

## Post-Session Questionnaire for Participants

Now that you've completed the Core of Life program, we would like to ask you some questions to help us plan for future sessions. Information collected will be treated as anonymous and confidential.

**1. Are you (Please circle):**

Female                      Male                      Transgender

**2. What School or Community Organisation do you belong to?**

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**3. Are you (Please circle):**

Aboriginal                      Torres Strait Islander                      Aboriginal and Torres Strait Islander                      Other

**4. What are some of the common first signs of pregnancy? (Please circle all that apply):**

Skin changes                      Belly increasing in size                      Feeling sick                      Breast changes

Missed or no period                      Tiredness/Moody                      Baby movements felt

Other (please describe):

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**5. What are some of the effects of drugs and alcohol on a mother and her baby? (Please circle all that apply):**

Baby at risk of Fetal Alcohol Spectrum Disorder                      Baby born early                      Addicted baby

Baby at risk of SIDS                      Risk of mother bleeding in pregnancy

Long term learning problems for baby

Other:

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**6. Please list where you would go to find out more information about pregnancy:**

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**7. I know more about what happens to a woman's body during childbirth (Please circle all that apply):**

Woman has regular contractions                      Cervix dilates                      Baby's head comes out first

Placenta comes out after baby

Other:

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**8. Why should a baby breastfeed? (Please circle all that apply):**

Promotes a loving bond                      Protects baby from illness      Perfect food for baby's growth  
Saves money                      Environmentally friendly                      Health benefits for mother  
Other:

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**9. What age do you believe is best to have a baby? (Please circle one or more):**

Not sure    under 16            16-20            21-25            25-30            30-40            40+years

**10. The session made me think more about the responsibilities of having a baby (Please circle):**

Yes    Unsure    No

**11. Would you recommend this program to other people your age? (Please circle):**

No    Unsure    Yes

**12. Was there something you liked most about the session?**

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**13. Was there something you didn't like about the session?**

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**14. Is there something else you would like to learn?**

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Thanks for taking the time to answer these questions.