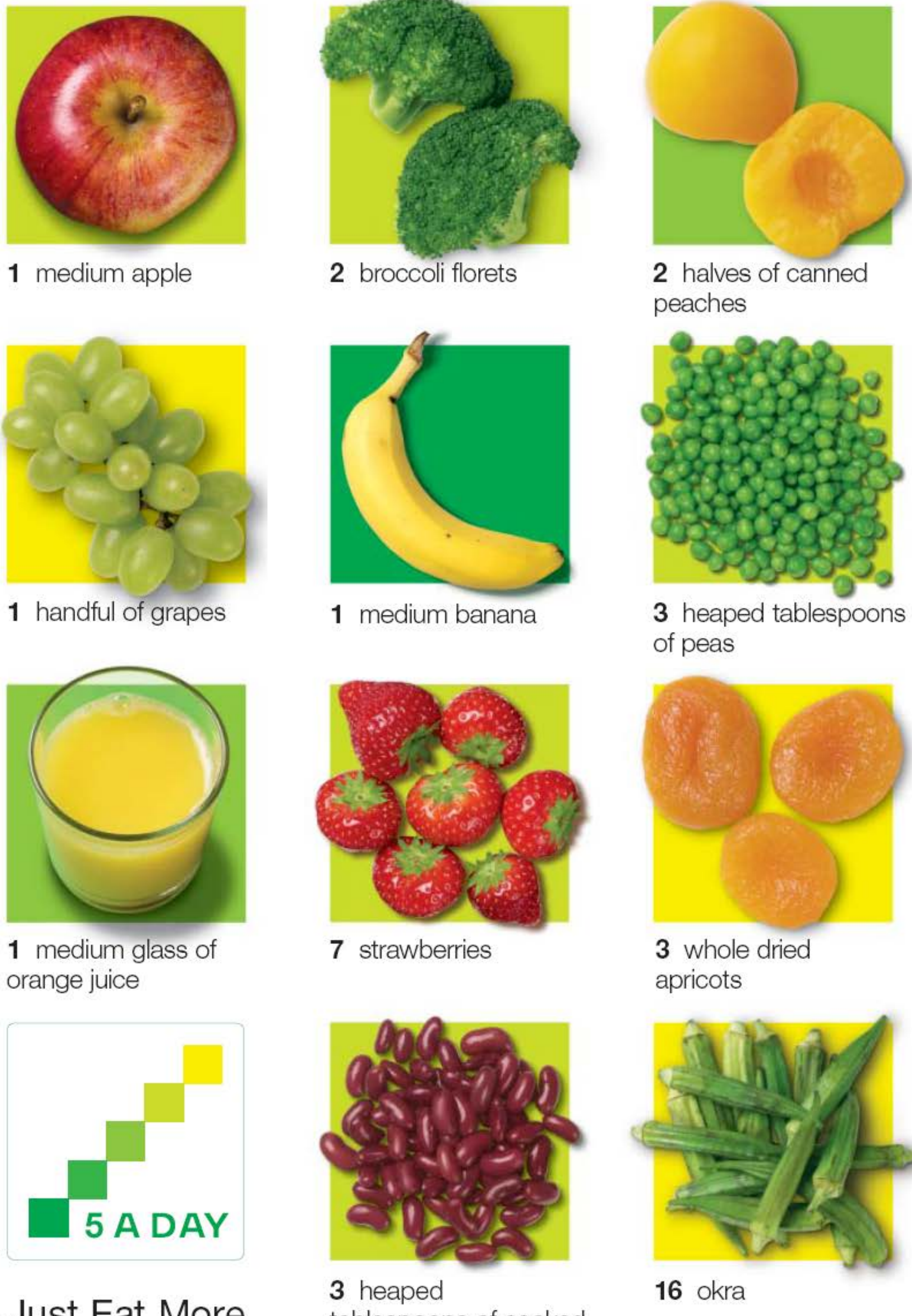
16. About how many **rounded teaspoons** per day do you usually use of the following types of spreads, for example on bread, sandwiches, toast, potatoes or vegetables, (choose one answer on each line)

Spreads	None	1 a day	2 a day	3 a day	4 a Day	5 a day	6 a day	7 or more
Regular margarine or butter or reduced fat spread such as sunflower or olive spread, Flora, Vitalite, Clover, Olivio, Stork, Utterly Butterly								
Low fat spread such as Flora Light, St Ivel Gold, Half-fat butter, Olivite, Flora Pro-activ, Light spread								

17. What sort of fat do you usually use for the following purposes? (choose one answer on each line)

	Butter, lard or dripping	**Ghee**	**Solid cooking fat** (White Flora, Cookeen) **Half-fat butter, Hard margarine** (Stork)	**Soft margarine** (sunflower, soya) **Reduced fat spread** (olive, Flora Buttery, Olivio)	**Vegetable oil** or **Low fat spread** (Flora Light, Olivite, St. Ivel Gold)	**No fat used**
On bread and vegetables						
For frying						
For baking or cooking						

Please go back and check that you have ticked one box on every line


1 medium apple
2 broccoli florets
2 halves of canned peaches
1 handful of grapes
1 medium banana
3 heaped tablespoons of peas
1 medium glass of orange juice
7 strawberries
3 whole dried apricots
5 A DAY
Just Eat More
(fruit & veg)
3 heaped tablespoons of cooked kidney beans
16 okra
NHS

Section 8. This section asks questions about the types of soft drinks, fruit juices or smoothies you may have on a usual day

3. How many of the following types of soft drinks do you have **on a usual day?** Please tick one box on each line.

	None	1-2 weekly	3-6 weekly	1 daily	2-3 daily	4-5 daily	6 plus daily
Fizzy drinks (non-diet) e.g. Coke, Lucozade,							
Sugar free fizzy drinks e.g. Diet Coke							
Squash (non-diet or sugar free), e.g. Ribena							
Squash (diet or sugar free) e.g. Ribena Light							
Fruit juices or Smoothies							

Section 9. This section asks questions about your sleeping habits.

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

2. Does your baby sleep through the night? Please tick one box only

- Every night ☐
- 4-6 nights a week ☐
- 1-3 nights a week ☐
- Not sleeping through the night yet ☐

Section 10. This section asks questions about your mental health since having your baby. Please tick the answer which comes closest to how you have felt in the PAST WEEK, not just today.

In the past week, 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

In the past week, 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

In the past week, I have blamed myself unnecessarily when things went wrong:

- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ Not very often
- ☐ No, never

In the past week, I have been anxious or worried for no good reason:

- ☐ No, not at all
- ☐ Hardly ever
- ☐ Yes, sometimes
- ☐ Yes, very often

In the past week, I have felt scared or panicky for no very good reason:

☐ Yes, quite a lot

☐ Yes, sometimes

☐ No, not much

☐ No, not at all

In the past week, 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

In the past week, 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

In the past week, I have felt sad or miserable:

☐ Yes, most of the time

☐ Yes, quite often

☐ Not very often

☐ No, not at all

In the past week, I have been so unhappy that I have been crying:

- ☐ Yes, most of the time
- ☐ Yes, quite often
- ☐ Only occasionally
- ☐ No, never

In the past week, the thought of harming myself has occurred to me:

- ☐ Yes, quite often
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never

Section 11. The questions in this section are about how you have felt about your weight or shape over the LAST MONTH. For each question, please tick the box that comes closest to how often you have felt that way. Remember that the questions refer to the LAST MONTH only.

	Not at all		Slightly		Moderately		Markedly
h) Has your **weight** influenced how you think about (judge) yourself as a person?	☐ 0	☐1	☐2	☐3	☐4	☐5	☐6
i) Has your **shape** influenced how you think about (judge) yourself as a person?	☐ 0	☐1	☐2	☐3	☐4	☐5	☐6
j) How much would it have upset you if you had been asked to weigh yourself once a week (no more, or less, often) for the next four weeks?	☐ 0	☐1	☐2	☐3	☐4	☐5	☐6
k) How dissatisfied have you been with your **weight**?	☐ 0	☐1	☐2	☐3	☐4	☐5	☐6
l) How dissatisfied have you been with your **shape**?	☐ 0	☐1	☐2	☐3	☐4	☐5	☐6
m) How uncomfortable have you felt about seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	☐ 0	☐1	☐2	☐3	☐4	☐5	☐6
n) How uncomfortable have you felt about others seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	☐ 0	☐1	☐2	☐3	☐4	☐5	☐6

Section 12. The questions in this section ask about how you feel about yourself. Below is a list of statements dealing with your general feelings about yourself. If you strongly agree/agree/strongly disagree/disagree, please tick the appropriate relevant box.

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

Section 13. The questions in this section ask about any support you may have accessed since having your baby to help you to manage your weight

You were offered free access to a Slimming World group of your choice. These questions are about whether or not you attended, what you felt was useful/not useful about the Slimming World sessions, and if you are still attending and/or using other forms of support to help you with your weight management.

1) Did you attend any Slimming World® (Alfreton, UK) groups after having your baby?

Yes ☐

No (please go to Q6) ☐

Please answer the following questions only if you were still attending the Slimming World® (Alfreton, UK) weekly sessions offered as part of this study when your baby was 6 months old. If you had completed all 12 sessions offered as part of this study by the time your baby was 6 months old (when you completed the previous study questionnaire), please go to Q6

2) How many of the 12 Slimming World® (Alfreton, UK) weekly sessions offered did you stay for the whole session (not just to be weighed)? ………………

3) If you left any Slimming World® (Alfreton, UK) weekly sessions before the end , could you say why in the box below

Please use this box to add your comments:

4. How useful did/do you find the Slimming World® (Alfreton, UK) weekly sessions? For example did you find sessions easy to get to, did you manage to follow advice offered and do you feel it has improved your health? If not, why not?

Please use this box to add your comments:

5. Are you still regularly attending Slimming World® (Alfreton, UK) weekly sessions?

Yes ☐

No ☐

6. Please can you share with us the main reason(s) why you chose _**not to attend**_ the Slimming World® (Alfreton, UK) sessions offered as part of this study (please _do not complete this question if you attended_ Slimming World® (Alfreton, UK) sessions as part of this study)

Please use this box to add your comments:

7. Have you had any other support to help you to manage your weight since having your baby?

Yes ☐

No` ☐ Please go to the last page of this questionnaire

If <u>YES</u>, where did you seek this support? Please tick all boxes that apply

Source of weight management support
Weight Watchers (WW International) or other private/commercial weight management company?
GP
Hospital weight management clinic
NHS Choices
NHS Weight Loss Plan
The Body Coach, The Online Weight Club, or other website *please say what*
Weight management 'app' *please say what*
I joined a gym
I used a 'fitbit' or similar (activity/steps tracker)
I used weight loss drinks
Other *please say what*

If YES, are you still accessing this additional support to manage your weight? Yes ☐ No ☐

If YES, how useful did you find this additional weight management support you had? For example, did you find it easy to access, did you manage to follow advice offered and do you feel it has improved your health?

Please use this box to add your comments:

Do you have any comments you would like to make about your health and well-being since having your baby?

Positive

Negative

Many thanks for completing this questionnaire

Please fill in the date you completed the questionnaire Date / Month / 20….

Please return it in the FREEPOST envelope which is enclosed if you want to post it to us.

☐ Please tick a box if you wish to receive a copy of the results when the study is completed in 2018