**Dear Patients!**

Amber-Med would like to **devlop a new offer for you and with you**. In order for the offer to be tailored to your need we ask for your support and participation.

We are planning a project especially for **pregnant women and mother’s of baby’s and small children**.

There is suppose to be a group for pregnant women, plus breast feeding – and nutritional counceling and a group to reduce or quit smoking.

We interested to know, if you would be interested in participating in one or all of the groups, what topics interest you, and what conditions would have to be met.

**QUESTIONNAIRE**

**YOUR INFORMATION IS CONFIDENTIAL AND WILL NOT BE PASSED ON!**

**Which language(s) do you speak**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pregnant:**  o Yes o No (which pregnancy(1st,2nd,3rd)?\_\_\_)

**Or given birth on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you speak German?**

o Very Good o Good o No German

**Would you prefer to have a translator in a female group?**

o Yes o No

**Do you smoke?**

o Yes o No

**Which themes would be interesting for you pregnancy group?**

o Information about Mother-Child Pass (Mutter-Kind Pass) examinations

o Information about other possible examinations, which have to be paid

o Pregancy-Information-Centers or other institutions

o Possibility for health insurance during pregancy

o How much does my body change during the pregancy and the development of the embryo

o Correct nutrition during the pregnancy

o Exercise during pregnancy

o Information concerning the birth of the child

o Information about breast-feeding

o Information about security (Hygiene, Smoking, Alcohol,…)

o Vaccinations

o Share experiences with other mothers

o What else would interest you:

**Would you like to have your husband/father of the child present during the groups?**

o Yes o No

**Which other topics would interest you in the breast-feeding or nutrition-group?**

o Advantages of breast-milk and breast-feeding

o Difficulties with breast feeding and suggestions (positioning, breast infection, nutrition set,…)

o I fit should not work: Tips for the bottlel

o Weaning/ablactation

o Complementary Food

o Nutrition of the Mother

o Understanding the child’s phases of development

o relationship/bond to the child

o breast feeding and contraception

o How can my baby learn to sleep better

o Meaning of carrying your baby fort he development of the child

o Wife and Mother/Woman and mother- how does that work?

o Working life with a child

o Everyday life with a child

o Share experiences with other mothers

o Depression after child birth

o What else would interest you:

**If you are a smoker, would you be interest to take part in a group to quit or as the case might be reduce smoking?**

o Yes, because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o No, because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If „No“, what incentive would you need to take part in the group concerning reducing or quit smoking?**

**All three groups would take place after the gynecological and pediatric ordination times. Would that be a suitable for you to take part in the group?**

o Yes o No

**If „No“, which time would be better for you?**

**In order to take part in the group, would you need child care provided?**

o Yes o No

**How would the group need to be organized, for you to take part in it?**

o Women from different cultural backgrounds

o Women from the same cultural background

**How often should the breast-feeding group take place?**

o 1x per week

o Every two weeks

**The group to quit or reduce smoking should take place 1x per week. Would you agree with that?**

o Yes o No

**If „No“, what would be better?**

**Comments:**

**THANK YOU VERY MUCH FOR YOUR SUPPORT!**