

# THE ALPHA SELF-REPORT QUESTIONNAIRE FOR WOMEN

Name \_\_\_\_\_ Date \_\_\_\_\_ Months Pregnant \_\_\_\_\_

Having a baby usually means changes in your family life. You may wish to discuss some of these topics with your healthcare provider. She/he may help you with these changes. Please answer the questions the best way you can. Your answers are confidential and will be kept private.

*Please answer the questions by circling a number on the scale, writing an answer in the space, or marking "yes" or "no". If some of the questions do not apply to you, please circle N/A (not applicable).*

## YOUR FAMILY LIFE Please answer the following questions about your family life.

### Family Factors

- |                                                                            |              |   |   |   |   |   |              |
|----------------------------------------------------------------------------|--------------|---|---|---|---|---|--------------|
| 1. About this pregnancy, my partner feels                                  | very happy   | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 2. About this pregnancy, my family feels                                   | very happy   | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 3. I feel supported in this pregnancy                                      | very much    | 1 | 2 | 3 | 4 | 5 | not at all   |
| 4. My partner will be involved with the baby                               | a great deal | 1 | 2 | 3 | 4 | 5 | not at all   |
| 5. When I am home with the baby I will have help from (state relationship) |              |   |   |   |   |   |              |

Comments: \_\_\_\_\_

### Recent Life Stresses (moving, job change or loss, family illness or death, money troubles, and so on)

- |                                                   |                                                          |                        |   |   |   |   |                |
|---------------------------------------------------|----------------------------------------------------------|------------------------|---|---|---|---|----------------|
| 6. Over the past year, my life has been           | very relaxed                                             | 1                      | 2 | 3 | 4 | 5 | very stressful |
| 7. I am making life changes during this pregnancy | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, describe _____ |   |   |   |   |                |

Comments: \_\_\_\_\_

### Relationship With Partner (if this applies)

- |                                                             |            |   |   |   |   |   |              |
|-------------------------------------------------------------|------------|---|---|---|---|---|--------------|
| 8. My relationship with my partner is usually               | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 9. After the baby, I expect my partner and I will get along | very well  | 1 | 2 | 3 | 4 | 5 | not at all   |

Comments: \_\_\_\_\_

## YOUR OWN LIFE Please answer the following questions about your own life and feelings.

10. In this pregnancy, I first came for care when I was \_\_\_\_\_ months pregnant. This is my \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ (indicate number) child.

11. I am planning to take prenatal classes  Yes  No Reasons, if no, \_\_\_\_\_

Comments: \_\_\_\_\_

### Feelings About Being Pregnant

- |                                               |            |   |   |   |   |   |              |
|-----------------------------------------------|------------|---|---|---|---|---|--------------|
| 12. My feelings about this pregnancy at first | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 13. My feelings about this pregnancy now      | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |

Comments: \_\_\_\_\_

### Relationship With Parents

- |                                                       |           |   |   |   |   |   |                |
|-------------------------------------------------------|-----------|---|---|---|---|---|----------------|
| 14. When I was a child, I got along with my parent(s) | very much | 1 | 2 | 3 | 4 | 5 | not at all     |
| 15. As a young child I felt loved by my mother        | very much | 1 | 2 | 3 | 4 | 5 | not at all N/A |
| 16. As a young child I felt loved by my father        | very much | 1 | 2 | 3 | 4 | 5 | not at all N/A |

Comments: \_\_\_\_\_

### Feelings About Becoming/Being a Mother

- |                                                   |             |   |   |   |   |   |           |
|---------------------------------------------------|-------------|---|---|---|---|---|-----------|
| 17. I have concerns about becoming/being a mother | none at all | 1 | 2 | 3 | 4 | 5 | very many |
|---------------------------------------------------|-------------|---|---|---|---|---|-----------|

Comments: \_\_\_\_\_

### Emotional Health

- |                                                 |                                                          |   |   |   |   |   |          |
|-------------------------------------------------|----------------------------------------------------------|---|---|---|---|---|----------|
| 18. I have had some emotional problems          | <input type="checkbox"/> No <input type="checkbox"/> Yes |   |   |   |   |   |          |
| 19. I have seen a psychiatrist/therapist        | <input type="checkbox"/> No <input type="checkbox"/> Yes |   |   |   |   |   |          |
| 20. In this pregnancy, my mood has been usually | happy/up                                                 | 1 | 2 | 3 | 4 | 5 | sad/down |

Comments: \_\_\_\_\_

**CONCERNS IN YOUR LIFE** Please answer the following questions about stress in your life.

**Alcohol and Drug Use During Pregnancy**

21. Each week I drink \_\_\_\_\_ drinks. (1 drink = 1½ oz liquor, 12 oz beer, 5 oz wine)
22. There are times when I drink more during the week  No  Yes If yes, describe \_\_\_\_\_
23. Sometimes I've felt: *A need to cut-down my drinking*  No  Yes *Annoyed by people criticizing my drinking*  No  Yes  
*Guilty about my drinking*  No  Yes *A need for a drink first thing in the morning*  No  Yes
24. I use recreational drugs, e.g., marihuana never 1 2 3 4 5 very often
25. I have some drug problems  No  Yes If yes, describe \_\_\_\_\_
26. My partner uses recreational drugs, e.g., marihuana never 1 2 3 4 5 very often
27. My partner has some drug problems  No  Yes If yes, describe \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Parent's Relationship (when you were a young child)**

28. My parents usually got along very well 1 2 3 4 5 not at all N/A
29. My father sometimes scared or hurt my mother never 1 2 3 4 5 very often N/A
30. My parents sometimes scared or hurt me never 1 2 3 4 5 very often N/A
31. As a child I was sexually abused  No  Yes

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Relationship With Partner (if this applies)**

32. My relationship with my partner usually has no tension 1 2 3 4 5 a lot of tension N/A
33. We work out arguments with no difficulty 1 2 3 4 5 great difficulty N/A
34. I've sometimes felt scared by what my partner says or does never 1 2 3 4 5 very often N/A
35. I've been hit/pushed/slapped by a partner never 1 2 3 4 5 very often
36. I've sometimes been put down or humiliated by my partner never 1 2 3 4 5 very often N/A
37. I've been forced to have sex against my will  No  Yes

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Raising Children**

38. I have children not living with me  No  Yes
39. My partner has children not living with him  No  Yes
40. As a child, I was involved with Children's Protective Services (Children's Aid)  No  Yes
41. Children in my care have been involved with Children's Protective Services  No  Yes

Comments: \_\_\_\_\_  
\_\_\_\_\_

42. As a child, I was harshly disciplined by parents/family never 1 2 3 4 5 very often
43. I think spanking is necessary never 1 2 3 4 5 very often

Comments: \_\_\_\_\_  
\_\_\_\_\_

44. Overall, how concerned are you about your emotional and family life?
- not at all concerned 1 2 3 4 5 6 7 extremely concerned

45. What issues in your life are most concerning to you?  
\_\_\_\_\_  
\_\_\_\_\_

46. What help, if any, would you like?  
\_\_\_\_\_  
\_\_\_\_\_