

The **PEARL** Study
Pregnancy and EARly Life

*Participant Dietary Preferences and Perceptions Questionnaire Trimester 2 (weeks 20-23). **Optional.***

Thank you for participating in this research. This is a questionnaire about your dietary preferences and how you understand your health needs during and after pregnancy.

When answering the questions, please remember that all information you provide will be anonymised.

Please answer the questions by putting a tick in the appropriate box.

Firstly, a few questions about you:

1. How many portions of fruit (fresh, tinned and frozen) did you eat yesterday? An apple, or an orange, a banana or a cupful of grapes counts as a portion

2. How many portions of vegetables (fresh, tinned or frozen) did you eat yesterday? 80 grams or a cupful of vegetables counts as a portion. Beans, peas, tomatoes, seeds and nuts should be counted but not potatoes

3. Would you say your fruit and vegetable consumption was?

Very low a little low about right a little high Very high

4. Have you changed your fruit and vegetable consumption since you became pregnant?

Yes

No

5. Please tick one box that most reflects your thoughts.

For me eating 5 portions of fruit and vegetables per day is:

A). Not at all pleasant

Very pleasant

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B). Not very convenient

Very convenient

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C). Not at all enjoyable

Very enjoyable

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D). Not in line with my food choice

In line with my food choice

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E). Not at all important

Very important

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. For me eating 5 portions of fruit and vegetables per day is:

Very easy

Very difficult

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. For me buying fruit and vegetables is:

Very cheap

Very expensive

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. For me preparing and cooking fruit and vegetable is:

Very easy

Very difficult

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. For me finding time to eat 5 a day is:

Very easy

Very difficult

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. It is entirely my choice to eat 5 portions of fruit and vegetables per day

Strongly agree

Strongly disagree

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. My attitude towards eating 5 portions of fruit and vegetables is:

Very positive

Very negative

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. I think of myself as health conscious

Strongly agree

Strongly disagree

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. I think of myself as someone who is concerned about the consequences of what I eat

Strongly agree

Strongly disagree

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. My family think I should eat 5 portions of fruit and vegetables per day

Strongly agree

Strongly disagree

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. My friends think I should eat 5 portions of fruit and vegetable per day

Strongly agree

Strongly disagree

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. My doctor and midwife think I should eat 5 portions of fruit and vegetable per day

Strongly agree

Strongly disagree

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Eating 5 portions of fruit and vegetable per day will reduce the chances of me getting -

Cancer Yes No Don't know

Heart disease No Yes Don't know

Diabetes Don't Know Yes No

Obesity Yes Don't know No

18. Eating 5 portions of fruit and vegetables per day while I am pregnant is good for my baby.

No Don't know Yes

19. How would you rate your health today?

Very good Very poor

1 2 3 4 5

20. Have you been given any advice about your diet since you became pregnant?

Yes No

Please specify the advice you were given _____

21. Where do you find out information about diet and health?

Please tick all that you use

Magazines	
TV programmes	
TV adverts	
Medical appointments/clinics	
Health promotion leaflets	
Friends	
Family	
Social media – like Facebook	
Other (please specify)	

22. This part of the questionnaire is designed to look at how you see yourself as a person.

Please tick one box on each line that you think best describes you

I see myself as...	Disagree strongly 1	Disagree moderately 2	Disagree a little 3	Neither agree or disagree 4	Agree a little 5	Agree moderately 6	Agree strongly 7
Extraverted Enthusiastic							
Critical Quarrelsome							
Dependable Thorough							
Anxious Easily upset							
Open to new experience Complex							
Reserved Quiet							
Sympathetic Warm							
Disorganised Careless							
Calm Even-tempered							
Conventional Uncreative							