Please read the questions carefully. Make your response by ticking the appropriate box, or writing your response in the space provided. Your answers will be treated in the strictest confidence. This questionnaire should take you 10 minutes to complete. When you have finished please send it in the envelope provided for the INTERNAL MAIL SYSTEM. Thank you for your response.

Preconception care is any advice or treatment offered to couples planning a pregnancy

1. Does your practice have a written protocol regarding preconception care?
   - Yes
   - No
   - Don’t know

2. In your practice at the moment is preconception care being provided by any team member?
   - Yes
   - No
   - Don’t know

3. If yes, who provides this care? (You may tick more than one box.) If no, please go to question 6.
   - General practitioner
   - Practice nurse
   - Midwife
   - Health visitor
   - Other (please state)

4. In what setting is this care or treatment offered? (You may tick more than one box.)
   - Dedicated clinic
   - Child health clinic
   - Well-woman
   - Opportunistic
   - Family planning clinic
   - Registration of new patients
   - Other (please specify below)

5. Please describe what sort of care or treatment is offered.
   ──────────────────────────────────────────────────────────────────────────────────────────────────────
   ──────────────────────────────────────────────────────────────────────────────────────────────────────
   ──────────────────────────────────────────────────────────────────────────────────────────────────────
   ──────────────────────────────────────────────────────────────────────────────────────────────────────

6. How many times in the last month have you provided preconception care?
   Please write a figure in the box.

7. We want to find out how important you feel the following services are for people planning a pregnancy.
   On a scale of 1 – 5 how important are the following factors? 1 = of no importance, 5 = very important. Please write the number in the box next to the item.
   Advice on:
   - Smoking
   - Alcohol
   - Maternity care
   - Genetic counselling (if indicated)
   - Drug use
   - Diet (including Benefits
   - Inherited disorders
8. The statements below address your attitudes to preconception care. To what extent do you agree with the following statements? Write the number in the box next to the statement.

1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, 5 = strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconception care does not have any effect on pregnancy outcome</td>
<td></td>
</tr>
<tr>
<td>Preconception care is an important health issue for women of child bearing age</td>
<td></td>
</tr>
<tr>
<td>A dedicated clinic for preconception care is a luxury service</td>
<td></td>
</tr>
<tr>
<td>A hospital setting is the best place to provide preconception care</td>
<td></td>
</tr>
<tr>
<td>In this practice population planning for a pregnancy often does not happen</td>
<td></td>
</tr>
<tr>
<td>Preconception care is a high priority in my workload</td>
<td></td>
</tr>
<tr>
<td>There is not enough time to provide a preconception clinic</td>
<td></td>
</tr>
<tr>
<td>As a practitioner I do not have the appropriate skills to offer preconception care</td>
<td></td>
</tr>
<tr>
<td>There is little evidence base for preconception care</td>
<td></td>
</tr>
<tr>
<td>I am not the most suitable person to offer preconception care</td>
<td></td>
</tr>
<tr>
<td>General practice is the best place to provide preconception care</td>
<td></td>
</tr>
</tbody>
</table>

9. What if any, are the obstacles to providing preconception care in your practice?

………………………………………………………………………………………………………
………..
………………………………………………………………………………………………………
………..
………………………………………………………………………………………………………
………..
………………………………………………………………………………………………………
………..
………………………………………………………………………………………………………
………..

10. Have you received any training involving preconception care (within a general or specific course)? If so please write details of the most recent training below, including date.

………………………………………………………………………………………………………
………..
………………………………………………………………………………………………………
………..
………………………………………………………………………………………………………
………..

11. How useful was that training for preconception care? (Please tick the box)
12. Is there any further training or up-date you would like in order to offer preconception care?

………………………………………………………………………………………………………
………….
………………………………………………………………………………………………………
……………”

13. Please add any further comments you would like below.

………………………………………………………………………………………………………
………….
………………………………………………………………………………………………………
……………”

Thank you for completing this questionnaire.
Please send it back in the envelope provided for the INTERNAL MAIL SYSTEM.

If you have any queries regarding this study please contact Dr Tom Heyes at Darton Health Centre, Church Street, Darton, Barnsley S75 5HQ. Phone 01226 382420, or Sarah Long 0114 271 5917