Selbstauskunftsbogen Babylotse (Englisch)

Self-Assessment Questionnaire

Babylotse Berlin

Sana Klinikum Lichtenberg

We Babylotsinnen are committed to providing you with guidance and support throughout your pregnancy and birth. Please therefore answer the following questions carefully and legibly.
All employees are subject to confidentiality!
Thank you for your trust.

Surname, first name	Street, house number * Postcode * Town
Telephone number	E-mail address
Date of birth	Due date

My country of origin: _____

I speak German. yes □ no □

My language(s): _____

Who can translate? Name:_____ Telephone: _____

I fled my home country in the **past 5 years**. yes □ no □

From where? _____

I live in shared accommodation/a residential home/ shelter for homeless people. yes □ no □

I have _____ child(ren) who live with me (number). _____ of my children are under the age of 5 (number).

There will be someone to look after my children while I am in hospital. yes □ no □

I live alone with my child / my children. yes □ no □

I will have support at home after the birth. yes □ no □

I smoke. yes □ no □

Number of cigarettes per day (current): _____

I drink alcohol and/or take other drugs. yes □ no □

Alcohol: Regularly □ Occasionally □ Never □

Drugs: Regularly □ Occasionally □ Never □

Which drugs? _____

I have a mental illness. yes □ no □

Depression □ PTSD □ Psychosis □ Borderline personality disorder □ Anxiety disorder □

Other □ : _____

I feel particularly stressed. yes □ no □

Reason: Partnership conflicts □ Family problems □ Emotional issues □

Other: _____

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I am worried about something (e.g. unemployment, debts, housing situation) Reason: _____	yes □	no □
I look after relatives. Daily □ Regularly □ Occasionally □	yes □	no □
I have experienced: Violence □ Trauma □ Abuse □ When? _____		

I get practical support from: Youth welfare office (for example “Familienhilfe”) □ Legal guardianship □ Other support _____	yes □	no □
I have a midwife.	yes □	no □
I have a paediatrician.	yes □	no □

I would like to be contacted by a baby guide before my due date.	yes □	no □
Do you have anything important to tell us?		

Date: _____ Signature: _____