

**Prenatal Attachment and Psychological Organization of Both Men and Women
During Pregnancy: Relationship with Type of Delivery and with Obstetrical
Pathology at the II and at the III Gestational Trimesters.**

Ana Paula Forte Camarneiro (2011)

Doctoral Thesis in Clinical Psychology at the Faculty of Psychology, Lisbon University

Sociodemographic and Clinical Questionnaire (Female Form)

(this questionnaire was designed to be applied face-to-face with the participants)

Name (first name): _____

Birth date: ___/___/___ **Age:** _____ **Marital status:** _____

Address (local site and municipality): _____

Telephone: _____

Health institution at the present moment: _____

Nationality: _____

Education: _____ **Professional occupation:**

Employment status:

Employment contract without time-limit

Employment contract with time-limit

Casual jobs

Sources of income:

Monthly salary

Biweekly or daily salary

Subsidies or pensions

Liberal professional fees

Personal/family income

What kind is the place where you live? _____

Apartment

Villa

Old house

Other Which? _____

Who lives with you at the same house?

Kinship: _____

Age? _____

Living conditions:

Good Reasonable Bad

Is there piped water? Yes No

And sewers? Yes No

Current Pregnancy:

Gestational Time Today: ____ weeks; Delivery Expected Date: ____/____/____

Expected Delivery Place? _____

Was it difficult for you to get pregnant? No Yes

If Yes, have you consulted any expert on the matter? Yes No

How long did it took for you to get pregnant?

< 6 months between 6 months and 1 year between 1 and 2 years > 2 years

How much weight gain have you got during your current pregnancy? _____ Kg

Is there any health condition associated with this pregnancy? Yes No

If Yes, Which One(Ones)? _____

Are you smoking during the current pregnancy? No Yes

If Yes, how many cigarettes a day? _____

Do you consume alcoholic beverages during the current pregnancy? No Yes

Regularly Occasionally Never

Did you plan this pregnancy? Yes No

If Not, Did you accepted it easily

You accepted it with difficulty

You didn't accepted it yet

And your husband / partner?

He accepted it easily

He accepted it with difficulty

He hasn't accepted it yet

Are there any reasons for you to think this pregnancy is happening at the wrong time?

No Yes

If Yes, those reasons have to do with:

Health Conditions

Finances

Marriage

Professional Issues

Other Sons

Parents

Lack of Space

Clashes with other projects

Other questions

Gynecological History:

How old were you at your first period? _____ (years)

Usual number of days between periods? _____

When you are having a period, do you feel:

Comfortable

Indifferent

Uncomfortable but without pain

Uncomfortable and with pain

Were you married or lived with someone before the present marital relationship?

No Yes

If Yes, did you get pregnant during that relationship? No Yes

If Yes, how many pregnancies? _____ Aborted _____ Complete _____

Obstetrical history:

Total number of pregnancies before this one? _____

Were there any aborted pregnancies No Yes If Yes, how many? _____

These aborted pregnancies were:

Voluntary How many? _____

At which age of yours? _____ At which gestational ages? _____ (weeks)

Due to medical suggestion How many? _____

At which age of yours? _____ At which gestational ages? _____ (weeks)

Spontaneous interruption? How many? _____

At which age of yours? _____ At which gestational ages? _____ (weeks)

How many times have you given birth? _____

At which age of yours in each birth? _____

Gestational age for each baby that you gave birth? _____

How many sons do you have at the present moment? _____

Were there any diseases during your past pregnancies? No Yes

If Yes, which diseases? _____

Did you stay in hospital during your previous pregnancies? No Yes

If Yes, which was the reason for that? _____

How many pregnancies did you had with your present husband / companion? _____

Relevant data during your previous pregnancies: _____

Relevant health problems before the current pregnancy: _____

Husband / Companion:

Name: _____ Age _____ (years)
