



ABOUT ME



Name: _____

DOB: ___/___/___

Cultural identity: _____

Gender: _____

Sexual orientation: _____

No of weeks pregnant: _____

Due date: ___/___/___

Baby's DOB: ___/___/___

Number of other children: _____ Ages: _____

Are you currently in a relationship? Yes No

How long have you been in this relationship? _____

Do you live together full-time? Yes No

Your role with the baby:

- Primary carer (most of the day to day care)
- Shared carer (we do it together)
- Secondary carer (some of the care when I can)
- Other: _____

Other roles in the family: (e.g. income earner/in school or education /parent /other)

Date of completion: ___/___/___

1. How am I adjusting to being a parent? (If still pregnant go to question 2.)

For every new parent there is just so much to adjust to, a lot is changing for you and your family

a. How do you feel you are going as a new parent?

Really good Good A few problems Lots of problems

b. How do you feel the pregnancy went?

Really good Good A few problems Lots of problems

c. How do you feel the birth went?

Really good Good A few problems Lots of problems

d. How do you feel you are going with learning to care for your baby?

Really good Good A few problems Lots of problems

e. How is your own sleep going?

Really good Good A few problems Lots of problems

f. How are you coping with the change to your usual daily routines/activities?

Really good Good A few problems Lots of problems

g. Is the baby/child settling into... (tick those you feel you are ok with)

- Feeding
- Sleeping
- General Contentment
- Settling
- Overall growth & development

h. How are you coping with the demands of the baby e.g. feeding/crying etc.?

Really good Good A few problems Lots of problems

i. How do you feel your child is developing?

Really good Good A few problems Lots of problems

j. How confident are you feeling about you, your child's and your family's future?

Really good Good A few problems Lots of problems

k. How do you feel you are going in forming a relationship with your child?

Really good Good A few problems Lots of problems

l. Has this change to being a parent brought up for you any worries, feelings or behaviours in you that you did not expect?

Yes No

m. Have you thought about your dreams and goals for yourself, your child and your family?

Yes No

2. How is my relationship adjusting? (If not in a relationship go to question 3)

It is normal for relationships to be under pressure during pregnancy or with the arrival of the baby.

How do you feel you are going with:

a. Agreeing, in a fair and respectful way, about who does what?

Such as who does what work, house-hold jobs, caring for the baby jobs

Yes, all the time Yes, most of the time No, not very often No, not at all

b. Supporting each other?

Such as if someone needs a break, something done, or emotional support

Yes, all the time Yes, most of the time No, not very often No, not at all

c. Dealing with conflicts that may come up, in a respectful way?

Yes, all the time Yes, most of the time No, not very often No, not at all

d. Having nice moments with your partner?

Such as enjoying something you both like, sharing affection, like hugs and kisses or any other forms of physical intimacy, sharing intimate or personal conversations, doing nice things for each other, saying nice things to each other

Yes, all the time Yes, most of the time No, not very often No, not at all

e. Sharing, and encouraging each other to bond with/form a relationship with the baby?

Yes, all the time Yes, most of the time No, not very often No, not at all

Have you noticed any changes to your relationship with your partner?

f. Since pregnancy? Better Same Worse

g. Since the arrival of the baby? Better Same Worse

h. Do you have any worries about how your partner is feeling about you at this time? Yes No

i. Do you have any worries about your relationship coping with the arrival of the baby? Yes No

j. Overall, how do you think your relationship is adjusting to the arrival of the baby?

Really good Good A few problems Lots of problems



3. How am I coping at this time?

Both men and women can feel anxiety and stress during pregnancy and after the arrival of the baby.

a. How do you feel your emotional wellbeing is since becoming pregnant?

Better Same Worse

b. How do you feel your emotional wellbeing is since becoming a parent?

Really good Good Some problems Not coping

c. Overall, how do you feel you are coping/managing?

Really good Good Some problems Not coping

4. How am I dealing with feelings of irritability or anger?

For some new parents, when we are having feelings like anxiety or sadness, they can look or feel like anger.

a. How would you say your current level of irritability or anger is, since pregnancy/ the arrival of the baby?

Worse Same Better

b. Overall, how do you think you are coping with any feelings of anger or irritability?

Really good Good A few problems Lots of problems

c. If you are in a relationship, overall, how equal is your relationship?

Very Equal Mostly equal Not very equal Not equal

d. Have you noticed any unhealthy behaviours in you or your partner which are worrying you?

Yes No



5. Tobacco, alcohol or other drug use at this time. (If you do not use any of these go to question 6.)

Sometimes stresses relating to being a new parent can lead to an increase in tobacco, alcohol or other drug use. In relations to your own use or your partner's use, have you seen any changes...

a. Since pregnancy?

Tobacco Yes No **Alcohol** Yes No **Other drugs** Yes No

b. Since the arrival of the baby?

Tobacco Yes No **Alcohol** Yes No **Other drugs** Yes No

c. If yes regarding you, do you think your use has

Tobacco	Reduced	Stayed the Same	Increased	Problematic
Alcohol	Reduced	Stayed the Same	Increased	Problematic
Other drugs	Reduced	Stayed the Same	Increased	Problematic

d. If yes regarding your partner, do you think their use has

Tobacco	Reduced	Stayed the Same	Increased	Problematic
Alcohol	Reduced	Stayed the Same	Increased	Problematic
Other drugs	Reduced	Stayed the Same	Increased	Problematic

e. Would you like some options about changing use? Yes No

6. My financial wellbeing

Financial pressures are common at this time, when income may be reduced, or there are more expenses.

a. How do you feel you are managing financially?

Really good Good A few problems Lots of problems

b. Do you have any worries about your housing? Yes No

c. Do you have any worries about food or other household bills? Yes No

d. Do you have any other financial issues which are causing you to worry? Yes No

7. How past experiences are affecting me

Some people who have experienced trauma or abuse in the past, find these experiences affect them strongly at this time.

a. Do you feel you are being affected by past difficult experiences at this time?

Loss/grief	Yes	No	Sexual abuse	Yes	No
Trauma	Yes	No	Emotional abuse	Yes	No
Physical Abuse	Yes	No			

b. Did you find the birth experience traumatic? Yes No Still pregnant

If you answered yes would you like support? Yes No

8. My relationships with other family members

Having a baby/being pregnant can also bring both positive and negative changes to other family relationships.

a. Have you noticed any changes to family relationships? Yes No

b. Overall, how would you say your relationships with other family members are at this time?

Really good Good A few problems Lots of problems

9. My level of support and connection to the community

Sometimes we don't have many people in our lives to talk to, get support or help from. It is not the number but the quality of the supports available to you.

a. Overall, do you think you get enough support from outside your family?

Really good Good Could be better No support

b. Would you say you are connected to others in your community? Yes No

c. Do you see a child health nurse? Yes No Still pregnant

d. Do you get support from other new parents? Yes No



10. Early support and community services available to me

As a general rule, it is really worthwhile getting help and support early before difficulties become too great.

- a. Would you like help in linking with any early support services? Yes No
- b. Is there anything we have missed which would help support you in your transition into parenthood? Yes No

11. Consent for release of confidential information

Do you give permission for this form to be forwarded on to the support service(s) that you are being referred to? Yes No

Signature: _____

Name: _____

Date: _____

NOTES

This section is for the support worker to write down any notes for you to take home

1. How am I adjusting to being a parent?

Early intervention indicated Yes No

Service/Action recommended: _____

2. How is my relationship adjusting?

Early intervention indicated Yes No

Service/Action recommended: _____

3. How am I coping at this time?

Early intervention indicated Yes No

Service/Action recommended: _____

4. How am I dealing with feelings of irritability or anger?

Early intervention indicated Yes No

Service/Action recommended: _____

5. Tobacco, alcohol and other drugs at this time

Early intervention indicated Yes No

Service/Action recommended: _____

6. My financial wellbeing

Early intervention indicated Yes No

Service/Action recommended: _____

7. How past experiences are affecting me

Early intervention indicated Yes No

Service/Action recommended: _____

8. My relationships with other family members

Early intervention indicated Yes No

Service/Action recommended: _____

9. My level of support and connection to community

Early intervention indicated Yes No

Service/Action recommended: _____

10. Early support and community services available to me

Early intervention indicated Yes No

Service/Action recommended: _____

FURTHER
