

# Your understanding of preconception and pregnancy health

## SURVEY INFORMATION

If you are older than 18 years and are at an age where you can have a child, or are currently pregnant we would love to hear from you. We want to hear from partners too.

You are invited to take part in a research study which will explore your understanding of health before and during pregnancy by women and men of childbearing age. This survey takes around 15-20 minutes to complete. Preconception health focuses on taking steps now to protect the health of a baby in the future. Pregnancy health focuses on you and/or your partner's health during the period of pregnancy. We intend that this research study will help us to understand parents and prospective parents views, knowledge and wishes in this area in order to inform the delivery of preconception and pregnancy healthcare and information, it may not be of direct benefit to you.

Participation in this study is entirely voluntary. You do not have to take part in it. Please note that by completing and submitting this survey, you will be indicating your consent to participate. If you do decide to participate but then change your mind before finishing the survey, simply close your web browser.

The information you provide is completely confidential. Access to study information will be limited to members of the research team only and no identifying information will appear in any publications or presentations.

The survey has been approved by the Ethics Review Committee (RPAH Zone) of the Sydney Local Health District. Any person with concerns or complaints about the conduct of this study should contact the Executive Officer on (02) 9515 6766 and quote protocol number X15-0325. If you have any questions about the study, or would like any information about the Sydney Local Health District Pregnancy Planning Clinic, please contact Loretta Musgrave or Dr Adrienne Gordon at RPAH by phoning 0421633406 or email [lmus9038@uni.sydney.edu.au](mailto:lmus9038@uni.sydney.edu.au) or [adrienne.gordon@sydney.edu.au](mailto:adrienne.gordon@sydney.edu.au)

At the end you can choose whether to provide contact details to go into a draw for a \$100 Coles/Myer voucher or FitBit Flex, we have 10 to give away. The contact details will not be associated with your answers and will be deleted upon completion of the study.

## THE FOLLOWING QUESTIONS RELATE TO YOU AND YOUR BACKGROUND

Are you?

- Female  
 Male

How old are you?

- Under 20  
 20-24  
 25-29  
 30-34  
 35-39  
 40-44  
 45+

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What is your current marital status?

- Never married
- Married or de facto
- Separated
- Divorced
- Widowed

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Were you born in Australia?

- Yes
- No

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If you were born in Australia, are you of Aboriginal or Torres Strait Islander origin?

- No
- Aboriginal only
- Torres Strait Islander only
- Both

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If you were born overseas, in what year did you first arrive in Australia to live here for one year or more?

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Did you arrive in Australia as a refugee or asylum seeker?

- Yes
- No

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If you were born overseas, in which country were you born?

- United Kingdom
- India
- Italy
- Pakistan
- Italy
- Greece
- New Zealand
- Vietnam
- China
- Indonesia
- Sri Lanka
- Iraq
- Lebanon
- Other

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If other, please state

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Do you speak a language other than English at home?

- Yes
- No

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If so, please specify

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What is your religion?

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhist
- Greek Orthodox
- Islam
- Baptist
- Lutheran
- Other

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If other, please state

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What is the highest qualification you have attained?

- Did not finish high school
- High school certificate, or equivalent
- Certificate, diploma or advanced diploma
- Graduate diploma
- Bachelor degree
- Postgraduate degree

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What is your current employment status?

- Full-time
- Part-time
- On paid leave, on strike or temporarily stood down
- Unpaid in a family business
- Other unpaid work
- Do not have a job
- Studying
- Other

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If other, please state

\_\_\_\_\_

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Are you studying full-time or part-time?

- Full-time student
- Part-time student

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What is the total of all wages/salaries, government benefits, pensions, allowances and other income you usually receive?

If you are not currently receiving an income, what is your total household income

Do not deduct: tax, superannuation contributions, health insurance, amounts salary sacrificed or any other automatic deductions

- \$2,000 or more per week (\$104,000 or more per year)
- \$1,500 - \$1,999 per week (\$78,000 - \$103,999 per year)
- \$1,250 - \$1,499 per week (\$65,000 - \$77,999 per year)
- \$1,000 - \$1,249 per week (\$52,000 - \$64,999 per year)
- \$800 - \$999 per week (\$41,600 - \$51,999 per year)
- \$600 - \$799 per week (\$31,200 - \$41,599 per year)
- \$400 - \$599 per week (\$20,800 - \$31,199 per year)
- \$300 - \$399 per week (\$15,600 - \$20,799 per year)
- \$200 - \$299 per week (\$10,400 - \$15,599 per year)
- \$1 - \$199 per week (\$1 - \$10,399 per year)
- Nil income

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What is your residential postcode?

\_\_\_\_\_

**THE FOLLOWING QUESTIONS ARE ABOUT YOUR HEALTH**

Do you have any of the following chronic medical conditions?

Please mark any appropriate

- No  
 Diabetes  
 High blood pressure (essential hypertension)  
 High cholesterol (hypercholesterolaemia)  
 Obesity  
 A thyroid disorder (under- or over-active thyroid)  
 Inflammatory bowel disease (e.g. Crohn's disease, ulcerative colitis)  
 Kidney disease  
 A congenital heart (cardiac) disorder  
 A genetic or inherited condition  
 Mental health condition  
 Other

If you answered that you have diabetes, please specify what type of diabetes you have.

\_\_\_\_\_

If you answered that you have a genetic or inherited condition, please specify the type

\_\_\_\_\_

If you answered that you have a mental health condition, please specify the type.

\_\_\_\_\_

If you answered other, please state

\_\_\_\_\_

Do you take regular prescription medication, other than the oral contraceptive pill?

- Yes  
 No

If yes, please specify type and dose

\_\_\_\_\_

What is your height in metres?

\_\_\_\_\_

What is your weight in kilograms?

\_\_\_\_\_

BMI

\_\_\_\_\_

Are you currently pregnant?

- No  
 Yes  
 Unsure but possible as currently trying

Hypothetically, if you (or your partner) became pregnant tomorrow

- I would be happy or very happy  
 I would be neither happy nor unhappy (neutral)  
 I would be unhappy or very unhappy  
 I would prefer not to answer

**We are interested in how a persons self-esteem and their social support network might affect their access to pre-pregnancy and pregnancy information.**

**THESE QUESTIONS ASK ABOUT SELF-ESTEEM.**

**Below is a list of statements dealing with your general feelings about yourself, please indicate how much you agree with each statement:**

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

**THE FOLLOWING QUESTIONS ASK ABOUT PEOPLE IN YOUR LIFE WHO PROVIDE YOU WITH HELP OR SUPPORT.**

**Please indicate how you feel about each statement.**

	Very strongly agree	Strongly agree	Mildly agree	Neutral	Mildly disagree	Strongly disagree	Very strongly disagree
There is a special person who is around when I am in need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share my joys and sorrows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a special person who is a real source of comfort to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my friends when things go wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends with whom I can share my joys and sorrows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person in my life who cares about my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is willing to help me make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you need to talk to someone relating to any of the questions above, please contact one of the support services listed below:

PANDA (Perinatal Anxiety & Depression Australia); [www.panda.org.au](http://www.panda.org.au); weekdays 10am to 5pm PH: 1300 726 306

Beat Baby Blues; [www.beatbabyblues.com.au](http://www.beatbabyblues.com.au)

SIDS and Kids; [www.sidsandkids.org](http://www.sidsandkids.org); 24 hour bereavement support line PH: 1300 308 307

Integrated Support After Infant Loss, RPAH; PH: : 02 9515 6677

Lifeline; 24 hour telephone counselling PH: 13 11 14

Beyond Blue; [www.beyondblue.org.au](http://www.beyondblue.org.au); PH: 1300 22 4636

SANE Helpline; weekdays 9am to 5pm PH: 1800 187 263

Relationships Australia; PH: 1300 364 277

**THE NEXT SET OF QUESTIONS RELATE TO CONTRACEPTION AND FAMILY PLANNING**

Which of the following forms of contraception are you currently using?

- Not having sexual intercourse
- Condoms
- The pill
- Withdrawal method
- Natural methods
- Implant
- Injection (Depoprovera)
- Diaphragm
- Intrauterine device
- Hormonal ring
- Relying on emergency contraception
- Other
- Nothing
- Nothing, I am trying to get pregnant

Please specify \_\_\_\_\_

How long do you want to wait until you begin or add to your family?

- I do not want children
- No plans at the present time
- Currently trying
- Considering in the next 6 to 12 months
- Considering in the next 1 to 2 years
- Considering in the next 3 to 5 years
- Considering beyond 5 years
- Have tried, unable to get pregnant
- I have had all my children

**What are the top three important factors that have influenced your decision about when or if to have children?**

**Please select 3 only, and rank 1 - 3 in order of importance to you**

**1 = most important**

**2 = important**

**3 = least important**

	1	2	3
Education/training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Owning a home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of a "biological clock"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own interest/desire for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner's interest/desire for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner's suitability to parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proximity to family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture or faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past experience with pregnancy loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past experience with infertility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**THESE QUESTIONS RELATE TO DECISION MAKING REGARDING FAMILY PLANNING****If you are in a relationship answer on behalf of you and your partner.****If you are single and planning to have children answer on behalf of yourself.**

My partner and I have a plan for having a child

- Very strongly agree
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Very strongly disagree

My partner and I have talked about when we want a child

- Very strongly agree
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Very strongly disagree

My partner and I have talked about how to prevent a pregnancy

- Very strongly agree
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Very strongly disagree

My partner and I have talked about how many children we want to have

- Very strongly agree
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Very strongly disagree

My partner and I have talked to a medical professional about having a child

- Very strongly agree
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Very strongly disagree

How important is it to you to avoid getting pregnant?

- I really don't want to get pregnant
- I don't want to get pregnant
- I don't care either way
- I don't really mind if I get pregnant
- It is not at all important

How important is it to you to get pregnant?

- I really want to get pregnant
- I want to get pregnant
- I don't care either way
- I don't really mind if I get pregnant
- It is not at all important

**WE ARE INTERESTED TO KNOW WHAT PRECONCEPTION HEALTH MEANS TO YOU****Preconception health relates to your health before getting pregnant, when planning a pregnancy or when trying to get pregnant.**

If you have seen, heard or read anything about preconception health, where was it?

Please select all that apply

- TV programme
- Radio
- Newspapers
- Magazines
- A mobile app
- Social media
- Internet
- Email
- Blog
- Healthcare provider
- Family or friend
- Nothing recently

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If mobile app, please specify which one(s)

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If social media, please specify which

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If internet, please specify which web site(s)

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**Please rate the importance of each statement in regards to which you believe are important actions to take when thinking about starting a family**

**Please mark the corresponding circle for each statement**

	Important to me	Somewhat important to me	Not important to me	Not relevant to me
Talk to your doctor/GP about pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know your family medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have an STI check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get contraception/fertility advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review your prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be up-to-date with your immunisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure you have good mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have an eyesight test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate the importance of each statement related to the importance of diet whilst planning pregnancy**

**Please mark the corresponding circle for each statement**

	Important to me	Somewhat important to me	Not important to me	Not relevant to me
Don't eat fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only eat certain fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid soft cheeses and deli meats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat a healthy diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit your caffeine intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a folate supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a multi-vitamin for trying to get pregnant or pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a general multi-vitamin supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a Vitamin C supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a Vitamin D supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take an iron supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a zinc supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take an omega-3 supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate the importance of each statement in relation to which lifestyle actions you believe are the most important to consider or do before trying to become pregnant?**

**Please mark the corresponding circle for each statement**

	Important to me	Somewhat important to me	Not important to me	Not relevant to me
Exercise most days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit your sedentary activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid using illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimising exposure to toxins and radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be a healthy weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PLEASE TELL US YOUR THOUGHTS ON WEIGHT LOSS PROGRAMS**

If such programs were available, would you consider participating in a weight loss program prior to getting pregnant?

- Yes  
 No

What sort of program would you be most likely to join?

- A personalised online weight loss and lifestyle program  
 A personalised online weight loss and lifestyle program with additional private dietitian support via video conference (eg skype)  
 A group support program such as "weight watchers"  
 A home delivered healthy meals program eg "Lite and Easy"  
 Mobile app providing weight loss and lifestyle advice  
 An intensive meal replacement program eg shakes via a weight management service eg GP or hospital

Please select the best match for how long you would be happy to follow such a program for

- 8 weeks  
 12 weeks  
 6 months  
 9 months  
 12 months

**THE FOLLOWING QUESTIONS RELATE TO THE DELIVERY OF PRECONCEPTION HEALTH CARE**

If you wanted to find out more about preconception health, where would you prefer to access your information?

- GP
- Obstetrician/Gynaecologist
- Fertility specialist
- Nurse
- Midwife
- Pharmacist
- Family Planning Clinic
- Family and/or friends
- Social media
- The internet
- A mobile app

If social media, please specify

\_\_\_\_\_

If internet, please name which site(s)

\_\_\_\_\_

If mobile app, please specify

\_\_\_\_\_

Many health professionals provide preconception care, in your opinion, which group is best placed to lead the delivery of preconception health care?

- GPs
- Obstetricians/gynaecologists
- Fertility specialists
- Nurses
- Midwives
- Pharmacists
- Family planning clinics
- Early childhood centres
- Other

If "other " please specify

\_\_\_\_\_

Are you interested in receiving preconception health information?

- Very interested
- Somewhat interested
- Unsure
- Not at all interested

If receiving preconception health information, when would you prefer to receive it?

- At the time we become pregnant
- Before we try to get pregnant
- During pregnancy
- Every time I get an annual medical exam
- Unsure

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If receiving preconception health information, what kinds of resources and delivery methods would you find useful to learn about preconception health?

Please select all that apply

- A checklist of essential aspects of preconception health
- General brochure on preconception health targeted for distribution to women
- General brochure on preconception health targeted for distribution to both women and men
- A single website that contains all the information, or links to information, you need and can trust
- A list of websites with information you can trust
- A mobile app
- A publically funded pregnancy planning clinic
- A non-government organisation
- GP practice
- Other

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If other, please state

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If mobile app, please specify

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Has your GP spoken to you (and/or your partner) about preconception health?

- Yes
- No

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Would an incentive (e.g. vouchers, baby equipment, travel reimbursement) make you more or less likely to attend a preconception health visit?

- More likely
- Less likely
- A healthy pregnancy and baby would be the best incentive for me
- Would make no difference to me



**WE ARE INTERESTED TO KNOW WHAT A HEALTHY PREGNANCY MEANS TO YOU AND WHERE YOU GO TO FIND INFORMATION**

If pregnant, how many weeks pregnant are you?

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Which of the following do you use to access information about pregnancy?

Please select all that apply

- TV programme
- Radio
- Newspapers
- Magazines
- A mobile app
- Social media
- Internet
- Email
- Blog
- Healthcare provider
- Family or friend
- Nothing recently

If mobile app, please specify name(s)

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If social media, please specify

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If internet, please specify which site(s)

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**Please rate the importance of the following actions related to seeing a healthcare professional during pregnancy**

**Please mark the corresponding circle for each statement**

	Important to me	Somewhat important to me	Not important to me	Not relevant to me
Talk to your doctor/GP about pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know your family medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have an STI check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review your prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be up-to-date with your immunisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure you have good mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to a midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a pap smear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a screening test for down syndrome or other genetic conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a diagnostic test for down syndrome or other genetic conditions (e.g. an amniocentesis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend regular antenatal visits at the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have an ultrasound scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a test for gestational diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to your doctor or midwife about possible risks of pregnancy e.g. preterm birth, miscarriage, stillbirth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other actions related to seeing a healthcare professional in your pregnancy that are important to you

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**Please rate the importance of the following actions related to diet in pregnancy?**

**Please mark the corresponding circle for each statement**

	Important to me	Somewhat important to me	Not important to me	Not relevant to me
Don't eat fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only eat certain fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid soft cheeses and deli meats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat a healthy diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit your caffeine intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a folate supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a multi-vitamin for trying to get pregnant or pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a general multi-vitamin supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a Vitamin C supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a Vitamin D supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take an iron supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a zinc supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take an omega-3 supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate the importance of the following lifestyle/habits in pregnancy?****Please mark the corresponding circle for each statement**

	Important to me	Somewhat important to me	Not important to me	Not relevant to me
Exercise most days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit your sedentary activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid using illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimise exposure to toxins and radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rest as much as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep on your side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimise stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep your pregnancy weight gain within recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THE FOLLOWING QUESTIONS RELATE TO OUTCOMES FOR WOMEN**

Do you think any of the following outcomes for women might be affected by their weight BEFORE they get pregnant?

Select any that apply

- Caesarean section
- Diabetes in pregnancy
- High blood pressure in pregnancy
- Sleep disturbance
- Back pain
- Breastfeeding
- Diabetes in later life
- Cardiovascular disease in later life
- Other
- None

If other, please state

---

Do you think of the following outcomes for mothers might be affected by the amount of weight they gain DURING pregnancy?

Select any that apply

- Caesarean section
- Diabetes in pregnancy
- High blood pressure in pregnancy
- Sleep disturbance
- Back pain
- Breastfeeding
- Diabetes in later life
- Cardiovascular disease in later life
- Other
- None

If other, please state

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**THE FOLLOWING QUESTIONS RELATE TO OUTCOMES FOR BABIES**

Do you think any of the following outcomes for babies might be affected by the weight of their mother BEFORE she was pregnant?

Select any that apply

- Birthweight
- Miscarriage
- Stillbirth
- Preterm birth
- Childhood obesity
- Diabetes in later life
- Cardiovascular disease in later life
- Other
- None

If other, please state

---

Do you think any of the following outcomes for babies might be affected by the amount of weight their mother gained DURING pregnancy?

Select any that apply

- Birthweight
- Miscarriage
- Stillbirth
- Preterm birth
- Childhood obesity
- Diabetes in later life
- Cardiovascular disease in later life
- Other
- None

If other, please state

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**THE FOLLOWING QUESTIONS RELATE TO THE DELIVERY OF PREGNANCY HEALTH CARE**

If you wanted to find out more about your health in pregnancy, where would you prefer to access your information?

- GP
- Obstetrician/Gynaecologist
- Fertility specialist
- Nurse or midwife
- Pharmacist
- Family Planning Clinic
- Family and/or friends
- Social media
- The internet
- A mobile app

If social media, please specify

\_\_\_\_\_

If internet, please specify which web site(s)

\_\_\_\_\_

If mobile app, please specify

\_\_\_\_\_

At what time have you accessed information on pregnancy health?

- At the time we become pregnant
- Before we try to get pregnant
- During pregnancy
- Every time I get an annual medical exam
- Unsure
- Never

What kinds of resources would you find useful to learn about pregnancy health?

Please select all that apply

- A checklist of essential aspects of pregnancy health
- General brochure on pregnancy health targeted for distribution to women
- General brochure on pregnancy health targeted for distribution to both women and men
- A single website that contains all the information, or links to information, you need and can trust
- A list of websites with information you can trust
- A mobile app
- A social media support group of other mothers/fathers
- Blog
- Other

If other, please state

\_\_\_\_\_

Have you attended regular antenatal visits with your midwife, doctor or hospital since becoming pregnant?

- Yes
- No

Please state how many visits

\_\_\_\_\_

Would an incentive (e.g. vouchers, baby equipment, travel reimbursement) make you more or less likely to attend an antenatal health visit?

- More likely
- Less likely
- A healthy pregnancy and baby would be the best incentive for me
- Would make no difference to me

**THIS FINAL SET OF QUESTIONS RELATE TO ANY LIFESTYLE OR HEALTH CHANGES YOU HAVE MADE FOR PREVIOUS PREGNANCIES OR YOUR CURRENT PREGNANCY**

Have you or your partner previously been pregnant?  Yes  
 No

How many times have you or your partner been pregnant?  
\_\_\_\_\_

Have you or your partner previously experienced a miscarriage or stillbirth?  Yes  
 No

Could you please tell us at what gestation, and if you found out why this happened?  
\_\_\_\_\_

Have you or your partner had a termination of pregnancy?  Yes  
 No

Have you or your partner previously had a live born baby?  Yes  
 No

Could you please tell us how many children you have and how old they are now?  
\_\_\_\_\_

Before getting pregnant, did you take any actions to prepare for pregnancy such as taking folic acid supplementation, stopping or reducing smoking, stopping or reducing alcohol intake, or seeking medical advice?  No actions  
 One action  
 Two or more actions

Please list your actions  
\_\_\_\_\_

How easy was it for you to make healthy changes during your last or this current pregnancy?  Very easy  
 Easy  
 Neither easy nor difficult  
 Difficult  
 Very difficult

How important do you think making healthy changes was for you?  Very important  
 Important  
 Unsure  
 Little importance  
 No importance

Please specify why  
\_\_\_\_\_



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If you did not take any actions to prepare for your last or this pregnancy, what were the main reasons?

- Did not plan this pregnancy
- My current social situation makes this difficult
- I don't have enough support to be able to make healthy changes
- I am too busy
- I am already very healthy and did not need to make any pregnancy specific changes
- Other

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If other, please state

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Do you have any final comments about preconception or pregnancy health?

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**THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY**

Are you willing to be contacted to consider participation in future research related to preconception and /or pregnancy health?  Yes  
 No

If so please provide your contact details below

Name \_\_\_\_\_

Email address \_\_\_\_\_

Best contact phone number \_\_\_\_\_

Would you like to go into the draw to win a \$100 Coles/Myer Voucher or a Fitbit flex?  Yes - Please include your contact details  
 No, thank you

Please choose whether you would prefer a Coles Voucher or a Fitbit?  Voucher  
 Fitbit