

# Study Questionnaire

Questionnaire Number: \_\_\_\_\_

## Circadian rhythm and gestational diabetes

Lifestyle, working conditions and sleeping habits influence insulin dependency during pregnancy

Where you employed before the pregnancy?

- Yes  
 No

If yes, what was your profession during or before your pregnancy?

---

How much did you work?

- Full-time  
 Part-time with |\_\_|\_\_|, |\_\_| %

Did you often have to work overtime?

- Yes  
 No

If yes, how many hours a week on average?

- < 2 h       2-5 h       > 5 h

How do you rate your job satisfaction at that time?

- Very good       Good       Satisfactory  
 Sufficient       Not sufficient

Would you choose your profession again?

- Yes       Probably  
 Probably not       No

Did you work in shifts?

- Yes  
 No

Did you work night shifts?

- Yes  
 No

Did you have the opportunity and time to take regular meals?

- Never       Rarely  
 Mostly       Always

Did you suffer from insomnia at the time?

- Yes  
 No

How many hours of sleep per night did you get on average before your pregnancy?

- < 5 h       5-7 h       > 7 h

Would you describe your day-night rhythm before pregnancy as "undisturbed"?

- Yes  
 No

Were you able to sleep through the night without your sleep being disturbed regularly (e.g. by street noise, neighbors, children etc.)?

- Yes  
 No

How many children lived in your household before or during pregnancy?

Number: |\_\_|\_\_|

What was your marital status at the time of pregnancy?

- Single       Married       Widowed  
 Divorced       Steady partnership

Do you generally cope well with stress?

- Yes  
 No

Do you suffer from any type of mental illness (depression, anxiety disorders, etc.)?

- Yes  
 No

How healthy did you feel before the pregnancy?

- Healthy       Healthy, temporary slight impairments  
 Not healthy       Healthy, minor permanent impairments

Were you active in other areas in your free time?

(please simply tick)

	Several times a week	Once a week	Rarely	Never
Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/ Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>