

Study ID: _____

DIETARY CHANGES MADE SINCE BECOMING PREGNANT

The following questions will ask about any **dietary changes** that you have made **since you have become pregnant**. Please include the **number of times** you consumed the food or drink per week or per day, the **amount** of the item you consumed each time, and a reason or reasons to explain **why** the change was made.

1. **Since you have become pregnant**, have you completely **eliminated** any foods or beverages from your diet that you consumed prior to becoming pregnant?

- NO (GO TO QUESTION 2)
- YES (CONTINUE BELOW WITH 1a)

1a. Please list the food(s) and beverage(s) you completely **eliminated** from your diet, a reason explaining why the change was made, and your consumption of the item(s) **prior** to pregnancy.

<u>FOOD ITEM</u>	<u>REASON FOR ELIMINATION OF FOOD</u> (i.e. for the health of my baby, had no appetite for the food, etc.)	<u>CONSUMPTION OF ITEM</u> <u>PRIOR TO PREGNANCY</u> (portion; number of times per week or per day (please specify))	
		Amount	Frequency
<i>i.e.</i> Coffee	Smell made me nauseous	1 cup	2 times /day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. **Since you have become pregnant**, have you **decreased** your consumption of **any** specific foods or beverages?

- NO (GO TO QUESTION 3)
- YES (CONTINUE BELOW WITH 2a)

2a. Please list which food(s) and beverage(s) you **decreased** your consumption of. Note the amount and frequency of the food consumed prior to pregnancy and since learning that you were pregnant. Also, provide a brief explanation why the change was made.

<u>FOOD ITEM</u>	<u>CONSUMPTION PRIOR TO PREGNANCY</u> (Amount and Frequency per week or per day)		<u>CONSUMPTION SINCE LEARNING OF PREGNANCY</u>		<u>REASON FOR DECREASE IN CONSUMPTION</u>
	Amount	Frequency	Amount	Frequency	
<u>i.e. Tea</u>	<u>1 cup</u>	<u>5 times/week</u>	<u>1 cup</u>	<u>2 times/week</u>	<u>Drank more milk instead of tea</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

3. **Since you have become pregnant**, have you **introduced** any **brand new** foods or beverages in your diet that you never consumed prior to becoming pregnant?

- NO (GO TO QUESTION 4)
- YES (CONTINUE BELOW WITH 3a)

3a. Please list the **brand new** food(s) and beverage(s) you **introduced** into your diet, a reason explaining why the change was made, and your consumption of the item(s) since becoming pregnant.

<u>FOOD ITEM</u>	<u>REASON FOR INTRODUCTION OF FOOD</u>	<u>CONSUMPTION OF ITEM SINCE PREGNANCY</u>	
		Amount	Frequency
<u>i.e. Ice cream</u>	<u>Continuous craving for ice cream</u>	<u>1 cup; 5 times/week</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	

4. **Since you have become pregnant**, have you **increased** your consumption of **any** specific foods or beverages?

- NO (GO TO QUESTION 5)
- YES (CONTINUE BELOW WITH 4a)

4a. Please list which food(s) and beverage(s) you **increased** your consumption of. Note the amount and frequency of the food consumed prior to pregnancy and since learning that you were pregnant. Also, provide a brief explanation why the change was made.

<u>FOOD ITEM</u>	<u>CONSUMPTION BEFORE PREGNANCY</u> (Amount and Frequency per week or per day)		<u>CONSUMPTION SINCE LEARNING OF PREGNANCY</u>		<u>REASON FOR INCREASE IN CONSUMPTION</u>
	Amount	Frequency	Amount	Frequency	
i.e. Pickles	1 pickle	3 times/week	3 pickles	6 times/week	Craved salt and enjoyed the crunch
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. In the space below, please make any other comments regarding **changes in dietary intake since becoming pregnant** (i.e. Did you combine certain foods that you would not have normally combined? Where there specific times throughout the day when you craved certain foods? Etc.)
