

## BaBBLLeS ID



## First questionnaire for BaBBLLeS study

*Optionally, this questionnaire can be completed online via the link:*

<https://www.tinyurl.com/babbles1>

*When prompted, please enter your unique code shown on the top right corner of this page  
and follow the instructions given.*

We would be really grateful if you could complete this questionnaire about you as a future parent, your use of technology, your support networks, confidence and well-being.

- ❖ Others have found that it takes about 15 minutes to complete.
- ❖ If you make a mistake, just cross out the wrong answer and give a new answer.
- ❖ Everything you tell us will be treated as confidential.
- ❖ Please return the questionnaire in the envelope provided. You can choose to receive a £5 voucher when you send back the completed questionnaire.
- ❖ If you would like help to complete the questionnaire please contact:

Toity Deave or Trudy Goodenough

Tel: 0117 3314085

Email: [babblesteam@uwe.ac.uk](mailto:babblesteam@uwe.ac.uk)

Your answers are really important to us. They will help us understand the needs of mothers like you and help develop better ways to support them.

We will contact you again nearer to the birth of your baby with a shorter questionnaire.

## Section 1 – About your pregnancy

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1. When is your baby due?

*Please write in day (DD), month (MM) and year (YYYY)*

2. How do you think you will feed your baby: *Please tick one box only for each row*

	Breast feed <u>only</u>	Formula milk <u>only</u>	Both breast feed and formula milk	Not sure
a. in the first week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. by the end of the first month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. by the end of three months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. at six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Your use of technology and how you look for information

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*Please tick one box only on each row, YES or NO*

	YES	NO
3. Do you use a mobile phone? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you use a tablet (e.g. iPad/ Android)? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you access the internet on your mobile phone or on your tablet?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you access the internet at home? .....	<input type="checkbox"/>	<input type="checkbox"/>

7. The next question is about your use of mobile phones, tablets, laptops or any other device. Please indicate how often you do each of the following activities, by ticking one box for each row.<sup>1</sup>

	Never/ Not applicable	Less than once a week	Once a week	Several times a week	Once a day	Several times a day
a. Send and receive text messages on a mobile phone or tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make and receive calls on a mobile phone or tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Browse the web on a mobile phone or tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use apps (for any purpose) on a mobile phone or tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Search the internet for news on any device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Search the internet for information on any device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Check your Facebook page or other social networks on any device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Post photos on Facebook or other social networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Comment on postings, status updates, photos, etc. on Facebook or other social networks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Did you or do you use any app specifically about pregnancy (on a phone, tablet or computer)? Please tick one box only, YES or NO

Yes  Please name:

- a) .....
- b) .....
- c) .....

No

*If you have answered No, please go to question 10*



9. How did you hear about the pregnancy app(s) you are using or used? *Please tick all that apply*

- a. Midwife.....
- b. Health Visitor.....
- c. GP.....
- d. Other health professional(s).....

*Please say which one(s):* \_\_\_\_\_

- e. Partner.....
- f. Friends, other mothers-to-be or new mothers.....
- g. Posters at GP surgery, clinic or hospital.....
- h. Through other apps that I have used before.....

*Please say which one(s):* \_\_\_\_\_

- i. Internet search.....
- j. Books or magazines.....
- k. Other. *Please specify:* \_\_\_\_\_

10. Where do you look or who do you ask for information about pregnancy and parenthood? *Please tick all that apply*

- a. Midwife.....
- b. Health Visitor.....
- c. GP.....
- d. Other health professional(s).....

*Please say which one(s):* \_\_\_\_\_

- e. Partner.....
- f. Friends, other mothers-to-be or new mothers.....
- g. Posters at GP surgery, clinic or hospital.....
- h. Apps.....
- i. Internet search.....
- j. Books or magazines.....
- k. Other. *Please specify:* \_\_\_\_\_









12. About the support you receive from other people - We are interested in how you feel about the following statements<sup>3</sup>. Read each statement carefully. Indicate how you feel about each statement by **ticking one box only for each row**.

	Very Strongly Agree	Strongly Agree	Mildly Agree	Neutral	Mildly Disagree	Strongly Disagree	Very Strongly Disagree
a. There is a special person who is around when I am in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is a special person with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family really tries to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a special person who is a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My friends really try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can count on my friends when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can talk about my problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have friends with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There is a special person in my life who cares about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My family is willing to help me make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I can talk about my problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



13. About how you feel emotionally - Below are some statements about feelings and thoughts.<sup>4</sup>  
Please **circle the number** that best describes your experience of each of the statements over the **last 2 weeks**.

	None of the time	Rarely	Some of the time	Often	All of the time
a. I've been feeling optimistic about the future	1	2	3	4	5
b. I've been feeling useful	1	2	3	4	5
c. I've been feeling relaxed	1	2	3	4	5
d. I've been feeling interested in other people	1	2	3	4	5
e. I've had energy to spare	1	2	3	4	5
f. I've been dealing with problems well	1	2	3	4	5
g. I've been thinking clearly	1	2	3	4	5
h. I've been feeling good about myself	1	2	3	4	5
i. I've been feeling close to other people	1	2	3	4	5
j. I've been feeling confident	1	2	3	4	5
k. I've been able to make up my own mind about things	1	2	3	4	5
l. I've been feeling loved	1	2	3	4	5
m. I've been interested in new things	1	2	3	4	5
n. I've been feeling cheerful	1	2	3	4	5



## Section 4 – About your background

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14. What is your date of birth?

D	D	M	M	Y	Y	Y	Y
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Please write in day (DD), month (MM) and year (YYYY)

15. What is your ethnic group? Please tick one box only

*White:*

- a. British       b. Irish       c. Other White European   
d. Other  Please specify: .....

*Asian or Asian British:*

- e. Pakistani       f. Bangladeshi       g. Indian       h. Chinese   
i. Other  Please specify: .....

*Black or Black British:*

- j. Caribbean       k. African   
l. Other  Please specify: .....

*Mixed background:*

- m. White & Black Caribbean       n. White & Black African   
o. White & Asian   
p. Other  Please specify: .....  
  
q. Any other ethnic group  Please specify: .....  
  
r. I do not wish to say

16. What is the highest level of education that you reached? *Please tick one box only*

- a. Left school before completing GCSEs.....
- b. GCSEs.....
- c. A Levels/Scottish Highers or International Baccalaureate.....
- d. Apprenticeship.....
- e. Professional qualifications.....
- f. First Degree.....
- g. Higher degree or above.....

17. What best describes your current status? *Please tick one box only*

- a. Married or living with your partner.....
- b. Single.....
- c. Have a partner but not living together....
- d. Other.....  *Please specify:* \_\_\_\_\_

18. What best describes your current employment? *Please tick one box only*

- a. In paid Full Time employment.....
- b. In paid Part Time employment.....
- c. Self-employed or freelance.....
- d. Studying or in training.....
- e. On Maternity Leave or Sick Leave from Full Time employment..
- f. On Maternity Leave or Sick Leave from Part-Time employment..
- g. Not in paid employment.....

19. Date when you finished completing this questionnaire:  
*Please write in day (DD), month (MM) and year (YYYY)*

D	D	M	M	Y	Y	Y	Y
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20. Please feel free to leave any comments in the box below relating to any of your answers to this questionnaire or suggestions for improvement:

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.....

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21. What are the first three or four digits of your postcode?

**Thank you** very much for filling in this questionnaire.

Please check that you have answered all the questions.



Please send this back to us in the **envelope provided** together with the **consent form** completed and signed by you, and the completed **contact details form**. Don't forget to tick the box if you would like to receive a £5 voucher!

Our address: BaBBLeS,  
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This project is a collaboration between:



Sources of questions (superscripts):

1. Adapted from the Media and Technology Usage and Attitudes Scale, Rosen et al. 2013
2. Adapted from the TOPSE, a tool to measure Parenting Self-Efficacy, Kendall S. & Bloomfield L. 2005, available on [www.topse.org.uk](http://www.topse.org.uk)
3. Zimet et al. (1988), The multidimensional scale of perceived social support (MCSDS).
4. Warwick-Edinburgh Mental Well-being Scale (WEMWBS), NHS Health Scotland, University of Warwick and University of Edinburgh, 2006