**To help you get the conversation going…**

**PRENATAL QUESTIONNAIRE**

* *Tell me about the prenatal education & health care you had during this pregnancy.*
* *How are you feeling about this pregnancy? Do you have any concerns about yourself or the baby together?*
* *Do you have a history of depression during or after pregnancy? If yes, tell me about what worked or what didn’t.*
* *Who else will be involved in your child’s life? How do/did they feel about the pregnancy? How do they feel now?*
* *What if any, are the regular care giving tasks and parenting issues that you think you might find difficult? How do you think you’ll handle these?*
* *What are the possible barriers that might keep you from meeting your child’s needs in the way that you’d like and how do you think you’ll handle these? (e.g., lack of money, isolation, lack of support)*

**POST-BABY QUESTIONNAIRE**

**Factors Related to the Infant**

* *Tell me about the baby’s health so far.*
* *Have there been any health problems or concerns?*
* *Describe your baby/child’s routine and behaviours for me.*
* *How do you soothe your baby/child when he/she is upset?*

As she is talking you can be observing the child’s state and behaviours related to alertness, visual response, auditory response, and ability to be consoled.

* *How does your child respond to you during daily routines, feeding or in play situations?*
* *How does your child let you know when she/he needs you?*

As she is talking you can be observing cuddliness, smile, motor behaviour, irritability and readability

**Acceptance of the Child**

* *Tell me about your child. How would you describe your child to me?*
* *When your child behaves in ways that bother you, what do you do?*

**Factors Related to the Primary Caregiver**

**Caregiver Influence and Capacity**

* *How has your own health been since the birth of your baby?*
* *What, if any, are the physical limitations for you in being able to care for your child?*
* *Have you experienced any recent changes in your appetite, either eating more or a lot less than usual? How about sleeping, about how much do you sleep each night? Is this normal for you? Has your energy level changed at all?*
* *Have you ever been involved in counselling? What kind? How was it for you?*
* *Have you ever been hospitalized for any reason related to mental health, such as depression?*
* *Are you on any medications like anti-depressants? Have you ever been?*
* *Have you ever wanted to hurt yourself or kill yourself?* *Tell me about those times. Are you having any of those feelings today?)*
* *Are there events happening in your life that you consider a source of stress? What are these and how are you coping?*

**Parenting Knowledge Influence**

* *When your baby cries, what is she/he telling you?*
* *How do you respond when your baby cries?*
* *What are other behaviours your child uses to communicate his/her needs and wants? How do you respond?*
* *How do you cope with disagreements between you and the other people who help to care for your child about how to handle the cues and how to raise your child?*

**Alcohol or Drug Use**

* *Tell me about your drug or alcohol use during pregnancy?*
* *Do you or your partner use recreational drugs? How often do you use them?*
* *How do you deal with child care when alcohol or drugs are being used?*

**Abuse/Neglect**

* *What was it like for you when you were growing up? How were you disciplined and how often?*
* *How do you think you’re doing as a parent so far?*
* *Do you have any children who are not living with you? If so, tell me about them.*
* *Do you have any children in foster care? Why are your children in foster care?*

**Factors in the Environment**

**Living Conditions**

* *Are there any infant/child safety issues that you’ve identified in the house? What would you like to do about any safety issues?*
* *Where does the infant/child sleep, play and eat?*
* *How long have you been living in your current place?*
* *Do you have any concerns about being able to continue to live there over the next year?*
* *Do you ever worry about not having enough money?*
* *What resources are available to you if you need financial help?*

**Food Security and Nutrition**

* *In the past month, were there any days when you ran out of food to prepare meals? If so, what do you do then?*
* *Are you breastfeeding? How is it working? How long do you plan to breastfeed?*
* *If the child is taking solids: How often does your child drink milk? Eat vegetables/fruit? bread/rice/pasta/cereal? meat/eggs/beans?*

**Family Violence**

* *In general, how would you describe your relationship with your partner? How do you and your partner solve arguments?*
* *Do you ever feel frightened by what your partner says or does? Have you ever been hit/pushed/shoved/slapped/threatened by your partner? Has your partner ever humiliated you or psychologically abused you in other ways?*

**Factors Related to Support Systems**

**Supports**

* *Who are the people you consider as parenting supports?*
* *How is this support helpful or not helpful to you as a parent?*
* *Parenting can be a difficult time for some families. How does your family divide the work and deal with the demands of parenting?*
* *Describe the kind of support you get from your family, friends or partner.*
* *Are you receiving supports or services in the community? Are they useful?*

**Abuse/Neglect**

* *What was it like for you when you were growing up? How were you disciplined and how often?*
* *How do you think you’re doing as a parent so far?*
* *Do you have any children who are not living with you? If so, tell me about them.*
* *Do you have any children in foster care? Why are your children in foster care?*