Appendix 1. Initial/Baseline survey

Thank you for agreeing to participate in our study. Please complete the following questions and return the survey to the researcher in the enclosed envelope.
The first six questions are about cooking and meal preparation:

1. On a typical day, how many minutes do you spend preparing each meal for yourself and your family? If someone else prepares the meal, please answer “0 minutes”.
   
   Breakfast: _______ minutes  
   Lunch: _______ minutes  
   Dinner: _______ minutes  

2. Do you enjoy cooking or food preparation?
   
   ____ Not at all  
   ____ Very little  
   ____ Somewhat  
   ____ A lot  

3. Do you find cooking or food preparation stressful?
   
   ____ Not at all stressful  
   ____ A little stressful  
   ____ Somewhat stressful  
   ____ Very stressful  

4. In the past seven days, how many meals did you eat that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, cafeterias or from vending machines?
   
   ______ meals  

5. Please mark if you have access to the following items in working condition (Check all that apply):
   
   ____ Stove  
   ____ Refrigerator  
   ____ Oven  
   ____ Microwave  
   ____ Sink  
   ____ Cookware such as pots and pans  
   ____ Eating utensils such as plates, forks and spoons  

6. How often do you modify your food choices to accommodate other family members’ preferences? (For example your children or partner)
   
   ____ Never  
   ____ Sometimes  
   ____ Often  
   ____ Always
The next five questions are about where you buy your food:

7. At which store do you do most of your food shopping? (please give the store name)
   ________________________________________________________________

8. Where is that store located?
   Street: __________________________________________________________
   City: __________________________________________________________

9. What kind of store is that?
   _____ Supermarket
   _____ Small grocery store
   _____ Convenience store
   _____ Discount or big box store like Target or Walmart
   _____ Wholesale club like B.J.’s, Costco, or Sam’s Club
   _____ Other kind of store (please specify ___________________________)

10. How do you usually get to the store where you do most of your food shopping?
   _____ Drive my own car
   _____ Use someone else’s car
   _____ Someone else drives me
   _____ Walk
   _____ Bus or train
   _____ Taxi
   _____ Bicycle
   _____ Other (please specify _________________________________)

11. How long does it take to go one way from home to this store?
   _____ minutes
The next questions are about your family and friends:

12. When people try to eat healthy, the people around them can sometimes help and sometimes make things harder, even if they don’t realize it. Please circle the answers below which best indicate how helpful these people are when you try to eat healthy:

<table>
<thead>
<tr>
<th></th>
<th>Not at all helpful</th>
<th>A little helpful</th>
<th>Usually helpful</th>
<th>Completely helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband/boyfriend/partner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Coworkers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The next five questions are about your job and your employer:

13. Do you work outside the home?
   ____ Yes
   ____ No   \(\rightarrow\) if NO, skip to question 18

14. How many hours a week do you usually work at your job?
   ____ Fewer than 30 hours
   ____ 30 or more hours

15. Does your work schedule change every week?
   ____ Yes
   ____ No

16. Do you work evenings or overnight shifts?
   ____ Yes
   ____ No

17. Does your employer provide adequate time to eat meals during your work shifts?
   ____ Yes
   ____ No
The last six questions are about your household:

18. How many adults and children live in your home (including yourself)?
   _____ Adults (including yourself)
   _____ Children under the age of 18

19. Does anyone in your household receive benefits from the SNAP program? This program used to be called food stamps. It puts money on a SNAP EBT card that you can use to buy food.
   ____ Yes
   ____ No

20. Are you currently receiving benefits from WIC?
   ____ Yes
   ____ No

21. What is your marital status?
   ____ Married
   ____ In a relationship but unmarried
   ____ Single

22. What category best represents your annual household income?
   ____ Less than $15,000
   ____ $15,000-24,999
   ____ $25,000-49,999
   ____ $50,000-99,999
   ____ More than $100,000
   ____ Unknown

23. What is the highest education level you have completed?
   ____ 8th grade or less
   ____ Some high school
   ____ High school/GED
   ____ Some college
   ____ College degree (BA/BS)
   ____ Graduate school
24. What type of exercise do you do? __________________________

25. During a usual week, how many days do you exercise? ____
   On a typical day, how many minutes do you exercise? ____

Thank you for taking time to complete and submit this survey! Your insights and information will help us better counsel and take care of women with gestational diabetes in the future.

We will contact you in 4-6 weeks to complete a 5-minute follow up survey.

What is the best way for us to contact you?

   _____ Phone    phone number: ________________________________
   _____ Email    email address: ________________________________
   _____ Regular mail    address: ________________________________
   ____________________________________
   ____________________________________

We will not contact you for anything other than the follow up survey. We will not share your contact information with any persons or organizations outside the research study. We will destroy your contact information after the study is complete.
FOLLOW UP SURVEY

Our first survey asked about your eating habits, family situation and work situation before you were diagnosed with gestational diabetes. This survey is asking about your situation AFTER you were diagnosed with gestational diabetes.

SINCE being diagnosed with gestational diabetes ...

1. Have you had to make major changes to your diet?
   ____ Yes
   ____ No

2. Do you spend more time cooking and preparing meals?
   ____ Yes
   ____ No

3. Do you spend more time eating?
   ____ Yes
   ____ No

4. Do you spend more money on food?
   ____ Yes
   ____ No

5. Do you have trouble affording food for yourself and your family?
   ____ Yes
   ____ No

6. Since starting the diabetic diet, please rate how often the following statements are true about you:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Less than once a day</th>
<th>Daily</th>
<th>More than once a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel more hungry than usual</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel more full than usual</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have food cravings</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel anxious about food or eating</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
I cook or eat separate meals for myself and other household members

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

7. Since your diagnosis of gestational diabetes, please rate how often the following statements are true about your friends, family, or household members:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>My friends or family remind me to follow my diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My friends or family tell me it is OK to eat foods not on my diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The people with whom I live plan meals to include my diabetes diet pattern</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The people with whom I live adjust their eating and activity schedule to allow for consistency in my diabetes regimen</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. Do you work outside the home?

_____ Yes
_____ No  → if NO, skip to question 10

9. If you DO work outside the home, does your employer allow you adequate time to:

9a. Eat meals and snacks on a regular schedule?

_____ Yes
_____ No

9b. Check your blood sugar after meals?

_____ Yes
_____ No

9c. Check your blood sugars when you feel “low”?

_____ Yes
_____ No
10. On a typical day, please mark what time you do each of the following things:

Wake up: ________ am/pm
Eat breakfast: ________ am/pm
Eat lunch: ________ am/pm
Eat dinner: ________ am/pm
Go to bed: ________ am/pm

11. For each statement below, rate how each statement describes your life:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My life is organized</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My life is unstable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My routine is the same from week to week</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My daily activities from week to week are unpredictable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Keeping a schedule is difficult for me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I do not like to plan things too far in advance because I don’t know what might come up</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

12. What is the biggest challenge for you in managing your gestational diabetes?

13. Is there anything else about living with gestational diabetes that you would like to share with the research team?
Thank you for taking time to complete and submit this survey! Your insights and information will help us better counsel and take care of women with gestational diabetes in the future.