GWG KAP STUDY – QUANTITATIVE FORM (PREGNANT WOMEN)

I. BASIC DATA

1.1 Research Staff Code: ☐☐ CRAB

1.2 Visit Date: ☐☐ / ☐☐ / ☐☐☐☐ VISDTB
d d m m y y y y

1.3 Participant's Study ID: ☐☐☐☐☐☐☐ RIDE

II. HOUSEHOLD AND FAMILY INFORMATION

Instructions: I would like to ask you a few questions about yourself, your family, and your home.

2.1 What is your current marital status?				MARSTATB
Married or living together	☐ 1	Never married and never lived together	☐ 4	
Divorced / separated	☐ 2	Don't know	☐ 8	
Widowed	☐ 3	Refused to answer	☐ 9	

2.2 Who do you regularly live together with in your household? (Select all that apply)		COLIVE
None (I live alone)	☐ 1	
Spouse	☐ 2	
Children	☐ 3	
Mother	☐ 4	
Mother-in-law	☐ 5	
Father	☐ 6	
Father-in-law	☐ 7	
Sibling(s)	☐ 8	
Other relatives	☐ 9	
Other, specify _____	☐ 10	
Refused to answer	☐ 11	

2.3 What is the highest level of education you have completed in school?				EDURB
No formal education	☐ 0	Higher	☐ 4	
Preschool	☐ 1	Don't know	☐ 8	
Primary	☐ 2	Refused to answer	☐ 9	
Secondary	☐ 3			

2.4 Do you earn any income of your own?	☐ 1 Yes ☐ 2 No ☐ 9 Refused to answer	SINC

2.5 What is your occupation? (Select all that apply)		SWOC
Housewife with no income-generating activities	☐ 1	
Housewife with small business, farm, or other informal income-generating activities (e.g., petty trader, mama nitillie, maandazi, etc.)	☐ 2	

Businesswoman where business and capital is outside of the house	☐ 3
Attendant in public house/restaurant	☐ 4
Professional employment (e.g., teacher, nurse, student)	☐ 5
Skilled office work	☐ 6
Unskilled employment (e.g., cleaner, laborer, messenger, etc.)	☐ 7
Other, specify _____	☐ 8
Refused to answer	☐ 9

2.6 What is the highest level of education your partner/husband has completed in school? EDUHB

No formal education	☐ 0	Higher	☐ 4
Preschool	☐ 1	Don't know	☐ 8
Primary	☐ 2	Refused to answer	☐ 9
Secondary	☐ 3		

2.7 What is your partner/spouse's occupation? (Select all that apply) SPOC

None	☐ 1
Unskilled labor (shop or office attendant, laborer, "coolie")	☐ 2
Petty trader	☐ 3
Attendant in bar/hotel/restaurant	☐ 4
Local driver	☐ 5
Long distance driver	☐ 6
Skilled laborer (carpenter, plumber, electrician, farmer, fisherman, etc.)	☐ 7
Skilled office work (e.g., clerk, assistant)	☐ 8
Army officer, police	☐ 9
Professional (accountant, manager, lawyer, engineer, medicine, teacher)	☐ 10
Owning business (store, restaurant, office)	☐ 11
Other, specify _____	☐ 12
Refused to answer	☐ 13

2.8 Total family members (persons who usually live in your household)	**2.7.1** Adults ☐☐	NUMADB
	2.7.2 Children < 5 years ☐☐	NUMCUFB
	2.7.3 Children ≥ 5 years ☐☐	NUMCOFB

2.9 Main material of the walls. *Check only <u>one</u> option.* WALLTYPEB

No walls	☐ 1	Reused wood	☐ 9
Cane / palm / trunks	☐ 2	Cement	☐ 10
Dirt	☐ 3	Stone with lime / cement	☐ 11
Bamboo with mud	☐ 4	Bricks	☐ 12
Stone with mud	☐ 5	Cement blocks	☐ 13
Uncovered adobe	☐ 6	Covered adobe	☐ 14
Plywood	☐ 7	Wood planks / shingles	☐ 15
Cardboard	☐ 8	Other, specify_____	☐ 16

2.10 Main material of the floor. *Check only one option.*				FLRTYPEB
Earth/sand	☐ 1	Vinyl or asphalt strips	☐ 6	
Dung	☐ 2	Ceramic tiles	☐ 7	
Wood planks	☐ 3	Cement	☐ 8	
Palm/bamboo	☐ 4	Carpet	☐ 9	
Parquet or polished wood	☐ 5	Other, specify_____	☐ 10	

2.11 What is the main source of drinking water for your household? *Check only one option.*				WATERB
Piped into dwelling	☐ 1	Unprotected spring	☐ 9	
Piped to yard/plot	☐ 2	Rainwater	☐ 10	
Piped to neighbour	☐ 3	Tanker truck	☐ 11	
Public tap / standpipe	☐ 4	Cart with small tank	☐ 12	
Tube well or Borehole	☐ 5	Surface water (river/dam/lake/pond/ stream/canal/irrigation channel)	☐ 13	
Protected well	☐ 6	Bottled water	☐ 14	
Unprotected well	☐ 7	Other, specify_____	☐ 15	
Protected spring	☐ 8			

2.12 What kind of toilet facility do your family members usually use? *Check only one option.*				TOILETB
Flush to piped sewer system	☐ 1	Pit latrine without slab / open pit	☐ 8	
Flush to septic tank	☐ 2	Composting toilet	☐ 9	
Flush to pit latrine	☐ 3	Bucket toilet	☐ 10	
Flush to somewhere else	☐ 4	Hanging toilet/ hanging latrine	☐ 11	
Flush, don't know where	☐ 5	No facility / bush / field	☐ 12	
Ventilated improved pit latrine	☐ 6	Other, specify_____	☐ 13	
Pit latrine with slab	☐ 7			

2.13 What type of fuel does your household mainly use for cooking? *Check only one option.*				COOKFLB
Electricity	☐ 1	Wood	☐ 8	
LPG	☐ 2	Straw / shrubs / grass	☐ 9	
Natural Gas	☐ 3	Agricultural crop	☐ 10	
Biogas	☐ 4	Animal dung	☐ 11	
Kerosene	☐ 5	No food cooked in household	☐ 12	
Coal / Lignite	☐ 6	Other, specify_____	☐ 13	
Charcoal	☐ 7			

2.14 How many rooms in this household are used for sleeping?	☐☐ Rooms	NUMRMB

2.15 How many of the following animals does your household own? *If none, record 00. If 95 or more, record 95. If unknown, record 98.*		
2.15.1 Cows / bulls	☐☐	COWB
2.15.2 Other cattle	☐☐	OTHCB
2.15.3 Horses, donkeys, or mules	☐☐	HORSB

2.15.4 Goats	☐☐	GOATB
2.15.5 Sheep	☐☐	SHEEPB
2.15.6 Chickens / poultry	☐☐	CHICKB

2.16 Does your household have the following items? *Answer <u>each</u> question.*

			Yes	No			Yes	No	
ELECTB	**2.16.1** Electricity	DK ☐ 8	☐ 1	☐ 2	**2.16.8** Mobile phone	DK ☐ 8	☐ 1	☐ 2	MPHNB
RADIOB	**2.16.2** Radio	DK ☐ 8	☐ 1	☐ 2	**2.16.9** Bicycle	DK ☐ 8	☐ 1	☐ 2	BIKEB
TVB	**2.16.3** Television	DK ☐ 8	☐ 1	☐ 2	**2.16.10** Motorcycle or scooter	DK ☐ 8	☐ 1	☐ 2	MOTORB
NMPHNB	**2.16.4** Non-mobile telephone	DK ☐ 8	☐ 1	☐ 2	**2.16.11** Animal-drawn cart	DK ☐ 8	☐ 1	☐ 2	ANCARTB
COMPB	**2.16.5** Computer	DK ☐ 8	☐ 1	☐ 2	**2.16.12** Car / truck	DK ☐ 8	☐ 1	☐ 2	CARB
FRIDGEB	**2.16.6** Refrigerator	DK ☐ 8	☐ 1	☐ 2	**2.16.13** Boat with motor	DK ☐ 8	☐ 1	☐ 2	BOATB
WATCHB	**2.16.7** Watch	DK ☐ 8	☐ 1	☐ 2					

2.17 In the past week, how many times did your household eat meat or fish?	☐ days	MEATB

2.18 Total monthly income of yourself:

☐ Don't know ☐ No income *Record amount in TSh:* ☐☐☐,☐☐☐ TSh — INCMTHRB

2.19 Total Monthly Income of your husband/partner:

☐ Don't know ☐ No husband *Record amount in TSh:* ☐☐☐,☐☐☐ TSh — INCFTHRB

2.20 How much money does your family usually spend buying food for the household EACH DAY?

☐ Don't know *Record amount in TSh:* ☐☐☐,☐☐☐ TSh — FOODCSTB

III. PREGNANCY HISTORY

Instructions: I would like to ask you a few questions about your past pregnancies.

3.1 Total number of children alive today? *If none, code "00".*	☐☐	SLIV
3.2 Number of children born alive but died within 7 days? *If none, code "00".*	☐☐	SPMR
3.3 Number of children born alive but died after 7 days? *If none, code "00".*	☐☐	SIMR
3.4 Number of stillbirths? *If none, code "00".*	☐☐	SSTIL
3.5 Number of abortions or miscarriages before reaching 7 months gestation. *If none, code "00".*	☐☐	SABR
3.6 Total number of pregnancies >= 20 weeks gestation ending in twins? *If none, code "00".*	☐☐	STWN
3.7 Total number of pregnancies, including this pregnancy? *3.1 + 3.2 + 3.3 + 3.4 + 3.5 + 1 to get the total number of pregnancies, including this pregnancy. Subtract 3.6 if there are twin births. Verify that the woman agrees that all pregnancies have been counted.*	☐☐	STOT

3.8 How old were you when you first became pregnant? (in years) *Code "88" if she does not remember. Code "99" if she has never been pregnant before.*	☐☐	EAFP

3.9 What was the outcome of your most recent pregnancy?	☐1=live birth ☐2=still birth ☐3=miscarriage/abortion ☐9=never pregnant before	EALC
3.10 When did your most recent pregnancy end (including miscarriage, stillbirth, infant/child death)? *Code "09/09/1909" if no prior pregnancy*	☐☐ / ☐☐ / ☐☐☐☐ dd/mm/yyyy	EDPO
3.11 Number of children born alive who were less than 2.5 kilograms.	☐☐ ☐88 Don't know ☐99 Has not delivered before	ELBW
3.12 Number of children born alive who were more than 3 weeks early (<37 weeks gestational age).	☐☐ ☐88 Don't know ☐99 Has not delivered before	EPTM
3.13 Have you ever delivered by cesarian section?	☐1=no ☐2=yes ☐9=NA (never delivered)	ECES

IV. PAST MEDICAL HISTORY

Instructions: I would like to ask you a few questions about your health history.

4.1 Have you ever experienced the following symptoms or diseases? *Read the following symptoms or diseases and mark out all symptoms/diseases that the client has experienced.*

		Yes	No	
4.1.1 Diabetes	Don't know ☐ 8	☐ 1	☐ 2	EDM
4.1.2 Hypertension	Don't know ☐ 8	☐ 1	☐ 2	EHBP
4.1.3 Eclampsia/Pre-eclampsia	Don't know ☐ 8	☐ 1	☐ 2	EECL
4.1.4 Any other disease? Specify_____	Don't know ☐ 8	☐ 1	☐ 2	EOT1

	Yes	No	
4.2 Do any of your relatives (e.g. mother, father, sister, aunt, etc.) have diabetes? Don't know ☐ 8	☐ 1	☐ 2	EFDM
4.3 Do any of your relatives (e.g. mother, father, sister, aunt, etc.) have hypertension? Don't know ☐ 8	☐ 1	☐ 2	EFBP

V. HEALTH/PREVENTION BEHAVIORS

Instructions: I would like to ask you a few questions about your lifestyle behaviors.

5.1 Do you currently smoke?	☐1=no ☐2=yes	ESMO
5.2 How many cigarettes do you usually smoke per day? *Code "99" if client has never smoked*	☐☐	ESMQ
5.3 During this pregnancy, have you consumed alcohol? *Read response options, then probe to determine actual frequency.*	☐1=never ☐2=less than once/week ☐3=sometimes (1-3 times/week) ☐4=frequently (4 or more days/week)	ALCOHOL
5.4 When you drink alcohol, what do you usually take?	☐1=bottled or canned beer or wine ☐2=local brew ☐3=other spirit ☐4=equal mix of all types ☐9=Have not consumed alcohol in this pregnancy	EACF
5.5 How many drinks do you usually take at one time? *Code "99" if client does not drink.*	☐☐	EALN

VI. PHYSICAL ACTIVITY

Instructions: We are interested in finding out about the kinds of physical activities that you do as part of your everyday life. 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.

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.

6.1 During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling? VIGDAYS

_____ **days per week**

☐ No vigorous physical activities → ***Skip to question 6.3***

6.2 How much time did you usually spend doing **vigorous** physical activities on **one of those days**? VIGTIME

_____ **hours per day**
Enter the time in hours; time less than one hour should be entered in 15-minute increments, including 0.25 (15 minutes), 0.5 (30 minutes), and 0.75 (45 minutes).

☐ 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.

6.3 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. MODDAYS

_____ **days per week**

☐ No moderate physical activities → ***Skip to question 6.5***

6.4 How much time did you usually spend doing **moderate** physical activities on **one of those days**? MODTIME

_____ **hours per day**
Enter the time in hours; time less than one hour should be entered in 15-minute increments, including 0.25 (15 minutes), 0.5 (30 minutes), and 0.75 (45 minutes).

☐ 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.

6.5 During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time? WALKDAYS

_____ **days per week**

☐ No walking → ***Skip to question 6.7***

6.6 How much time did you usually spend **walking** on **one of those days**? WALKTIME

_____ **hours per day**
Enter the time in hours; time less than one hour should be entered in 15-minute increments, including 0.25 (15 minutes), 0.5 (30 minutes), and 0.75 (45 minutes).

☐

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 coursework, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

6.7 During the **last 7 days**, how much time did you spend **sitting** on a **weekday**? SITTIME

_____ **hours per day**
Enter the time in hours; time less than one hour should be entered in 15-minute increments, including 0.25 (15 minutes), 0.5 (30 minutes), and 0.75 (45 minutes).

☐ Don't know/Not sure

VII. FOOD INSECURITY

7.1	In the past four weeks, did you worry that your household would not have enough food?	☐ 1 Yes ☐ 2 No (skip to 7.2) ☐ 8 Don't know (skip to 7.2)	FI1B
7.1a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI1AB
7.2	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	☐ 1 Yes ☐ 2 No (skip to 7.3) ☐ 8 Don't know (skip to 7.3)	FI2B
7.2a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI2AB
7.3	In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	☐ 1 Yes ☐ 2 No (skip to 7.4) ☐ 8 Don't know (skip to 7.4)	FI3B
7.3a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI3AB
7.4	In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	☐ 1 Yes ☐ 2 No (skip to 7.5) ☐ 8 Don't know (skip to 7.5)	FI4B
7.4a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI4AB
7.5	In the past four weeks, did you or any household member have to eat smaller meals than you felt you needed because there was not enough food?	☐ 1 Yes ☐ 2 No (skip to 7.6) ☐ 8 Don't know (skip to 7.6)	FI5B
7.5a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI5AB
7.6	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	☐ 1 Yes ☐ 2 No (skip to 7.7)	FI6B

		☐ 8 Don't know (skip to 7.7)	
7.6a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI6AB
7.7	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	☐ 1 Yes ☐ 2 No (skip to 7.8) ☐ 8 Don't know (skip to 7.8)	FI7B
7.7a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI7AB
7.8	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	☐ 1 Yes ☐ 2 No (skip to 7.9) ☐ 8 Don't know (skip to 7.9)	FI8B
7.8a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI8AB
7.9	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	☐ 1 Yes ☐ 2 No (skip to section VIII) ☐ 8 Don't know (skip to section VIII)	FI9B
7.9a	How often did this happen?	☐ 1 Rarely (once or twice in the past 4 weeks) ☐ 2 Sometimes (3 to 10 times in the past 4 weeks) ☐ 3 Often (>10 times in the past 4 weeks)	FI9AB

VIII. ANTHROPOMETRY

8.1 Height (cm)	☐☐☐.☐ cm	HGHT
8.2 Weight (kg)	☐☐☐.☐ kg	WGHT
8.3 Mid-upper arm circumference (cm)	☐☐.☐ cm	MUAC
8.4 Self-reported pre-pregnancy weight (kg)	☐☐☐.☐ kg Don't know ☐	PWGHT

IX. KNOWLEDGE AND PRACTICE OF GESTATIONAL WEIGHT GAIN MANAGEMENT

9.1 Before becoming pregnant for this pregnancy, do you consider yourself to be:	☐ 1: Underweight ☐ 2: Normal weight ☐ 3: Overweight ☐ 4: Obese ☐ 8: Don't know	PRESELF

9.2 How many antenatal visits have you attended for this pregnancy (including this current visit)? If you cannot remember the exact, please provide your best estimate.	☐☐ ☐ 88 Don't know	ANTEVISIT
9.3 How many times has your body weight been taken during your antenatal visits for this pregnancy?	☐ 1 None ☐ 2 Once ☐ 3 A few visits ☐ 4 Most but not all visits ☐ 5 Every visit ☐ 8 Don't know	WGHTFREQ
9.4 Do you know how much weight you have gained since you become pregnant for this pregnancy?	☐ 1 Yes ☐ 2 No ☐ 8 Not sure	KNOWGWG
9.5 If yes or not sure, how much weight do you think you have gained during this pregnancy so far?	☐ 1: I have lost weight since becoming pregnant ☐ 2: Same weight as before pregnancy ☐ 3: 0-<2 kg ☐ 4: 2-<5 kg ☐ 5: 5-<10 kg ☐ 6: 10-<15 kg ☐ 7: 15-20 kg ☐ 8: More than 20 kg ☐ 9: Don't know	GWGSELF1
9.6 What do you think about your weight gain so far during this pregnancy?	☐ 1: I am not gaining enough weight ☐ 2: I am gaining just appropriate weight ☐ 3: I am gaining too much weight ☐ 9: Don't know	GWGSELF2
9.7 Do you know the best amount of weight gain you should gain over the entire course of your pregnancy?	☐ 1: Less than 5 kg ☐ 2: 5-9 kg ☐ 3: 7-11.5 kg ☐ 4: 11.5-16 kg ☐ 5: 12.5-18 kg ☐ 6: More than 18 kg ☐ 9: Don't know	BESTGWG
9.8 What is the source of your information about weight gain during pregnancy (select all that apply)?	☐ 1: I have no source of information for pregnancy weight gain ☐ 2: Television ☐ 3: Internet ☐ 4: Newspaper ☐ 5: Books/magazines ☐ 6: Healthcare providers ☐ 7: Family members ☐ 8: Friends ☐ 9: Neighbors ☐ 10: Other sources, specify _____	GWGSOURCE
9.9 Have you been given information about pregnancy weight gain by health professionals during your antenatal visits?	☐ 1 Yes ☐ 2 No ☐ 8 Don't know	GWGINFOANT
9.10 If yes, which health professionals have given you information about pregnancy weight gain (select all that apply)?	☐ 1 Doctor ☐ 2 Nurse ☐ 3 Nutritionist ☐ 4 Other, specify _____ ☐ 8 Don't know	GWGINFOPRO

9.11 What types of information have you received during your antenatal visits about pregnancy weight (select all that apply)?	☐ 1 I have received no information on pregnancy weight gain during antenatal visits ☐ 2 Guidance about the appropriate amount of pregnancy weight gain ☐ 3 Counseling that too little weight gain has risks ☐ 4 Counseling that too much weight gain has risks ☐ 5 Dietary advice on managing pregnancy weight gain ☐ 6 Physical activity advice on managing pregnancy weight gain	GWGINFOTYPE
9.12 Which of these conditions do you think can be caused by inadequate (too little) weight gain during pregnancy (select all that apply)?	☐ 1 Giving birth to a small baby. ☐ 2 Giving birth to a big baby. ☐ 3 Baby dies in the womb before delivery ☐ 4 Baby dies after delivery ☐ 5 Having a baby with a structural abnormality ☐ 6 Giving birth too early ☐ 7 Baby develops overweight or obesity ☐ 8 Mother developing high blood pressure ☐ 9 Mother developing diabetes ☐ 10 Need for Cesarean section ☐ 11 Having problems with vaginal delivery ☐ 88 Don't know	KNOWINADE
9.13 Which of these conditions do you think can be caused by excessive (too much) weight gain during pregnancy (select all that apply)?	☐ 1 Giving birth to a small baby ☐ 2 Giving birth to a big baby ☐ 3 Baby dies in the womb before delivery ☐ 4 Baby dies after delivery ☐ 5 Having a baby with a structural abnormality ☐ 6 Giving birth too early ☐ 7 Baby develops overweight or obesity ☐ 8 Mother developing high blood pressure ☐ 9 Mother developing diabetes ☐ 10 Need for Cesarean section ☐ 11 Having problems with vaginal delivery ☐ 88 Don't know	KNOWEXCESS
9.14 How important do you think maintaining appropriate weight gain during pregnancy is for **your baby's health**?	☐ 1 Not important at all ☐ 2 Not very important ☐ 3 Neither important nor unimportant ☐ 4 Slightly important ☐ 5 Very important ☐ 8 Don't know	IMPORCHILD
9.15 How important do you think maintaining appropriate weight gain during pregnancy is for **your own health**?	☐ 1 Not important at all ☐ 2 Not very important ☐ 3 Neither important nor unimportant ☐ 4 Slightly important ☐ 5 Very important ☐ 8 Don't know	IMPORMOM
9.16 What are your dietary plans for this pregnancy?	☐ 1 East twice as much, "eat for two" ☐ 2 Eat a little more ☐ 3 Eat the same amount ☐ 4 Eat less ☐ 8 Don't know	DIETPLAN
9.17 What are your plans for exercise during this pregnancy?	☐ 1 No exercise at all ☐ 2 Exercise less than before pregnancy ☐ 3 Exercise the same as before pregnancy ☐ 4 Exercise more than before pregnancy ☐ 8 Don't know	PAPLAN