

RESPONDENT'S WELL-BABY QUESTIONNAIRE

IN ANSWERING THE QUESTIONS BELOW, PLEASE CIRCLE A SINGLE NUMBER REPRESENTING YOUR BEST JUDGMENT, OR FILL IN THE BLANKS WHERE APPROPRIATE.

1. Below is a list of common feelings reported by parents in response to the birth of a new child. For each feeling please circle the number that corresponds to how well it describes how you generally feel about your child.

Feelings	Not at all Descriptive 1	Just slightly Descriptive 2	Moderately Descriptive 3	Very Descrip tive 4
A. Satisfied with your child's health	1	2	3	4
B. Able to deal with whatever happens to <u>P</u>	1	2	3	4
C. That you might do more to take better care of your child	1	2	3	4
D. Overwhelmed at the responsibility of caring for your child.	1	2	3	4
E. Anxious about your child's welfare	1	2	3	4
F. Loving toward your child	1	2	3	4
G. Withdrawn from <u>P</u>	1	2	3	4
H. Physically affectionate toward <u>P</u>	1	2	3	4
I. Like rejecting the doctor's feedback about <u>P</u>	1	2	3	4

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Feelings	Not at all Descriptive	Just slightly Descriptive	Moderately Descriptive	Very Descriptive
	1	2	3	4
J. Like agreeing with the doctor's feedback about <u>P</u>	1	2	3	4
K. Delighted with your child's development	1	2	3	4
L. Helpless	1	2	3	4
M. Out of control of child's behavior	1	2	3	4
N. Angry at child	1	2	3	4
O. Sad or tearful	1	2	3	4
P. Depressed	1	2	3	4
Q. Enjoying/taking pleasure in <u>P</u>	1	2	3	4
R. Confident of doing a good job of caring for <u>P</u>	1	2	3	4

NOW WE WOULD LIKE YOU TO THINK ABOUT YOUR HEALTH AND HOW YOU'VE BEEN FEELING LATELY.

2. For each of the statements below, please circle the number that best describes your feelings.

A. In general, how energetic have you felt lately?

1

2

3

4

5

Never have any energy

Always full of energy

2. Continued

B. In general, how has your health been lately?

1	2	3	4	5
My health has been poor				My health has been very good

C. In general, how have your spirits been lately?

1	2	3	4	5
My spirits have been very low				I've been in very good spirits

3. For Questions A-E, please circle the number which best describes your health situation.

A. During the past three months on how many occasions were you ill or injured with different health problems?

none 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

B. During the past three months on how many days did you have these health problems?

none 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

C. During the past three months on how many days were these health problems severe enough to cause you to cancel any of your planned activities other than regular employment?

none 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

D. During the past three months how many days of work, if any, did you miss as a result of these health problems?

none 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

E. During the past three months how many times, if at all, did you visit a doctor or hospital for these health problems?

none 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

4. Listed below are several health-related problems that people sometimes have. For each one, please circle the number that best describes how often you have had this problem in the last three months.

a. Your heart beating hard.

1	2	3
Never	Sometimes	Often

b. Shortness of breath when you were not exercising or working hard.

1	2	3
Never	Sometimes	Often

c. Nervousness, that is, being irritable, fidgety or tense.

1	2	3
Never	Sometimes	Often

d. Cold sweats.

1	2	3
Never	Sometimes	Often

e. Your hands trembling enough to bother you.

1	2	3
Never	Sometimes	Often

f. Headaches or pains in the head.

1	2	3
Never	Sometimes	Often

g. Fainting spells.

1	2	3
Never	Sometimes	Often

h. Feeling weak all over.

1	2	3
Never	Sometimes	Often

i. Periods of days, weeks, or months when you couldn't take care of things because you couldn't get going.

1	2	3
Never	So metimes	Often

4 continued.

j. Periods when you suddenly felt hot all over.

1	2	3
Never	Sometimes	Often

k. Periods of great restlessness that you could not sit long in a chair.

1	2	3
Never	Sometimes	Often

l. Acid or sour stomach happening several days in a week's time.

1	2	3
Never	Sometimes	Often

m. Your memory, that is not remembering things.

1	2	3
Never	Sometimes	Often

n. A fullness or clogging in your head or nose.

1	2	3
Never	Sometimes	Often

o. Personal worries that got you down physically, that is, made you physically ill.

1	2	3
Never	Sometimes	Often

Please go on to the next page.

NOW WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR EXPERIENCES WITH YOUR FRIENDS AND NEIGHBORS.

5. The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: Yes, No, and Don't Know. Please circle the answer you choose for each item.

- | | | | | |
|-----|----|------------|----|--|
| Yes | No | Don't Know | a. | My friends give me the moral support I need. |
| Yes | No | Don't Know | b. | Most other people are closer to their friends than I am. |
| Yes | No | Don't Know | c. | My friends enjoy hearing about what I think. |
| Yes | No | Don't Know | d. | Certain friends come to me when they have problems or need advice. |
| Yes | No | Don't Know | e. | I rely on my friends for emotional support. |
| Yes | No | Don't Know | f. | If I felt that one or more of my friends were upset with me, I'd just keep it to myself. |
| Yes | No | Don't Know | g. | I feel that I'm on the fringe in my circle of friends. |
| Yes | No | Don't Know | h. | There is a friend I could go to if I were just feeling down, without feeling funny about it later. |
| Yes | No | Don't Know | i. | My friends and I are very open about what we think about things. |
| Yes | No | Don't Know | j. | My friends are sensitive to my personal needs. |
| Yes | No | Don't Know | k. | My friends come to me for emotional support. |
| Yes | No | Don't Know | l. | My friends are good at helping me solve problems. |
| Yes | No | Don't Know | m. | I have a deep sharing relationship with a number of my friends. |
| Yes | No | Don't Know | n. | My friends get good ideas about how to do things or make things from me. |
| Yes | No | Don't Know | o. | When I confide in friends, it makes me feel uncomfortable. |
| Yes | No | Don't Know | p. | My friends seek me out for companionship. |
| Yes | No | Don't Know | q. | I think that my friends feel that I'm good at helping them solve problems. |

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5. continued

Yes No Don't Know r. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.

Yes No Don't Know s. I've recently gotten a good idea about how to do something from a friend.

Yes No Don't Know t. I wish my friends were much different.

6. How helpful have each of the following people been since your child was born you had contact with several people in one category (for example, several neighbors) try to give us your overall impression.

a. Your neighbors:

- Extremely helpful 1
Very helpful 2
Moderately helpful 3
Not very helpful 4
Extremely unhelpful 5
Does not apply 6

b. Your co-workers:

- Extremely helpful 1
Very helpful 2
Moderately helpful 3
Not very helpful 4
Extremely unhelpful 5
Does not apply 6

c. Your friends:

- Extremely helpful 1
Very helpful 2
Moderately helpful 3
Not very helpful 4
Extremely unhelpful 5
Does not apply 6

d. During the past month, I asked people around me for help:

- All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
Does not apply 6

7. During the past month, about how often did you get together with friends or relatives, like going out together or visiting in each other's homes?

- Every day 1
- Several days a week 2
- About once a week 3
- 2 or 3 times in the month 4
- About once 5

8. We have asked you a lot about various parts of your life. Now we would like to ask you about your life as a whole. How satisfied are you with your life as a whole these days? Circle the number that best described how satisfied you are with your life as a whole these days.

- | | | | | |
|----------------------|---|----------------------|---|----------------------|
| 1 | 2 | 3 | 4 | 5 |
| Completely Satisfied | | Moderately Satisfied | | Not at All Satisfied |

THIS ENDS THE PART OF THE QUESTIONNAIRE ON YOUR FAMILY AND YOUR NEW CHILD.

IT IS CUSTOMARY TO COMPILE A PROFILE OF A RESPONDING GROUP. SUCH INFORMATION CAN PROVE INVALUABLE TO RESEARCHERS, NOT ONLY WITH RESPECT TO THIS STUDY, BUT FUTURE STUDIES, AS WELL. AS WITH OTHER ANSWERS ON THIS QUESTIONNAIRE YOUR RESPONSES TO QUESTIONS IN THIS SECTION WILL REMAIN CONFIDENTIAL. PLEASE ANSWER EACH QUESTION AS ACCURATELY AS POSSIBLE BY CIRCLING THE NUMBER OF THE APPROPRIATE RESPONSE OR BY FILLING IN THE BLANK.

9. What is your Age? _____

10. What is your ethnic identity?

- ___ 1) American Indian
- ___ 2) White/Caucasian
- ___ 3) Asian
- ___ 4) Black
- ___ 5) Chicano/Mexican American/Latin
- ___ 6) Other (please specify): _____
- ___ 7) I do not identify with a particular ethnic group

11. Do you rent or own your current home?

Rent: _____ Own: _____

a. Approximately how long have you lived there: _____

12. What type of dwelling are you presently occupying?

_____ 1) Single Family House

_____ 2) Condominium

_____ 3) Apartment

_____ 4) Mobile Home

_____ 5) Other (Please Describe): _____

13. How long have you lived in the area (month, year) _____

14. Number of siblings in your family _____

15. Where are you in the birth order? _____

16. Are your parents alive? Yes: _____ No: _____

a. How old were you at father's death? _____

b. How old were you at mother's death? _____

17. How old were your parents at your birth? _____

18. On the scale below, please put an X on the line that best described the highest level of formal education you have attained.

- 1) Less than high school (1-8 years)
- 2) Some high school (9-11 years)
- 3) High School graduate (12 years)
- 4) Vocational or training school after high school
- 5) Some college
- 6) College graduate
- 7) Some college or professional school after college graduation
- 8) Completed a Master's degree
- 9) Completed a Doctoral degree/ Law degree/ or, medical degree

19. Please give the best approximation of your net family income from all sources within your household (before taxes) in 1980.

- 1) Less than \$7,000
- 2) \$7,000 to \$9,999
- 3) \$10,000 to \$14,999
- 4) \$15,000 to \$19,999
- 5) \$20,000 to \$29,999
- 6) \$30,000 to \$39,999
- 7) \$40,000 to \$49,999
- 8) \$50,000 to \$59,999
- 9) \$60,000 and over

20. Thank you for your time. That completes the Questionnaire. We appreciate your assistance. Is there anything you would like to add to any of the topics we have discussed?

INTERVIEW CODE NUMBER: _____

WELL-BABY INTERVIEW

A. Family's Name: _____

B. Date of Interview: _____

C. Interviewer's Name: _____

D. Total Time of Interview: _____ Hrs. _____ Min.

E. Information on Patient:

(1) Name: _____

(2) Birthdate: _____

F. Person interviewed and his/her relationship to the patient:

G. Date of last clinic visit: _____

HELLO. MY NAME IS _____ . I AM FROM
 _____ AND I'M WORKING WITH THE STAFF OF
 THE EL TORO FAMILY PRACTICE CLINIC ON A STUDY. BY
 TALKING WITH PARENTS LIKE YOURSELF, WE HOPE TO UNDERSTAND
 WHAT THIS EXPERIENCE OF YOUR BABY'S FIRST 6 MONTHS HAS
 BEEN LIKE SO THAT WE CAN PROVIDE BETTER SERVICES IN THE
 FUTURE.

1. What is your baby's name? _____

What do you usually call him/her? _____

2. A first child represents a big change in any person's life. What has having P as part of your life been like for you?

- | | | | | | | | | |
|----------------------------|---|---|-------------|---|---|---|---|-----------------|
| a. emotional support | < | > | <u>less</u> | | | | | <u>more</u> |
| b. time with partner | < | > | 1 | 2 | 3 | 4 | 5 | |
| c. sexual activities | < | > | | | | | | |
| d. social activities | < | > | | | | | | f. other: _____ |
| e. recreational activities | < | > | | | | | | |

3. Tell me all the positive changes P has made in your life.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

4. Tell me any negative changes P has made in your life.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

INFORMATION ON PREGNANCY:

5. What factors led to this pregnancy? _____

6. Planned? _____ e.g., peer pressure, parental pressure, economics, self-concept, mutual agreement

7. Was contraception used in the past? _____

8. What kind? _____ When stopped? _____

9. What was your first reaction to hearing the news of your pregnancy?

very sad neutral very glad

1 2 3 4 5

comments: _____

10. Did you share this feeling with your spouse? _____

11. What has P's health been like in the last 6 months? That is, would you say P's health has been

very poor poor moderately good good excellent

1 2 3 4 5

12. Why do you think P has been in (poor health, good health) during these past 6 months?

- a. hereditary, genetic factors
- b. factors of physical care
- c. factors of emotional care
- d. climate conditions
- e. environmental contacts (fresh air, pollutants)
- f. luck or bad luck (chance)
- g. other
- h. nursing/not nursing baby
- i. social exposure (crowds, healthy persons; exposure to germs)
- j. respondent's own behavior
- k. respondent's own health

13. How would you describe P's personality?

- a. cheerful, placid
- b. fussy, cranky
- c. aggressive/strong-willed
- d. temperamental
- e. mood swings
- f. passive
- g. other: _____

14. How are discipline and affection expressed in your family now?

SELF:	discipline	<u>no show</u>	1	2	3	4	5	<u>high show</u>
	affection	<u>no show</u>	1	2	3	4	5	<u>high show</u>
SIGNIFICANT OTHER:	discipline	<u>no show</u>	1	2	3	4	5	<u>high show</u>
	affection	<u>no show</u>	1	2	3	4	5	<u>high show</u>

15. Who has primary responsibility for caring for P ?

- a. self
- b. spouse/significant other
- c. self and spouse
- d. self and outside caretaker (babysitter, daycare)

16. Number of hours/week P is in daycare (with sitter) _____.

17. How many well-child visits has P had as of today? (check records) _____.

18. Is P up-to-date on immunizations? Yes _____ No _____
(check records)

19. At well-child visits, what has the doctor told you about P's health, development?

- a. normal
- b. DR
- c. unusual positive (specify): _____
- d. unusual negative (specify): _____

20. How clear and easy to understand were the doctor's comments:

not at all easy very easy
1 2 3 4 5

21. Has the doctor given you any special instructions about caring for P at these well baby checks? Yes _____ No _____

What are these? _____

22. How medically competent does your doctor seem to be in terms of examining P ?

not at all competent very competent
1 2 3 4 5

23. How understanding of you as a person does your doctor seem to be?

not at all understanding very understanding
1 2 3 4 5

What does/doesn't he/she do to make you feel this way? _____

24. Do you feel better, worse, or the same after you've taken P to the clinic for well-child visits?

Better:

In what way?

- a) less anxious
- b) more competent
- c) reassured
- d) had specific things to do for P.
- e) felt like good mother
- f) other: _____

Worse:

In what way?

- a) more anxious
- b) confused, frightened
- c) other: _____

Same

25. How would you describe how you've felt about P's health since he/she was born?

very anxious very good

1 2 3 4 5

26. How important do you think well-baby checks are for your child's health?

not at all important very important

1 2 3 4 5

27. If your baby did become sick, where would you turn first for help and advice?

- a. self
- b. spouse
- c. mother, mother-in-law
- d. relatives
- e. neighbors, friends
- f. family physician
- g. other clinic staff
- h. other

28. I'm going to read you a list of people who you may have talked to about how to care for a new baby. For each one, please tell me whether this person provided you with information, and if so, how useful it was.

Person	Provided Information Yes/No	If yes, was the information you received from (person) (1) very helpful; (2) somewhat helpful; or (3) not at all helpful?
1. <u>P's</u> Physician		
2. Nurses		
3. Friends, Neighbors		
4. Relatives		
5. Spouse		
6. Mother, mother-in-law		

29. Of all the people who have given you information about caring for a baby, who has given you the most helpful information? _____

a. What was it? _____

30. Have there been any changes in how you relate to P on a daily basis since he/she was born? Yes _____ No _____

What are these?

less _____ more

- | | | | | |
|-----------------------------|-------|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| a. time together with child | < | | | > |
| b. play together with child | < | | | > |
| c. nursing | | | < | > |
| d. time with other people | < | | | > |
| e. relaxed | | | < | > |
| f. anxious | | | < | > |
| g. other: | _____ | | | |
| | _____ | | | |

31. Do you feel more competent or less competent to deal with P's care on a daily basis, and any problems which might arise, than you did when P was first born?

a great deal less competent _____ about the same _____ a great deal more competent

1 2 3 4 5

32. Have you noticed any changes in P's general health over the last six months?

less healthy _____ about the same _____ more healthy

1 2 3 4 5

33. How vulnerable do you feel P to be in terms of catching colds or other infections?

not very vulnerable _____ very vulnerable

1 2 3 4 5

34. What aspects of P's day-to-day behavior do you generally talk over with your spouse?

- a) diet, eating patterns
- b) sleeping patterns
- c) general mood
- d) behavior problems
- e) developmental accomplishments
- f) pathological symptoms (running nose, fussiness)
- g) other: _____

35. Are there any things about P that you don't discuss with your spouse?

- a) What are these? _____

- b) Why don't you discuss them? _____

36. When you and your spouse talk about P , how much of your communication focuses on the following things?

- 1) a great deal;
- 2) a moderate amount;
- 3) very little; or,
- 4) not at all?

(see next page)

- ___ 1. Seeking support and reassurance from one another.
- ___ 2. Giving information to one another about child.
- ___ 3. Seeking advice from one another.
- ___ 4. Discussing child's development.
- ___ 5. Discussing child-related expenses.
- ___ 6. Logistical problems (for example, babysitting, transportation).
- ___ 7. Expressing positive feelings to one another.
- ___ 8. Expressing negative feelings to one another.
- ___ 9. Praying together for your child.
- ___ 10. Blaming each other for problems with child.
- ___ 11. Sharing enjoyment of your child.
- ___ 12. Asking each other for help.

37. Please tell me to what extent the following statements describe the relationship between you and your spouse since P was born?

- 1) very well;
- 2) moderately well;
- 3) a little; or,
- 4) not at all

- ___ 1. You and your spouse are more supportive of each other than usual.
That is, you talk more about your feelings and express concern for each other.
- ___ 2. You and your husband talk more than usual about who will take care of which responsibilities related to P's care.
- ___ 3. There are more affectionate words and gestures than usual between you and your spouse.

(cont'd next page)

- _____ 4. There is more tension than usual between you and your spouse.
- _____ 5. There is more quarreling and fighting than usual between you and your spouse.
- _____ 6. You and your spouse spend less time than usual talking to each other.
- _____ 7. At times your spouse appears to resent the amount of time you take to care for P .
- _____ 8. The frequency of sexual activity between you and your spouse has decreased.

38. Sometimes parents have different ideas about the best way to care for their baby. Overall, do you feel you and your spouse have basically the same or different attitudes toward caring for your baby?

Same: _____ Different: _____

I'm going to read a list of things about childrearing that you and your spouse might feel differently about. For each one, please tell me if you think you and your spouse hold similar or differing views:

- 1) the same opinions or attitudes;
- 2) almost the same opinions or attitudes;
- 3) somewhat different opinions or attitudes; or,
- 4) very different opinions or attitudes

(see next page)

- a. amount P should be picked up
- b. how P should be dressed
- c. how much parents should intervene to protect P
- d. breastfeeding
- e. time of mother away from P
- f. need for preventive health care (well-baby clinic visits)
- g. importance of vitamins
- h. where baby should sleep
- i. degree of exposure to other people
- j. how much rest of family should adjust to baby's routines
- k. amount and nature of discipline for P
- l. expression of affection to P

39. Are there any other ways in which you and your spouse disagree about P's care?

Yes _____ No _____

What are these? _____

40. Do you think P's birth has affected your relationship with your spouse in any way?

Yes _____ No _____

In what ways? _____

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE PERIODS IMMEDIATELY PRECEDING AND FOLLOWING P'S BIRTH

41. Can you recall any major crises or changes that occurred in your family in the 3 months before P's birth? That is, can you think of any things or events that had a big effect on you and your family? (Major illnesses, accidents, deaths, divorces, moves, job changes, etc.)

Yes:

No

a. What was the event? Were there any others?	b. Approximately when did it happen?
1.	
2.	
3.	
4.	
5.	

c. Do you think that this (these) previous event(s) helped you in any way to deal with P when he/she was born (became part of your family)?

Yes: _____ No

In what ways? _____

d. Do you think that this (these) previous event (s) made it any more difficult for you to deal with P ?

Yes: _____ No

In what ways? _____

42. Since P was born, can you think of any major crises or changes that have occurred in your family? That is, can you think of any things or events that had a big effect on you and your family?

Yes: _____ No

a. What was the event? Were there any others?	b. Approximately when did it happen?
1.	
2.	
3.	

42. (cont'd)

c) Do you think these events made it easier for you to deal with P when he/she became a part of your family?

Yes: _____ No

In what way? _____

d) Do you think these events made it more difficult for you to deal with P's birth and presence in your family?

Yes: _____ No

In what way? _____

43. Out of all the changes you've made in yourself and your lifestyle to adjust to P's arrival, which has been most helpful? _____

44. What has been the biggest stress for you since P's birth? _____

How have you dealt with this? _____

45. To what extent has P's presence increased the amount of overall pleasure/satisfaction in your life?

not at all _____ very much

1 2 3 4 5

46. What about P is most satisfying for you?

47. What is your current marital status?

(1) married

(4) widowed

(2) separated

(5) living together

(3) divorced

(6) other: _____

a. How long have you been married? _____

b. Is this your first marriage? Yes: _____ No: _____

48. Right before P's birth, did you work outside of your home or go to school?

Yes: _____

No: _____

(cont'd next page)

d(1). How much do you like your job? That is, would you say you like it:

- 1) very much;
- 2) somewhat; or,
- 3) not very much?

d(2). How much do you like school? That is, would you say you like it:

- 1) very much;
- 2) somewhat; or,
- 3) not very much?

51. Before P was born, had you had any experiences with hospitals? That is, were you or anyone close to you ever hospitalized?

Yes: _____

No: _____

a. In general, what had your experience with hospital staff and hospital personnel been like? That is, would you say that in general your experience had been mostly:

- (1) very positive
- (2) somewhat positive
- (3) somewhat negative; or
- (4) very negative

b. What about your experiences made them mostly positive/negative?

52. Would you describe your labor and delivery as mostly:

- a. (1) very positive
- (2) somewhat positive
- (3) somewhat negative; or
- (4) very negative

b. What about your experiences made them mostly positive/negative?

53. Do you have any neighbors which you consider as close friends?

Yes: _____

No: _____

a. One or more than one?

1) one

2) more than one

b. In general, do you feel as if you have enough close friends?

Yes: _____

No: _____

c. In an emergency do you have relatives who would look after your family for a week?

Yes: _____

No: _____

Don't know: _____

d. In an emergency do you have friends who would look after your family for a week?

Yes: _____

No: _____

Don't know: _____

e. In an emergency do you have neighbors who would look after your family for a week?

Yes: _____

No: _____

Don't know: _____

f. If everything went badly, how many people could you turn to for real comfort and support? _____ (number of people)

g. Compared to the help that others can call on in a crisis, do you have:

1) much less

2) little less

3) little more

4) much more

54. In your estimation, to what extent did P's arrival increase the amount of overall stress in your family? that is, would you say it increased the stress:

- 1) a great deal;
- 2) a moderate amount;
- 3) very little;
- 4) not at all?

55. Sometimes family members' roles or tasks around the house change in response to the birth of a child. For example, Mom may take time from work, or Dad may do more cooking. Did any such changes occur in your family?

Yes: _____ No

a. What changes are these? _____

b. In general, how satisfied were you with these changes in roles or tasks? That is, would you say you were:

- 1) very satisfied;
- 2) moderately satisfied;
- 3) somewhat dissatisfied; or,
- 4) very dissatisfied?

56. I am going to read you a list of common family activities that are often disrupted when a child becomes part of the family unit. For each activity, please tell me how much it was disrupted in your family when P was born.

That is, tell me if it's been:

- 1) very disrupted;
- 2) moderately disrupted;
- 3) a little disrupted; or
- 4) not at all disrupted.

- 1) your spouse's job
- 2) your job
- 3) family meals
- 4) family social activities
- 5) contact with family friends
- 6) your finances
- 7) your time with your husband
- 8) the time your family plays together, goes on outings, etc.
- 9) the time you have to be by yourself.

57. I am going to read you some things related to P's presence that could have produced stress for you. For each thing, please tell me if it was:

- 1) very stressful for you;
- 2) moderately stressful for you;
- 3) a little stressful for you; or
- 4) not at all stressful for you.

(see next page)

57. (cont'd)

- _____ 1. additional housekeeping chores
- _____ 2. sleepless nights
- _____ 3. additional expenses
- _____ 4. effect on your lifestyle
- _____ 5. work interfered with
- _____ 6. concern about your husband
- _____ 7. going to the clinic for regular check-up
- _____ 8. responsibility for P's wellbeing

58. Thank you for your time. That completes the interview. We appreciate your assistance. Is there anything you would like to add to any of the topics we discussed today? _____

(INTERVIEWER: Complete questions 59-62 as soon as you've completed the interview, but not in the presence of the respondent.)

59. How open and cooperative was the R?

1	2	3	4	5
Not at all Open		Moderately Open		Very Open

60. How nervous or anxious did the R appear to be?

1	2	3	4	5
Not at all Nervous		Moderately Nervous		Very Nervous

61. How difficult did it appear to be for the R to answer these questions?

1	2	3	4	5
Not at all Difficult		Moderately Difficult		Very Difficult

62. Please describe, briefly, anything unusual or of possible interest that occurred during the interview:
