

C4u

“Care for You” Questionnaire

A Structured Interview to explore
Primal Health

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(Care For You)

A structured Interview to explore Primal Health

PART 1

Person Interviewed _____

Person's/Child's First Name _____

Person's/ Child's Surname _____

Place of Birth _____

Mother's Name _____

Birth Date of the Mother _____

Place of Birth _____

Father's Name _____

Birth Date of the Father _____

Place of Birth _____

Parents met for a first time? _____

Date of their Marriage? _____

Date of birth of the child? _____

Is the child twin multiple conception adopted child

Are there other children in the family? YES How many?

What are the birth dates of each one of them?

1st born: Name _____ Date of Birth _____

2nd born: Name _____ Date of Birth _____

3rd born: Name _____ Date of Birth _____

4th born: Name _____ Date of Birth _____

5th born: Name _____ Date of Birth _____

6th born: Name _____ Date of Birth _____

7th born: Name _____ Date of Birth _____

8th born: Name _____ Date of Birth _____

Educational Status of Mother?

Educational Status of Father

Mother works as

Father works as

Mother lives in

Father lives in

Child/person lives in

2 PART 2 A

Part A: Preconception to Conception

How was mother born?

How was father born?

Natural Birth?

At Home?

In a Maternity Hospital?

C-section?

Premature?

Full term?

Ventouze?

Forceps?

Epidural?

Anaesthesia?

Gas?

Augmentation? (oxytocin)

Complications?

Other?

Mother?

Father?

How would Mother describe her mother?

How would Mother describe her father?

How would Father describe his mother?

How would Father describe his father?

How would mother describe her life until she got pregnant?

What is the most important lesson Mother had learnt until she gave birth to her child?

How would father describe life around the time his child got conceived?

What is the most important lesson Father had learnt until his child was conceived?

Did mother wish/ feel ready to become a Mother at the moment her child was conceived?

YES NO

(in either case Yes or No ask) Why?

Did father wish/ feel ready to become a Father at the moment his child was conceived?

YES NO

(in either case Yes or No ask) Why?

Did Mother have any preference concerning the child (boy or girl? specific qualities?) YES NO

(in either case Yes or No ask) Why?

Did Father have any preference (boy or girl? specific qualities?)

YES NO

(in either case Yes or No ask) Why?

Does Mother remember the time her child was conceived? YES NO

If yes, what can she share about the conception setting/ circumstances?

Does Father remember the time his child was conceived? ? YES NO

If yes, what can he share about the conception setting/ circumstances?

Any Abortions? YES Dates? _____

NO

Any miscarriages? YES Dates? _____

NO

Any early deaths? YES Dates? _____

NO

Any Stillbirths ? YES Dates? _____

NO

PART 2 B

Pregnancy

What was Mother's first immediate reaction to the news of her pregnancy?

What was Father's first immediate reaction to the news of the pregnancy?

Please ask the Mother/ Father and tick appropriately:

During pregnancy I /she vomited a lot and this was from week to week of pregnancy.

I had morning sickness.

<i>I felt fear</i>	<input type="checkbox"/>
<i>anxious</i>	<input type="checkbox"/>
<i>weak</i>	<input type="checkbox"/>
<i>unsupported</i>	<input type="checkbox"/>
<i>lonely</i>	<input type="checkbox"/>
<i>distress</i>	<input type="checkbox"/>
<i>sad</i>	<input type="checkbox"/>
<i>proud</i>	<input type="checkbox"/>
<i>confused</i>	<input type="checkbox"/>
<i>disappointed</i>	<input type="checkbox"/>
<i>happy</i>	<input type="checkbox"/>

<i>calm</i>	<input type="checkbox"/>
<i>tired</i>	<input type="checkbox"/>
<i>insecure</i>	<input type="checkbox"/>
<i>vulnerable</i>	<input type="checkbox"/>
<i>lucky</i>	<input type="checkbox"/>
<i>centre of attention</i>	<input type="checkbox"/>
<i>top of the world</i>	<input type="checkbox"/>
<i>angry</i>	<input type="checkbox"/>
<i>guilty</i>	<input type="checkbox"/>
<i>other</i>	<input type="checkbox"/>

What? _____

The main thoughts in my mind were:

I was worried (if i was worried) about

I was afraid (if I was afraid)

My diet

It was healthy

I did not take care of my diet

my diet was very poor

I was undernourished

I used

to smoke

to do drugs

to drink alcohol

I got sick during pregnancy

YES (describe the health condition and if on medication what was it)

NO

I had the support of my environment YES NO

(If YES, describe the kind of support you had)

(If not supported what support did you need at the time?)

Losses

On the week of pregnancy, I lost a beloved significant
person (who?) _____ because of death move
separation other reason

and because of that I felt

During pregnancy, I experienced the following event
or I continuously experiences the following condition
which was

- shocking
- or traumatic
- or disagreeable
- other

(pls summarize)

This made me feel about myself (how?) _____

and that the world is _____

think about life my baby myself my environment
that _____

and I made the decision that

During pregnancy my usual experience challenge permanent
state of being was

During pregnancy, my environment was

noisy

calm and peaceful

During pregnancy I used to

speak to my baby and say

sing to my baby or

read to my baby (what?)

we communicated (in what ways?)

During pregnancy, I used to call my baby by the name _____

During pregnancy, I feel that my baby experienced (what?)

PART 3: Birth Experience

The child/person was born
in a maternity hospital
at home
a birthing home/ birth center
clinic
elsewhere (pls mention where)

I, the mother, received
general anaesthesia
epidural
gas
augmentation (oxytocin)
hypnobirthing
Psychoprolaxis
R.A.T.
other as pain control

My child was born
natural birth
c-section
elective c-section?
emergency c-section?
instrumental delivery
ventouse?
forceps?

It was full term pregnancy
post-term pregnancy (No of weeks? ____),
pre-term pregnancy (No of weeks? ____)

Which of the following was part of the birthing experience?

- pre-eclampsia
 - eclampsia
 - premature rupture of membranes
 - abrupt placentae
 - chorioamnionitis
 - hemolytic disease
 - oligohydramnies
 - hypertension
 - chronic kidney inefficiency
 - diabetes
 - HIV
 - virus (what?)
 - other
-

It was a multiple birth how many babies? _____

There was fetal monitoring: Yes No

If yes, it was external monitoring? or invasive monitoring?

The labor process lasted (number of hours).

Any Interventions during Birth?

YES what? _____

NO

- The birth of my child was (for me) easy
 - difficult
 - traumatic
 - other
-

Any Perinatal Postnatal Complications? YES NO

There were maternal complications? YES NO

If YES, what complications?

There were fetal complications? YES NO

If YES, what complications?

The baby

was appropriately embedded in the pelvis

turned beautifully

did not turn

was a breech birth

buttocks first

feet first

face first

brow first

cephalic

had the umbilical cord around his neck

had the umbilical cord around other part

other

The baby was born at what time?

morning

noon

afternoon

evening

night

exact time the baby was born: _____

Baby weight at birth: _____ kg

The baby easily breathed when born

had difficulty to breath when born

I held the baby immediately/ within 45 min after the baby was born or after _____ hours _____ days _____ after birth.

This is what I felt when I first saw my baby

This was my immediate spontaneous thought/ decision when I first met my baby

The baby was born premature _____ week of gestation.

Had to be taken to the NICU

or receive medical other support

The baby stayed in the NICU newborn support section

away from mother for _____ (length of time).

Received kangaroo care did not receive kangaroo care

What kind of other medical support did he receive?

The baby breastfed immediately within 30-45 min of birth

for _____ weeks months years The baby never

breastfed

Other major perinatal events? Please describe below:

PART 4: Post-natal experience

I, the mother, suffered from postpartum depression

I first experienced depression when I was _____ years old.

I was happy

difficult

tired

other (what?) _____

to take care of my baby.

I was was not supported by _____

to take care of my baby.

The baby used to cry a lot The baby did not cry

The baby had a good bad sleep.

The baby crawled when he was _____ months year old

never crawled

The baby walked when he was _____ months year old

The baby spoke when he was _____ months years old.

The baby was raised

by me

nanny

close relative (who?) _____

other

I returned back to work (if mother working) when the baby was _____

weeks months years old.

The baby joined

a playgroup

kindergarten

primary school

other what? _____

at the age of _____ weeks months years old.

The first 2 years of his/her life were

What I have observed as his/her special gifts/ talents are

His/her needs are

Events of significance during his/her early years were:

I have observed the following:
