Healthy Mother, Healthy Baby Questionnaire

We need a few minutes of your time to fill out this questionnaire. The information you share with us today will NOT be shared with anyone else that may identify you without your consent or in accordance to the law (Sections 27 and 34 of the Freedom of Information and Protection of Privacy Act in Alberta). The information on this questionnaire will be shared with your health care provider(s) (e.g., doctor, nurse, midwife, etc.) for the purpose of providing prenatal health services and continued care and treatment.

Having a baby usually means lots of changes in both your life and your family’s life. You may want to talk about some of these changes with your health care provider(s). They can help you manage these changes; however, you may be nervous or uncomfortable about talking about these changes with them. Just remember:

- your health care provider is not too busy to listen to your health concerns,
- your health care provider wants to help and has been trained to help,
- any issue you may want to talk to them about is not too small or silly.

There is no “best” answer to any of the following questions. Please answer all the questions in the best way you can. Remember that you don’t have to answer any question you don’t want to answer.

A Fact Sheet is provided for you at the back of the form. Please tear off and take with you.

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**Demographics**

1. **Birth date:**
   
   [ ] yyyy [ ] mm [ ] dd

2. **Education:** (highest level attained. Check mark (✓) only 1 option)
   
   [ ] Less than high school  [ ] College/University
   [ ] High school completed  [ ] Other? ______________________
   [ ] Trade/business school  ______________________

3. **Marital status:**
   
   [ ] Married  [ ] Separated
   [ ] Living together  [ ] Divorced
   [ ] Single  [ ] Widowed

4. **Employment:**
   
   Job title ______________________
   
   [ ] Employed  [ ] Part Time
     [ ] Full Time
   [ ] Self-employed  [ ] Part Time
     [ ] Full Time
   [ ] Student
   [ ] Unemployed
   [ ] Other? ______________________

5. **Language(s) spoken at home:**

6. **Can you read and understand English?**  [ ] Yes  [ ] No

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Continued on next page...

20590 (2017-04)
Demographics Continued ...

7. Ethnicity

Ethnicity describes family heritage as distinct from where you were born. This information will help to decide if certain blood screening tests should be offered to you for genetic conditions that are common to specific ethnic groups and to help in monitoring your health and that of your baby.

Check off (✓) any of the following that are part of the ethnic heritage of you and your baby’s father.

Aboriginal
- First Nations
- Inuit
- Metis

African
- North African (e.g., Morocco, Algeria)
- Sub-Saharan (e.g., Somalia, Kenya, Nigeria)
- Other: ____________________________

Asian
- India
- Pakistan
- Bangladesh
- China
- Far East Asia - Other (e.g., Japan, Korea)
- Southeast Asia (e.g., Malaysia, Thailand, Philippines)
- Other: ____________________________

Middle Eastern
- (e.g., Iran, Iraq, Egypt, Israel, Syria, Yemen)
- Other: ____________________________

European
- Northern Europe
- Britain (e.g., England, Scotland, Wales)
- Ireland
- Denmark, Norway, Sweden
- Western Europe (e.g., France, Germany, Netherlands)
- Eastern Europe (e.g., Balkans, Poland, Russia)
- Southern Europe (e.g., Cyprus, Greece, Italy, Spain, Turkey)
- Other: ____________________________

Caribbean
- (e.g., Barbados, Jamaica, Trinidad, Tobago)

Central/South American
- (e.g., Guatemala, Costa Rica, Argentina, Peru)
- Mexico
- Other, Specify: ____________________________

Decline to give information
- ○ ○

Please complete the following history:

- If you OR the baby’s father are from any of these ethnic groups: Italian, Greek, Middle Eastern, Spanish or Asian, have you or the baby’s father been tested for Thalassemia or other hemoglobin abnormality?
  - ○ Yes
  - ○ No
  - ○ Don’t Know
  
  If yes, who was tested and what were the results?

- If you, or the baby’s father, are of Jewish or French Canadian/Cajun background, have either of you or the baby’s father been tested to see if you are carriers of Tay-Sachs Disease, Cystic Fibrosis, or Canavan disease?
  - ○ Yes
  - ○ No
  - ○ Don’t Know
  
  If yes, who was tested and what were the results?

- If you, or the baby’s father, are of African or Hispanic background have either you or the baby’s father been tested for sickle cell anemia?
  - ○ Yes
  - ○ No
  - ○ Don’t Know
  
  If yes, who was tested and what were the results?

- Are you aware of you, the baby’s father or anyone in your families have one or more of the following, if yes check all that apply:
  - ○ Hemophilia or other bleeding disorder
  - ○ Cystic Fibrosis
  - ○ Neuromuscular disease or muscular dystrophy
  - ○ Other inherited disease or chromosome abnormality, specify: ____________________________
  - ○ Other anomalies, specify: ____________________________

Continued on next page...
Healthy Mother, Healthy Baby Questionnaire

Please answer the following questions by using a check mark (✓). Your answers are confidential and will be kept private.

### A) I usually eat ...

<table>
<thead>
<tr>
<th>Food Item(s)</th>
<th>Servings/day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bannock, Bread, &amp; Cereals</strong> (e.g., rice, pasta, crackers, etc.)</td>
<td>0 - 1</td>
</tr>
<tr>
<td><strong>Fruits &amp; Vegetables</strong> (e.g., fresh, frozen, or canned)</td>
<td></td>
</tr>
<tr>
<td><strong>Milk &amp; Milk Products</strong> (e.g., milk, cheese, yogurt, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>Meat &amp; Alternatives</strong> (e.g., fish, seafood, beef, pork, chicken, wild game, eggs, beans, lentils, tofu, etc.)</td>
<td>0 - 1</td>
</tr>
<tr>
<td><strong>Other Food Item(s)</strong> (e.g., chocolate, candy, cake, cookies, potato chips, soft drinks, fruit drink from crystals, etc.)</td>
<td>0 - 1</td>
</tr>
</tbody>
</table>

### B) I usually drink (1 cup = 250 ml or approximately 8 oz.) ...

<table>
<thead>
<tr>
<th>Beverage Type</th>
<th>Cup(s)/day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Water</strong> (e.g., well, tap, or bottled)</td>
<td>0 - 1</td>
</tr>
<tr>
<td><strong>Milk or Soy Beverage</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Regular Coffee and/or Tea</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Decaffeinated Coffee and/or Tea</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Herbal Teas</strong> (e.g., wild mint, sage, dandelion, chamomile, ginger, lemon balm, rose hip, orange or citrus peel, peppermint, pennyroyal)</td>
<td>0 - 1</td>
</tr>
</tbody>
</table>

### C) I sometimes drink/eat ...

<table>
<thead>
<tr>
<th>Food Item (e.g., milk from the cow, soft cheese such as brie, feta, camembert, Quesa blanco)</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Un-pasteurized fruit juices &amp; dairy products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Raw/undercooked food &amp; beverages</strong> (e.g., eggs, eggnog, hot dogs/wieners, luncheon meats, beef, pork, chicken, turkey, fish, sushi, shrimp, scallops, uncooked sprouts [bean, radish, alfalfa])</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Continued on next page...*
Please answer the following questions by using a check mark (✓) or by filling in blank spaces. Your answers are confidential and will be kept private.

The next questions are about using alcohol, tobacco, and/or other substances. When you answer these questions, keep in mind that:

- **A drink of alcohol** can be any standard measure of a drink for example: beer (330 ml), liquor (30ml) or wine (100 ml).
- **A cigarette** is the same as a cigar, pipe, or chewing tobacco.
- **An other substance** may be cocaine, heroin, crystal meth, marijuana, ecstasy, paint, aerosols, glue, cleaning or correction fluids, etc.

### D) When was the last time, if ever, you...

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>In the last 6 months</th>
<th>In the last 3 months</th>
<th>In the last month</th>
<th>Daily</th>
<th>Quit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked a cigarette or chewed tobacco?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Used other substances?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Drank alcohol?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you answered “Never” or “Quit” to all three questions listed above, please proceed to question “F”.

### E) When I ...

**Drink alcohol, I usually have ...**

- **# of drinks/day**
- **# drinks/week**
- **# drinks/month**

**Smoke, I usually have ...**

- **# cigarettes/day**

**Use other substances, I usually use them ...**

- **# times/month**

*Please list what you use:*

### F) Since my last menstrual period, I have used ...

**Prescription medication(s)**
(e.g., birth control pills, tranquilizers, antibiotics, sleeping pills, antidepressants, asthma medicine, etc.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>If “Yes”, please list.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Non-prescription medication(s)**
(e.g., antacids, laxatives, cold or pain medicine, anti-nausea drugs, etc.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>If “Yes”, please list.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Vitamins & minerals**
(e.g., prenatal vitamins, folic acid, calcium, iron, vitamins A, D, E and/or K, etc.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>If “Yes”, please list.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Other therapies**
(e.g., herbs, nutritional supplements, acupuncture, massage, spinal manipulation/chiropractic, naturopathy, etc.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>If “Yes”, please list.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Other substances?** "If Yes", please list below:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>If “Yes”, please list.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Please answer the following questions by using a check mark (✓) or by filling in blank spaces. Your answers are confidential and will be kept private.

The next questions are about the physical activity that you do in your spare time at home and/or work.

G) My leisure activity includes (e.g., biking):
1) ____________________________
2) ____________________________
3) ____________________________

<table>
<thead>
<tr>
<th>Every day</th>
<th>4-6 times/week</th>
<th>2-3 times/week</th>
<th>Once/week</th>
<th>Less than once/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

H) At home or work, I ...
- Lift heavy objects (25-50+ lbs/11-23 kg),
- Climb stairs (more than 3 times per 8 hour shift),
- Stand for long periods of time (more than 4 hours at a time),
- Mainly sit,
- Constantly bend (more than 10 times per hour),
- Work shift work (rotating day and night).

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
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</tbody>
</table>

I) During this pregnancy, I have been in contact with ...
- Saunas, hot tubs, or sweats,
- Second hand smoke (e.g., cigarettes, traditional pipe festivals, etc.),
- Kitty litter and/or garden soil,
- Raw meat and/or poultry,
- Chemicals and/or solvents (e.g. insecticides, pesticides, paint, household cleaning products, etc.),
- X-rays or other radiation.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

J) Over the last year or so ....
- I moved to Alberta,
- A close family member was very sick,
- Someone very close to me died,
- I was separated or divorced,
- I had problems with my ex-spouse/partner,
- My spouse/partner lost his/her job,
- I lost my job even though I wanted to go on working,
- My spouse/partner went to jail,
- My spouse/partner had an alcohol problem,
- I had an alcohol problem,
- My spouse/partner had a drug problem,
- I had a drug problem,
- My family was involved with Children’s Services,
- I had to quit school,
- I had to move out of my home,
- I lived in stressful place (e.g., the street, a women's shelter, or a refugee camp),
- I was abused (e.g., hit, kicked, shouted at, sexually assaulted).
- Other?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Continued on next page...
Please answer the following questions by using a check mark (✓).
Your answers are confidential and will be kept private.

K) Over the last year or so, I was unable to pay for *(check mark (✓) all that apply)* ...  
A safe place to live,  
Enough food,  
Heat,  
Electricity,  
Telephone,  
Transportation,  
Child care,  
Dental care,  
Clothing for myself or my children.  
Other?  

L) I may find it difficult to keep a prenatal appointment because ...  
I don’t have a regular care provider (e.g., family doctor, obstetrician, nurse or midwife),  
I have no one to take care of my child/children,  
I have no way of getting there,  
I can’t take time off work,  
Family issues,  
Spouse/partner issues,  
School,  
I feel uncomfortable and/or judged.  
Other?  

M) I might not attend a prenatal class because ...  
It is too expensive,  
I went to prenatal classes for my last baby,  
I am getting good advice from family/friends,  
I am getting information from other sources (e.g., web pages, books, etc.),  
I am not having any problems,  
I don’t think it is important,  
I am thinking about having an abortion,  
I find it hard to get there (e.g., no car),  
I don’t want anyone to know that I am pregnant,  
I don’t want to think about being pregnant.  
Other?  

N) I have ...  
Good friends that support me,  
A family that is always there for me,  
A spouse/partner that helps me.  
Other?
Please answer the following questions by using a check mark (✓). Your answers are confidential and will be kept private.

O) In general, how would you describe your relationship with your partner/spouse? (1)
   - I am not currently involved
   - No tension
   - Some tension
   - A lot of tension

P) My spouse/partner and I work out arguments with (1) ...
   - No difficulty
   - Some difficulty
   - Great difficulty

Q) When I first found out about this pregnancy, I felt ...
   - Happy
   - Unhappy
   - I am OK, but I still have some concerns
   Please list concerns:

R) I have thought about breastfeeding this baby.
   - Yes
   - No

S) What issues in your life are most concerning to you during this pregnancy?

T) What other information or help would you like?
Ethnicity
Knowing your ethnicity and that of your baby's father are important in pregnancy as some ethnic backgrounds are at increased risk for genetic or heredity disorders. Tell your health care provider about your family history of any diseases or conditions that you know about.

Nutrition
Eat a variety of different foods to get the right balance of vitamins and minerals for yourself and your growing baby. Use the Canada's Food Guide to Healthy Eating to guide your food choices. Ask your health care provider about a prenatal vitamin and folic acid supplement during this pregnancy and when planning for your next baby. Drink at least 8 cups of water per day and limit your intake of coffee, other caffeinated drinks, and pop. Let your health care provider know if you choose not to or are unable to eat certain foods (e.g., if you have food allergies, are a vegetarian, or have been restricting your food intake for any reason).

Pregnant women and nursing mothers should eat up to two servings of fish per week as fish is important for the health of the mother and the baby's brain development. In selecting fish products avoid swordfish, shark, tile fish, and white (albacore) tuna as these fish have higher levels of mercury.

Food Safety
Avoid eating raw or undercooked meat, poultry, fish, shell fish, eggs, and sprouts, as well as dairy products, juices, and other foods that have not been pasteurized as these foods are easily contaminated by germs that may be harmful to you and your baby.

Always prepare raw poultry, fish, and other meat separately from other food to avoid transfer of germs. Wash vegetables and fruits well before use. Always wash hands before and after food preparation. Talk to a dietitian for more nutrition information and food safety tips.

Alcohol, Nicotine, and Substance Use
These substances are harmful to both you and your baby. They can cause problems during pregnancy, birth, and for your baby after birth. These problems can last a lifetime. Ask your health care provider or call Health Link Alberta at 811 for information or help to quit.

Occupational/Environmental Risks
To reduce work-related injury to you and/or your baby and to prevent preterm labour talk about your work conditions with your health care provider. Job risks such as an awkward work position, heavy lifting, no rest, repetitive work, and exposure to chemicals and X-rays should be discussed with your health care provider. The chemicals we use in and around the home can also be harmful. Read labels carefully and avoid products that say they’re toxic. Follow the directions for use and wear rubber gloves when using these products to limit your exposure. Natural cleaning alternatives (e.g., baking soda or a vinegar and water solution) can be used to clean pots and pans, sinks, tubs, ovens, and countertops.

Exposure to cat feces can put you at risk for illness to a parasite which can be harmful to the developing baby. Avoid emptying kitty litter, use gloves when gardening, and always wash your hands.
Healthy Mother, Healthy Baby Fact Sheet

Fact Sheet – Tear off for reference

Dental care
Disease of the gums (periodontal disease) may increase your risk of preterm labour. See your dentist and dental hygienist for assessment and care. If this is not possible due to financial reasons, talk to your health care provider about a referral to social services for help.

Mental and Emotional Health
Pregnancy can be a time of increased stress and physical discomfort. If you have trouble sleeping, feel tired, always feel sad, have mood swings, or have difficulty concentrating, talk with your health care provider. Let them know if you have a history of depression or have stresses in life that are of concern.

Social Support
The support of your partner, family, and friends during pregnancy and parenting are important for you and your family. If you don’t have this support, look for ways to connect with family and make new friends. This could include making friends with couples in prenatal classes, joining the community league or new-moms groups. Contact your public health office for other ideas and resources in your community.

Personal Safety
When in a vehicle, pregnant women should follow the same advice as other adults: buckle up and stay back from the air bag. The lap belt should be positioned low and over the pelvic bone, with the shoulder belt worn normally. Pull any slack out of the belt. By helping to restrain the upper chest, the seat belt will keep a pregnant woman as far as possible from the steering wheel. The air bag will spread out the crash forces that would otherwise be concentrated by the seat belt.

Talk to your health care provider if you have any other personal safety concerns for yourself or your family (e.g., abuse). Contact the Alberta Council of Women’s Shelters for help: 1-866-331-3933 or www.acws.ca.

Prenatal, Breastfeeding, and Parenting Classes
Contact your public health office to learn about classes in your area.

Feeding your baby
Breast milk provides the best nutrition for babies and helps protect them from illness (e.g., digestion problems; ear, chest, and urinary tract infections; and allergies). Breastfeeding will also save your family money. Talk to your health care provider for more information.

Influenza Immunization in Pregnancy
All pregnant women should be immunized against influenza as you are at higher risk for serious complications from influenza. Immunization can occur at any time while you are pregnant. If you become infected with influenza disease while pregnant, you have a higher risk of hospitalization and adverse outcomes to your baby (e.g., premature birth). Babies born to women immunized against influenza are less likely to be premature, small for gestational age or low birth weight.

Resource sites
3. Motherisk Fact Sheets: www.motherisk.org
4. Alberta Health Services, Pregnancy and Birth: www.healthyparentshealthychildren.ca
5. Canadian Pediatric Society: www.cps.ca