Preparing for Life
Support • Nurture • Thrive

Post Birth Questionnaire

This questionnaire is expected to be initiated by the home visitor on their first visit with a mother after giving birth if the pre-birth questionnaire is not completed

(This page should be removed by the HV on return to the office and enter the family ID)

Mother's Name: _____
(*Check address and mobile from registration*)

Address (*if changed*): _____
_____
_____

Mobile (*if changed*): _____

Date of Birth: _____

Landline: _____

Father's Name: _____

Emergency Contact Details:

Name: _____

Contact Details: _____

I agree for my responses to be used for evaluation purposes and understand that my information will be kept pseudonymised (i.e. my name, address, date of birth etc will not be shared and rather I will have a code that will be used to explore changes over time). Any information presented will be anonymised:

Signature: _____ Date:_____

Signature: _____ Date:_____

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Post Birth Questionnaire

Family ID Number:

Date:

HV Initials:

Section One: Background

Q1. Members of the household you live in (i.e. living in the same dwelling)

Members of the Household you live in		
Age (Only for those under 18)	**Relationship to you**	**Gender**

Q2. Including the child you recently gave birth to, how many biological children do you have?

SED29 Brothers and Sisters

_____

Q3a. Are you currently in a relationship with the biological father?

Yes ☐ No ☐ Not Applicable ☐

Q3b. If no are you in contact with the baby's biological father?

PS17 Blended Families & Conflict

Yes ☐ No ☐

Q3c. If relevant, would you like support around co-parenting?

PS17 Blended Families & Conflict

_____

_____

_____

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Section Two: Prenatal Care and Health/Wellbeing

Q4. At which hospital did you have your baby?

Rotunda ☐ Holles Street ☐ Coombe ☐

Other ☐ Please specify: _____

Q5. Before your recent pregnancy, how many pregnancies have you had? _____

Q5a. If you already have children, how many months had it been since you last gave birth?
PS15 Family Planning after child birth

Less than 18 months ☐ 18-24 months ☐ 24-36 months ☐

36 months or more ☐

Q6. How did you react to finding out about your recent pregnancy?
SED2 Becoming a Parent

I was happy ☐

I'm not really sure how I felt ☐

I was upset at first but accepting it now ☐

I was very upset and angry ☐

Other (please describe below) ☐

_____

Q7. Were there any complications during your recent pregnancy?

_____

_____

Q8. Do you have:

a) A medical card? Yes ☐ No ☐

b) A GP visit card? Yes ☐ No ☐

c) Private health insurance? Yes ☐ No ☐

Q9. In general, how would you describe your health?

Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐

Comments:

_____

_____

Q10a. Do you currently smoke?

	Yes	No
Cigarettes		
Vaping		

Q10b. If yes to cigarettes, about how many cigarettes per day do you usually smoke? _____

SS1 Smoking

Q11. Does anyone else in your household currently smoke?

SS1 Smoking - Passive smoking

	Yes	No
Cigarettes		
Vaping		

Q12a. Which of the following best describes how often you usually drink alcohol?

- Never ☐
- Less than once a month ☐
- 1-2 times a month ☐
- 1-2 times a week ☐
- 3-4 times a week ☐
- 5-6 times a week ☐
- Every day ☐

Q12b. If you currently drink alcohol at least once a month then answer following question:
In an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

SS2 Alcohol & Drugs

Pints of Beer/Cider _____
Glasses of Wine _____
Measures of Spirits _____
Bottles of Alcopops _____
Other (please specify below): _____

_____

_____

Q13. We would like to ask you about how you have been feeling over the last two weeks:
(*Warwick Edinburgh Mental Wellbeing Scale***)** PS12 Mood Swings & PND

Please tick the box that best describes your experience of each over the last two weeks:

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Q14. We would like to ask you about your self care:
(HFPI- Self Care) PS14 Adjusting & Support; RR11 Stress; RR12 Mindfulness

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I find ways to care for myself					
I take care of my appearance					
I get enough sleep					
I take time for myself					

Section Three: Support Network and Social Support

Your Support Network

Option to do my circles of support sheet if helpful

Q15. We would like to know about your support network: (HFPI- Social Support)

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I feel supported by others					
I feel that others care about me					
I discuss my feelings with someone					
If I have trouble, I feel there is always someone I can turn to for help					
I have family or friends who I can turn to for help					

Q16. How would you rate the support you are getting from the following?

	A lot of support	Some support	Little support	No support	Does not apply to me
From your spouse/partner					
From the baby's father (if different to spouse/partner)					
From your parents					
From other close relatives					
From friends					
Any other support networks **(please specify here)**:					

Comments:_____

_____

Q17a. Is anyone in your household working? (Refers to those over 18 only)

Note: NSP supports around employment and education

Yes ☐ No ☐ (if No, go to Q18)

Q17b. If yes is this full /part time?

Yes ☐ No ☐ Not Applicable ☐

Comments:_____

Q18. In terms of your financial situation, have you experienced any of the following over the last 12 months?

	Yes	No	N/A
Difficulty paying for weekly shop (e.g. food, household items, nappies, formula)			
Difficulty meeting rent or mortgage payments			
Difficulty keeping up to date with utility costs (e.g. electricity, heating, phone or internet)			
Struggling with back to school costs			
Struggling with other educational costs e.g. trips, extra resources, school collections for charities			
Struggling to afford childcare			
Affording essential baby items e.g. safe sleeping space, buggy, car seat, safety equipment			
Affording books and toys for children			
Affording appropriate amount/type of clothing needed for each family member			
Affording special occasions e.g. birthdays, Christmas, other cultural celebrations			
Keeping up with transport costs e.g. car payments, public transport costs			

Comments:_____

_____

Q19. We would like to know how easy you would find it to access support if needed:
(HFPI- Mobilising Resources)

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I would know where to find resources for my family					
I would know where to find important medical information					
I could get help from the community if I needed it					
I would be comfortable in finding the help I need					
I would know community agencies (i.e. agencies that provide different types of support in the community) that I could go to for help					
It would be hard for me to ask for help from others					

Questionnaire Feedback:

This questionnaire is a new to the PFL Home Visiting Program and we would welcome your thoughts on it. This section is to capture any recommendations or suggested changes to the content or structure or otherwise of the questionnaire. Feedback should ideally be captured for the Parent and HV Mentor.

Parent: _____

_____

_____

_____

_____

Home Visitor: _____

_____

_____

_____

_____

To be completed by Home Visitor at end:

Q13. Score for WEMWS: _____

Note: may suggest need for EPDS if less than 48/49

Actions/follow up:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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