

Přílohy

1. Childbirth Experience Questionnaire (CEQ)

Instructions: Please indicate to which extent you agree with the following statements. There are no 'right' or 'wrong' answers. In the last three statements, please mark with a vertical line the spot that represents your experience:

	Totally agree	Mostly agree	Mostly disagree	Totally disagree
1) Labor and birth went as I had expected.				
2) I felt scared during labor and birth.				
3) I felt capable during labor and birth.				
4) I was tired during labor and birth.				
5) I felt happy during labor and birth.				
6) I felt that I handled the situation well.				
7) I wish the staff had listened to me more during labor and birth.				
8) I took part as much as I wanted in decisions regarding my care and treatment.				
9) During labor, I could change my position at any time, deciding whether I would stand, lie, kneel or squat.				
10) I could decide for myself on the form of relief from labor pains in the hospital (e.g. massage, hot water, change of position, epidural).				
11) I was treated with kindness and respect.				
12) I could decide for myself in which position I finally gave birth to my child (whether I would stand, lie, kneel or squat).				
13) I received all the information I needed during labor and birth.				
14) The person(s) accompanying me was (were) treated with kindness and respect.				
15) I have many positive memories from childbirth.				
16) I wish the medical staff had given me more care and understood my needs better.				
17) My impression of the team's medical skills made me feel secure.				
18) I have many negative memories from childbirth.				
19) Some of my memories from childbirth make me feel depressed.				
20) On the whole, how painful did you feel childbirth was?	0----- 100			
21) On the whole, how much control did you feel you had over decision making during childbirth?	0----- 100			
22) On the whole, how secure did you feel during childbirth?	0----- 100			

2. Postpartum Bonding Questionnaire (PBQ)

Instructions: Please indicate how often the following are true for you. There are no 'right' or 'wrong' answers. Choose the answer which seems right in your recent experience:

Items	always	very often	quite often	sometimes	rarely	never
1. I feel close to my baby						
2. I wish the old days when I had no baby would come back						
3. I feel distant from my baby						
4. I love to cuddle my baby						
5. I regret having this baby						
6. The baby doesn't seem to be mine						
7. My baby winds me up						
8. I love my baby to bits						
9. I feel happy when my baby smiles or laughs						
10. My baby irritates me						
11. I enjoy playing with my baby						
12. My baby cries too much						
13. I feel trapped as a mother						
14. I feel angry with my baby						
15. I resent my baby						
16. My baby is the most beautiful baby in the world						
17. I wish my baby would somehow go away						
18. I have done harmful things to my baby						
19. My baby makes me feel anxious						
20. I am afraid of my baby						
21. My baby annoys me						
22. I feel confident when caring for my baby						
23. I feel the only solution is for someone else to look after my baby						
24. I feel like hurting my baby						
25. My baby is easily comforted						

3. Relationship Assessment Scale (RAS)

Instructions: Please answer the questions below by checking a value that best describes your experience. There are no 'right' or 'wrong' answers. Choose the answer which seems right in your recent experience.

	Low				High
1. How well does your partner meet your needs?	1	2	3	4	5
2. In general, how satisfied are you with your relationship?	1	2	3	4	5
3. How good is your relationship compared to most?	1	2	3	4	5
4. How often do you wish you hadn't gotten into this relationship?	1	2	3	4	5
5. To what extent has your relationship met your original expectations?	1	2	3	4	5
6. How much do you love your partner?	1	2	3	4	5
7. How many problems are there in your relationship?	1	2	3	4	5

4. Sexual Experience Survey (SES)

Instructions: Please indicate how often you have experienced the following in mentioned time intervals. Please answer every situation for both time intervals.

Sexual Experiences	How many times in the past 12 months?				How many times since age 14?			
	0	1	2	3+	0	1	2	3+
1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:								
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Someone had oral sex with me or made me have oral sex with them without my consent by:								
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you are a male, check box and skip to item 4 <input type="checkbox"/>								
A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:								
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A man put his penis into my butt, or someone inserted fingers or objects without my consent by:								
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexual Experiences	How many times in the past 12 months?				How many times since age 14?			
	0	1	2	3+	0	1	2	3+
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:								
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If you are male, check this box and skip to item 7. <input type="checkbox"/> Even though it did not happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:								
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Even though it did not happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:								
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I am: Female Male My age is _____ years and _____ months.

9. Did any of the experiences described in this survey happen to you one or more times? Yes
No

What was the sex of the person or persons who did them to you?

I reported no experiences

Female only

Male only

Both females and males

10. Have you ever been raped? Yes
No