



# Self-service questionnaire Babylotse



We would like to accompany and support you well in the time around the birth. Therefore we ask you for a careful and legible answer to the following questions.

All employees are bound to secrecy!  
Thank you very much for your confidence.

Name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Calculated birth date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Do you currently live in a stable partnership?  no  yes

Do you live alone?  yes  no, with \_\_\_\_\_

How many children currently live with you? \_\_\_\_\_

Age of children: \_\_\_\_\_

Do you speak German?  yes, good  yes, little  
 no, which language(s): \_\_\_\_\_

Who can translate? Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Did you escape?  no  yes

If so, where do you live?

Own apartment

Accommodation

Were you working during this pregnancy?  no  yes

Total pregnancies: \_\_\_\_\_ of it: \_\_\_\_\_ miscarriages

\_\_\_\_\_ abortions

Difficulties/complications with previous ones:  Pregnancy(s)

Births

no

In which week of pregnancy (SSW) did you start your medical check-up? \_\_\_\_\_ SSW

Special complaints in this pregnancy: \_\_\_\_\_

Do you have a midwife?  no  yes

Did you drink alcohol during pregnancy?  no  yes

Did you take any drugs during pregnancy?  no  yes, which one: \_\_\_\_\_

Did you smoke during pregnancy?  no  yes \_\_\_\_\_ Zig./Day

Are there social / financial burdens (unemployment, finances, housing situation, integration)?  no  yes, through:

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Do you currently feel psychologically burdened?

no  yes, through:

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Are there any mental (pre-)illnesses?

no  
 yes:  depression  
 manias  borderline  
 Psychosis  Anxiety disorders  
 Other: \_\_\_\_\_

Were you or are you in psychological  
or psychiatric treatment?

no  yes

Is that why you take medication?

no  yes

Were or are you affected by:

Violence  Abuse  
 traumatic experiences

If so, when: \_\_\_\_\_

no

Are there any mental illnesses /  
Addictions in your family?

no  yes

Are you or your child(s)  
from a serious illness /  
Disability affected?

no  yes, which one:

\_\_\_\_\_

Do you care for relatives?

no  yes, \_\_\_\_\_

Has there been or is there support through:

legal guardian  
 family help  
 Early help  assisted living  
 Youth Welfare Office  
 no

Would you like to tell us something important?

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Berlin, the \_\_\_\_\_ signature \_\_\_\_\_