



**Sunflower Midwifery**

*Your community midwife*

Sunflower Midwifery  
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## Emotional/Social Needs Questionnaire

Pregnancy is a time of many changes in your life – physical, emotional and social. We believe that good pregnancy care involves more than just taking care of your physical needs; your feelings and how you cope with these many changes are very important. To help us understand your emotional needs better, please complete the following questionnaire.

We will want to discuss your answers with you, so feel free to let us know if you have any questions, comments or additional remarks.

Name: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_ Due date: \_\_\_/\_\_\_/\_\_\_

### Education and work life

1. What was the last school year/ grade you completed? \_\_\_\_\_
2. If you are currently attending school, what are you studying and when do you plan to finish your program of study?  
\_\_\_\_\_
3. Is English your second language? \_\_\_\_\_ If so, are you fluent in English? \_\_\_\_\_
4. If you work outside your home, what is your job and how many hours per week do you work?  
\_\_\_\_\_
5. How do you feel about your job?  
\_\_\_\_\_
6. If you are not currently working outside your home, what work have you done most of your working life, or most recently?  
\_\_\_\_\_
7. What plans do you have for work or school after your baby is born?  
\_\_\_\_\_  
\_\_\_\_\_

**Living arrangements**

1. Circle the type of housing you have:  
apartment                      house                      other: \_\_\_\_\_
2. Do you own or rent? \_\_\_\_\_ What is your zip code? \_\_\_\_\_
3. Are you satisfied with your living arrangements? \_\_\_\_\_  
If not, why? \_\_\_\_\_
4. List all the members of your household, their ages and relationship to you:  
\_\_\_\_\_  
\_\_\_\_\_

**Family and other relationships**

1. Circle the best description of your current "relationship status":  
married              single              divorced              widowed              living with my partner  
in a steady relationship with my partner but not living together
2. If you have a partner now, how long have you been in a relationship with this person?  
\_\_\_\_\_
3. Is your current partner the father of this baby?  
\_\_\_\_\_
4. How would you describe your relationship with your partner (happy, some problems, very stressful, etc.)? \_\_\_\_\_  
\_\_\_\_\_
5. What is your partner's occupation? \_\_\_\_\_ Working now? \_\_\_\_\_
6. How does your partner feel about your pregnancy? \_\_\_\_\_  
\_\_\_\_\_
7. How supportive of you and this pregnancy are family members and friends? List the people in your life (their relationship to you, rather than by name) who you can count on for help and support:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you have any children who are currently *not* living with you? If so, who are they, their ages, and the reason they are living elsewhere:  
\_\_\_\_\_  
\_\_\_\_\_

**Your history**

1. When you were a child, who raised you? \_\_\_\_\_
2. Are they/ he/ she involved in your life now? \_\_\_\_\_
3. If not, why not? \_\_\_\_\_
4. When you were a child, did your family experience any of these difficulties?  
\_\_\_\_ alcohol abuse in the home                      \_\_\_\_ divorce of parents  
\_\_\_\_ domestic violence in the home                      \_\_\_\_ abandonment by parent(s)  
\_\_\_\_ sexual abuse in the home                      \_\_\_\_ foster care of you/ siblings  
\_\_\_\_ serious illness/ death of family member(s)  
\_\_\_\_ other serious problem: \_\_\_\_\_
5. Look over the following list and check any of the life events that *you* have experienced:  
\_\_\_\_ I had a baby who I adopted out  
\_\_\_\_ I was sexually abused by \_\_\_\_\_ when I was \_\_\_\_\_ years old  
\_\_\_\_ I was physically abused by \_\_\_\_\_ when I was \_\_\_\_\_ years old  
\_\_\_\_ I was emotionally abused by \_\_\_\_\_ when I was \_\_\_\_\_ years old  
\_\_\_\_ I have had problems with drug use  
\_\_\_\_ I have had problems with alcohol use  
\_\_\_\_ I have had eating problems/ an eating disorder  
\_\_\_\_ I have had mental health care for other emotional problems  
\_\_\_\_ I have had other emotional problems but never had help/ treatment  
\_\_\_\_ I have had postpartum depression  
\_\_\_\_ I have had serious problems parenting my child(ren)  
\_\_\_\_ I have had a child taken from my by the courts  
\_\_\_\_ I have had a child who died

**Your current pregnancy**

1. How would you describe your feelings when you first learned you were pregnant?  
\_\_\_\_\_
2. How are you feeling now about this pregnancy?  
\_\_\_\_\_

3. During this pregnancy so far, circle the letter that best describes how often you have experienced any of the following (F=frequently, S=sometimes, N=never):

mood swings	F	S	N	loneliness	F	S	N
difficulty sleeping	F	S	N	crying jags	F	S	N
depression	F	S	N	worry or fear	F	S	N
anger	F	S	N	loss of energy	F	S	N
sexual problems	F	S	N	loss of appetite	F	S	N
physical abuse	F	S	N	emotional abuse	F	S	N

4. Check if you are having difficulties with any of the following:

housing       translation services       finances       employment  
 child care       family health care       food       transportation

5. Do you feel that you are receiving the emotional support you need during this pregnancy?

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6. What worries you most about yourself or this pregnancy?

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7. Are there any needs, circumstances or issues regarding yourself or your pregnancy that you would like us to know about or help you with?

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