The Wellbeing Services County of Pirkanmaa

Health examination preliminary information form for the parents of a 4-month-old baby

In addition to monitoring the child's development and growth, the child health clinic is tasked with promoting the wellbeing of parents and custodians as well as supporting upbringing work and a safe growing environment. The wellbeing and way of life of the parents and the whole family have an impact on the child's everyday life. As a result, the child health clinic also asks about factors related to the wellbeing of the parents and discusses the family's overall situation.

We hope you will fill out this form and take it with you to the child health clinic appointment. When the child is living in two homes, a separate form can be filled out in both of them. We will discuss the topics on the form during the health examination. Your answers will help direct the examination to the needs and wishes of your family.

Filling out the form and answering each individual question is voluntary. The information you provide is confidential and subject to health care confidentiality provisions. The health examination will be documented in patient records, after which this form will be disposed of. The documents of the child health clinic are part of the patient register of the wellbeing services county.

Basic information	
Child's name	
Child's personal identity number	
Names of the parents/custodians	
Telephone number(s) of the parents/custodians	
Siblings of the child and their years of birth	

Everyday life
What is your baby like?
How is your everyday life going with the baby?
How have you experienced parenthood?

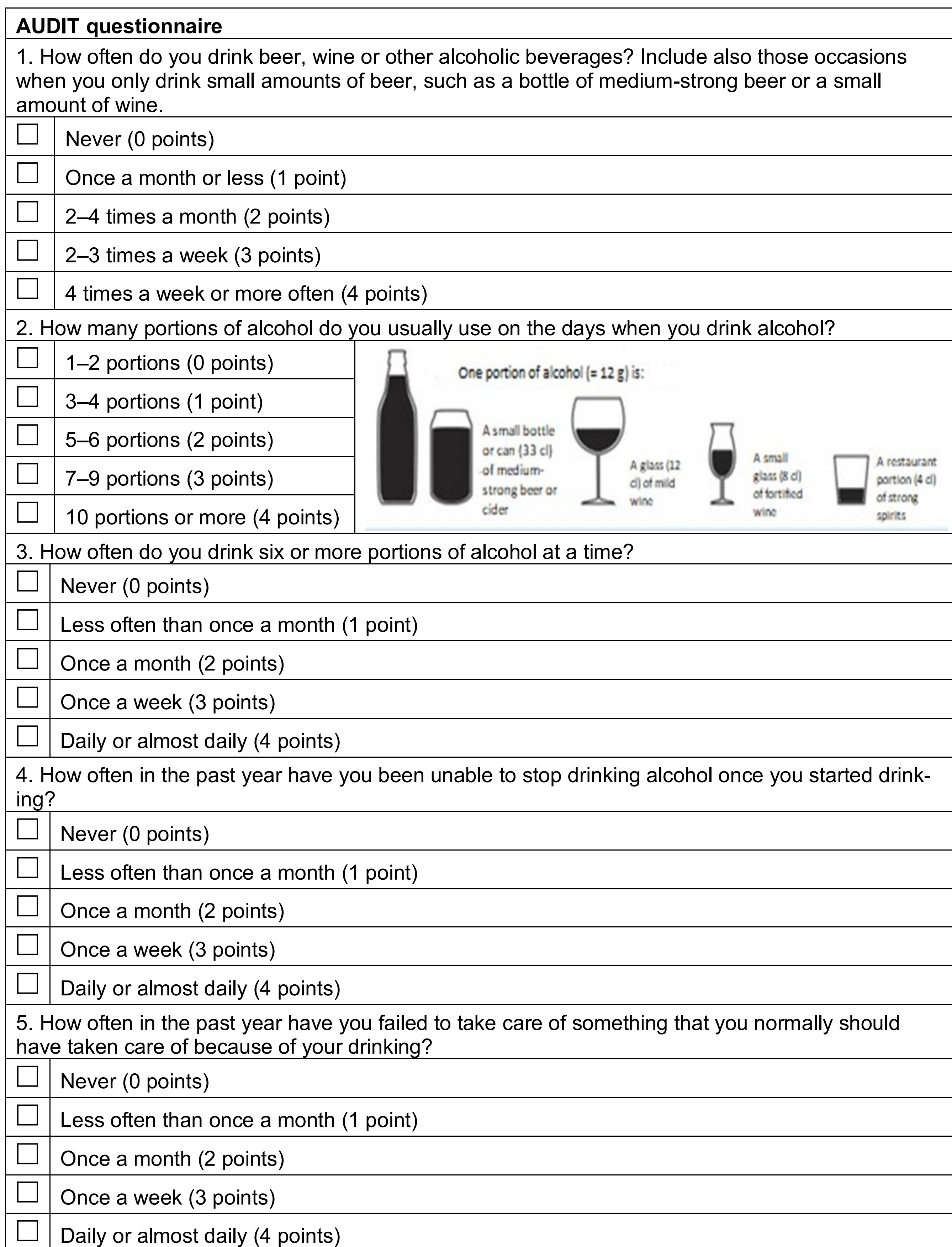
How do you feel about parenthood with the child's other parent (if the child has two parents)?	
Are you concerned about the child's growth or development?	
Survey of parent's mood	
The parent's mood may change after the birth of the child, and changes in it may affect the child's wellbeing. The child health clinic conducts an EPDS screening to assess the parent's mood. Both parents fill out their own questionnaire for the screening.	
Edinburgh Postnatal Depression Scale (EPDS)	
1. I have been able to laugh and see the amusing side of things.	
☐	Just as much as before. (0 points)
☐	A little less than before. (1 point)
☐	Clearly less than before. (2 points)
☐	Not at all. (3 points)
2. I have been eagerly looking forward to things and events.	
☐	As much as before. (0 points)
☐	A little less than before. (1 point)
☐	Clearly less than before. (2 points)
☐	Hardly at all. (3 points)
3. I have unnecessarily blamed myself when things have gone badly.	
☐	Yes, mostly. (3 points)
☐	Yes, sometimes. (2 points)
☐	No, not very often. (1 point)
☐	No, not at all. (0 points)
4. I have been anxious and worried for no reason.	
☐	No, not at all. (0 points)
☐	No, hardly at all. (1 point)
☐	Yes, sometimes. (2 points)
☐	Yes, very often. (3 points)

	5. I have been frightened and terrified without a very clear reason.
☐	Yes, quite often. (3 points)
☐	Yes, sometimes. (2 points)
☐	No, hardly at all. (1 point)
☐	No, not at all. (0 points)
	6. Things have been too much for me.
☐	Yes, mostly I have not been able to manage at all. (3 points)
☐	Yes, at times I have not been able to manage as well as usual. (2 points)
☐	No, mostly I have managed quite well. (1 point)
☐	No, I have managed as well as before. (0 points)
	7. I have been so unhappy that I have been sleeping badly.
☐	Yes, mostly. (3 points)
☐	Yes, sometimes. (2 points)
☐	No, not very often. (1 point)
☐	No, not at all. (0 points)
	8. I feel sad and miserable.
☐	Yes, most of the time. (3 points)
☐	Yes, quite often. (2 points)
☐	No, not very often. (1 point)
☐	No, not at all. (0 points)
	9. I have been so unhappy that I have been crying.
☐	Yes, very often. (3 points)
☐	Yes, quite often. (2 points)
☐	No, not very often. (1 point)
☐	No, never (0 points)
	10. I have thought of hurting myself.
☐	Yes, quite often. (3 points)
☐	Yes, sometimes. (2 points)
☐	No, hardly ever. (1 point)
☐	No, never (0 points)
Total score	

The Wellbeing Services
County of Pirkanmaa

Parent's relationship/partnership				
The child health clinic intends to support parenthood in taking good care of the child and in taking care of the couple's relationship. The parent's relationship/partnership has an impact on the parent's resources, which is why the child health clinic also asks about the status of the parent's close relationships.				
Are you in a relationship/partnership?				
☐ yes				
☐ no				
	completely agree	I partially agree	I partyally disagree	I completely disagree
We have a good conversational connection.	☐	☐	☐	☐
We have enough time together.	☐	☐	☐	☐
I am happy with our sexual life.	☐	☐	☐	☐
We have a close relationship.	☐	☐	☐	☐
I am happy with my relationship.	☐	☐	☐	☐
Housework is divided fairly in our family.	☐	☐	☐	☐
We take turns in taking care of the child from time to time.	☐	☐	☐	☐
We try to do nice things together.	☐	☐	☐	☐

Use of intoxicants by the parents	
The parent's abuse of intoxicants may also affect the child's health and wellbeing, which is why these factors are surveyed at the child health clinic.	
Nicotine products are used in our family.	
☐ no	
☐ yes	
Which nicotine products are used in your family?	
☐ tobacco	☐ e-cigarettes
☐ nicotine bag	☐ snuff
☐ nicotine replacement product	
Who in your family uses nicotine products?	
☐ I	☐ another family member
Is your child exposed to tobacco smoke?	
☐ no	☐ yes
Alcohol is used in our family	
☐ no	☐ yes
Who in your family uses alcohol?	
☐ I	☐ another family member
By answering the questions of the AUDIT questionnaire, you can get a comprehensive idea of the potential risks and disadvantages of drinking. Choose the option that best corresponds to your situation. The questions in the questionnaire refer to the past year.	



AUDIT questionnaire	
1. How often do you drink beer, wine or other alcoholic beverages? Include also those occasions when you only drink small amounts of beer, such as a bottle of medium-strong beer or a small amount of wine.	
☐	Never (0 points)
☐	Once a month or less (1 point)
☐	2–4 times a month (2 points)
☐	2–3 times a week (3 points)
☐	4 times a week or more often (4 points)
2. How many portions of alcohol do you usually use on the days when you drink alcohol?	
☐	1–2 portions (0 points)
☐	3–4 portions (1 point)
☐	5–6 portions (2 points)
☐	7–9 portions (3 points)
☐	10 portions or more (4 points)
3. How often do you drink six or more portions of alcohol at a time?	
☐	Never (0 points)
☐	Less often than once a month (1 point)
☐	Once a month (2 points)
☐	Once a week (3 points)
☐	Daily or almost daily (4 points)
4. How often in the past year have you been unable to stop drinking alcohol once you started drinking?	
☐	Never (0 points)
☐	Less often than once a month (1 point)
☐	Once a month (2 points)
☐	Once a week (3 points)
☐	Daily or almost daily (4 points)
5. How often in the past year have you failed to take care of something that you normally should have taken care of because of your drinking?	
☐	Never (0 points)
☐	Less often than once a month (1 point)
☐	Once a month (2 points)
☐	Once a week (3 points)
☐	Daily or almost daily (4 points)

AUDIT questionnaire	
6. How often in the past year have you needed a portion of alcohol in the morning after heavy drinking to get yourself started?	
☐	Never (0 points)
☐	Less often than once a month (1 point)
☐	Once a month (2 points)
☐	Once a week (3 points)
☐	Daily or almost daily (4 points)
7. How often in the past year have you felt guilty or remorse after drinking?	
☐	Never (0 points)
☐	Less often than once a month (1 point)
☐	Once a month (2 points)
☐	Once a week (3 points)
☐	Daily or almost daily (4 points)
8. How often in the past year have you been unable to remember the next day what has happened because you had been drinking alcohol?	
☐	Never (0 points)
☐	Less often than once a month (1 point)
☐	Once a month (2 points)
☐	Once a week (3 points)
☐	Daily or almost daily (4 points)
9. Have you yourself or has someone else been injured because of your use of alcohol?	
☐	No (0 points)
☐	Yes, but not in the past year (2 points)
☐	Yes, in the past year (4 points)
10. Has someone close to you or your friend, doctor or other health care professional been worried about your use of alcohol or suggested that you should reduce your drinking?	
☐	No (0 points)
☐	Yes, but not in the past year (2 points)
☐	Yes, in the past year (4 points)
Total score 0-7 points: Your alcohol consumption is under control 8-13 points: Your alcohol consumption is abundant 14 points or more: Substance dependence is likely. You must reduce your use of alcohol.	

Narcotics (medicines, drugs) are used in our family			
☐	no	☐	yes
Who in your family uses narcotics?			
☐	I	☐	another family member
Survey of intimate partner violence			
The child health clinic always asks the parent about intimate partner violence in conjunction with a comprehensive health examination of the child or in the case of a new client.			
Is there domestic violence or psychological and/or physical abuse in your family?			
☐	no / not known	☐	between siblings
☐	yes, targeted at children		
The following questions are addressed to the parent who is filling in the form			
Have you been exposed to physical, mental or sexual violence or abuse in your close relationships at any point in your life?			
☐	yes	☐	no
Does the violence you have experienced still affect your health, wellbeing or life management?			
☐	yes	☐	no
Do your close relationships currently involve physical, mental or sexual violence or abuse?			
☐	yes	☐	no
Family resources			
The following things empower your family:			
The following things burden your family:			
I would also like to say the following:			