Local Resources

Social Isolation	
Lack of Security	
Mental Health	
Disability	
Addiction	
Violence	
Other	

Document created by the Réseau Périnat Nouvelle-Aquitaine with support from ARS Nouvelle-Aquitaine.

BIEN NAÎTRE
SELF QUESTIONNAIRE

My pregnancy is unique
I deserve special attention

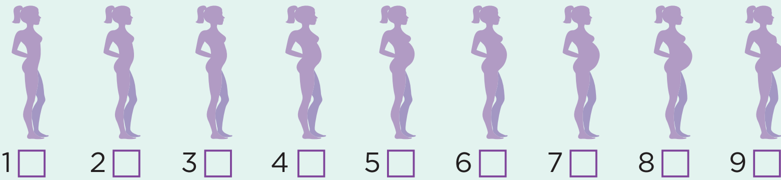
Anglais

- This self questionnaire is meant to guide you during your pregnancy and prepare for your baby’s birth.
- Please answer the following questions.
- There are no right or wrong answers.

This document is part of your medical file. It is subject to medicla secrecy and should be given to the healthcare professional handling your pregnancy.

Surname .... Date
First Name ....
Birth Date ....

What month of pregnancy are you in? (check the box)



1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐

1 **Do you have at least one person you know whom you can trust?**

yes ☐ no ☐

2 **During your pregnancy, have you had long-term psychological issues?**

yes ☐ no ☐

3 **In the past month, have you felt:**

- sad, depressed or hopeless?

  yes ☐ no ☐

- without interest or pleasure in doing daily activities?

  yes ☐ no ☐

4 **Have there been times during the month when you've had financial difficulties in dealing with your daily needs (food, housing, bills, etc.), getting health care and/or administrative paperwork?**

never ☐ sometimes ☐ often ☐

5 **Do you wish to tell us about a visible disability, invisible disability, temporary disability, or an incapacitating or chronic illness?**

....
....
....

6 **Since the beginning of your pregnancy, have you consumed once or several times**

- any of the following substances?

tobacco .... yes ☐ no ☐
cannabis .... yes ☐ no ☐
alcohol .... yes ☐ no ☐
cocaine .... yes ☐ no ☐
heroine .... yes ☐ no ☐
other: ....

- prescription drugs?

painkillers .... yes ☐ no ☐
to calm down .... yes ☐ no ☐
to fall asleep .... yes ☐ no ☐
to boost your mood .... yes ☐ no ☐
to treat an addiction .... yes ☐ no ☐
other: ....

7 **At any point in your life, including childhood, have you ever been the victim of verbal, physical, sexual or psychological abuse** (bullying, humiliation, threats, control, etc.)**, or economic abuse** (depriving of papers, money, etc.)**?**

never ☐ sometimes ☐ often ☐

8 **Do you feel safe with your partner?**

always ☐ not always ☐ rarely ☐
have no partner ☐

9 **Do you have any worries or concerns you'd like to talk about?**

....
....
....

"Bien naître" created by RPNA in March 2024, license number
CC BY-NC-ND 3.0 https://creativecommons.org/licenses/by-nc-nd/3.0/fr
cc BY NC ND