

WILLIAM & MARY

Healthy Beginnings Project

YOUR PREGNANCY GOALS

QUESTIONS AND GOALS IDENTIFIED:



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participant first name and last initial

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NUTRITION DURING PREGNANCY

I would like to avoid excess weight gain during pregnancy. yes no

I would like to limit the number of soft drinks and juices I drink each week. yes no

I would like to limit or avoid alcohol during my pregnancy yes no

I would like to ensure adequate intake of vitamins and minerals during my pregnancy. yes no

I would like to maintain regular, low-to-moderate intensity physical activity during my pregnancy. yes no

I would like to increase my fruit and vegetable intake during my pregnancy. yes no

I would like to increase my low-fat dairy consumption during my pregnancy. yes no

I would like to increase my fiber intake during my pregnancy. yes no

I would like information on diabetes and/or gestational diabetes. yes no

I would like information on pregnancy and vegetarianism. yes no

INFANT FEEDING

I intend to breastfeed. yes no

If yes, the length of time I intend to breastfeed is _____

If no, I plan to use formula with iron. yes no

I plan to feed juice or other drinks with added sugar to my infant before six months of age. yes no

POST-DELIVERY

I have a plan on how to get back in shape after my baby is born. yes no

I would like information on losing weight after delivery. yes no

I have a plan to cope with possibly being separated from my baby following delivery. yes no

I am not interested in making any of these changes at this time. yes no

I am interested in making some of these changes, but not at this time. yes no

I am ready to make these lifestyle changes for my pregnancy now. yes no

FIRST-TIME MOMS

I would like to know more about well-baby visits following delivery. yes no

I would like to learn how to change a diaper. yes no

I would like information on Sudden Infant Death Syndrome and/or co-sleeping. yes no

I would like information on Shaken Baby Syndrome. yes no

I would like to know more about what resources are available to me to support my new baby. yes no

I would like to have a pregnancy tracker with pictures and information about my pregnancy at different stages. yes no

I would like to make a birth plan for the delivery of my baby. yes no