



Ask Me! Identifying Stressors for Pregnant Women

Having a baby usually means changes in your family life. You may wish to discuss some of these changes with your doctor who may be able to help you. Please take a little time and answer the questions the best way you can.

Please answer the questions by making an "x" on the scale, writing an answer in the space, or marking "yes" or "no". Your answers are confidential.

Your Own Life Please answer the following questions about your own life and feelings.

Prenatal Care

1. I first came for pregnancy care when I was _____ months pregnant

Prenatal Education

2. I am planning to take prenatal classes No ___ Yes ___ If no, reason(s) _____

Feelings About Being Pregnant

3. My feelings about this pregnancy at first very happy | | | | | | | very unhappy
4. My feelings about this pregnancy now very happy | | | | | | | very unhappy

Further comments about these questions: _____

Relationship With Parents

5. I got along with my parent(s) when I was a child very well | | | | | | | not at all
6. As a child I felt loved by my mother very much | | | | | | | not at all
7. As a child I felt loved by my father very much | | | | | | | not at all

Further comments about these questions: _____

Feelings About Being a Mother

8. I have concerns about being a mother none at all | | | | | | | very many

Further comments about this question: _____

Emotional Health

9. I have/had emotional problems No ___ Yes ___ If yes, describe _____
10. I have seen a psychiatrist/counselor No ___ Yes ___ If yes, describe _____

Mood in This Pregnancy

11. In this pregnancy, my mood has usually been very up | | | | | | | very down

Further comments about these questions: _____

Your Family Life Please answer the following questions about your family life.

Emotional and Practical Support Available

12. About this pregnancy, my family feels very happy | | | | | | | very unhappy
13. About this pregnancy, my partner feels very happy | | | | | | | very unhappy
14. When I am home with the baby I will have help from (state relationship) _____

Further comments about these questions: _____

Recent Life Stresses (moving, job change or loss, family illness or death, financial concerns, and so on)

15. Over the past year, my life has been very relaxed | | | | | | | very stressful
16. I am making major changes during this pregnancy No ___ Yes ___ If yes, describe _____

Further comments about these questions: _____

Relationship With Partner (if this applies)

17. My partner and I get along **very well** | | | | | | | | **not at all**
 18. After the baby, my partner and I will get along **very well** | | | | | | | | **not at all**

Further comments about these questions:

Substance Use Please answer the following questions about use of tobacco, alcohol and other drugs in pregnancy.

19. I currently smoke cigarettes* **No** ___ **Yes** ___ If yes, how many cigarettes per day? _____
 If yes, I have cut down or considered quitting **No** ___ **Yes** ___ If yes, describe _____
20. Before I knew I was pregnant I drank alcohol* **No** ___ **Yes** ___ If yes, describe _____
21. I currently drink alcohol **No** ___ **Yes** ___ If yes, how many drinks per week? _____
 (1 drink = 1 1/2 oz liquor, 12 oz beer, 5 oz wine)
22. I believe I have a problem with alcohol **No** ___ **Yes** ___ If yes, describe _____
23. Before I knew I was pregnant I used drugs* **No** ___ **Yes** ___ If yes, describe _____
 (prescription/non-prescription/street drugs)
24. I currently use drugs **No** ___ **Yes** ___ If yes, describe _____
25. I believe I have a problem with drugs **No** ___ **Yes** ___ If yes, describe _____
26. My partner has drug/alcohol problems **No** ___ **Yes** ___ If yes, describe _____

Further comments about these questions:

Family Violence Please answer the following questions about violence in your family.

Parents' Relationship (when you were a child)

27. My parents got along **very well** | | | | | | | | **not at all**
 28. My father scared or hurt my mother **No** ___ **Yes** ___ If yes, describe _____
29. My mother scared or hurt my father* **No** ___ **Yes** ___ If yes, describe _____
30. My parent(s) scared or hurt me **No** ___ **Yes** ___ If yes, describe _____

Further comments about these questions:

Relationship With Partner (if this applies)

31. We work out arguments with **no difficulty** | | | | | | | | **great difficulty**
 32. Arguments with my partner scare me **never** | | | | | | | | **always**
 33. I have been hurt during a fight with my partner **No** ___ **Yes** ___ If yes, describe _____
34. My partner humiliates/emotionally abuses me **No** ___ **Yes** ___ If yes, describe _____
35. My partner has forced me to have sex **No** ___ **Yes** ___ If yes, describe _____

Further comments about these questions:

Children in the Family

36. I have children who are not living with me **No** ___ **Yes** ___ If yes, describe _____

Child Discipline

37. I feel I was harshly disciplined by my parents **No** ___ **Yes** ___ If yes, describe _____
38. I will discipline my child as my parents did **No** ___ **Yes** ___ If yes, describe _____

Further comments about these questions:

* Added to original ALPHA form