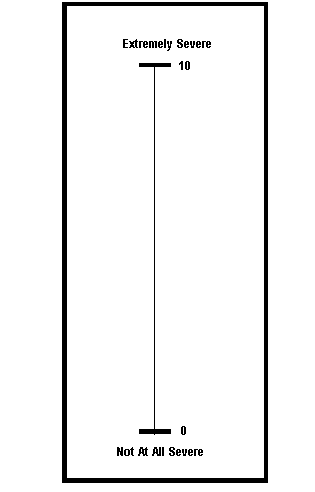
**Pregnant Woman Description Form (PWDF)**

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| **Case Number: Date:**  **SECTION I – SOSYODEMOGRAFİK ÖZELLİKLER** | | | | | |
| 1. Place of birth | : | 1) Village 2) Town 3) City 4) Metropolitan | | | |
| 1. Where you lived for the longest time | : | 1) Village 2) Town 3) City 4) Metropolitan | | | |
| 1. Age | : | .......................... | | | |
| 1. Status of Education | : | 1) High school 2) College / Faculty 3) Master / Doctorate | | | |
| 1. Job |  | 1) Housewife 2) Officer 3) Worker 4) Self-employment 5) Other …… | | | |
| 1. Do you currently have any income generating business? (Jobs to be done from home will be evaluated in the same way). | : | 1) No, I don't have any jobs  2) No, but I help my family work without being paid.  3) I have a regular daily job.  4) Occasionally, there are temporary jobs I do as I get a job. (seasonal worker etc.)  5) I am a paid worker  6) I am a salaried officer  7) I work freelance on my own account  8) Other ……………………………………………………………. | | | |
| 1. Status of Education of your partner | : | 1) High school 2) College / Faculty 3) Master / Doctorate | | | |
| 1. Does your partner currently has any income generating business? (Jobs to be done from home will be evaluated in the same way). | : | 1. No, he doesn't work at any job. 2. He has a job that he regularly does in return for wages. 3. Occasionally, there are temporary jobs (cleaning, seasonal, etc.) 4. Wage worker 5. Salaried officer 6. He works freelance on his own account. He employs ……… workers next to him. 7. He helps his family business. 8. Retired does not work in any job. 9. Retired but previously worked as ………………………. 10. Other……………………………………………………………. | | | |
| 1. Status of social security | | | 1) None 2) Social Security Institution 3) Private insurance 4) Other (Please specify) ……… ... | | |
| 1. Family type | : | 1) Core Family 2) Huge Family 3) Other……………….. | | | |
| 1. Do you have a relationship with your spouse? | | | | 1) No 2) Yes Degree of relationship: …………………… | |
| 1. Age of Marriage | : | 1) Under age of 18 2) Between age of 19 and 22 3) Between age of 23 and 26 4) Between age of 27 and 30 5) Between age of 31 and 34 | | | |
| **SECTION II- PREGNANCY HISTORY** | | | | | |
| 1. Height: ................. cm 2. Your weight before pregnancy: .................. kg 3. Your current weight: .................. kg 4. [BMI: .................. (To be filled by the researcher)] | | | | | |
| 1. Last Menstrual Period: ……………… 2. Estımated Date Of Birth: ……………… 3. Week of pregnancy: ............................ | | | | | |
| 1. Was your pregnancy a planned pregnancy? | | | | | 1)Yes 2) No |
| 1. Have you received Infertility / Hormone Replacement Therapy treatment before your pregnancy? | | | | | 1)Yes 2) No |
| 1. Have you used birth control pills before your pregnancy? | | | | | 1)Yes (How long: .................... ) 2) No |
| 1. Do you smoke? | | | | | 1) Yes ( .........../ day - ……month/year ) 2) No |
| 1. Do you drink alcohol? | | | | | 1) Yes ( .........../ day - ……month/year ) 2) No |
| 1. Are there any significant changes you have experienced recently (accident, fall, heavy lifting, moving, etc.), if any? | | | | | 1)Yes 2) No |
| 1. Did you exercise regularly before your pregnancy? | | | | | 1) Yes (How often: …… ..) 2) No |

**Visual Analog Scale (VAS)**

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**SEMI-STRUCTURED INTERVIEW FORM (SSIF)**

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| ***PART 1 (BEFORE STARTING PREGNANCY YOGA PROGRAMME)*** |
| **GENERAL PERCEPTION OF STRESS**   1. What do you do to cope with stress? 2. How are you feeling emotionally right now? 3. How was your family's attitude towards you before you found out that you were pregnant? 4. Has the attitude of your friends and neighbors towards you changed after you found out that you are pregnant? 5. Was your pregnancy planned?   ***ALARM STAGE***   1. How did you feel when you first learned that you were pregnant? What changes happened in your body as soon as you learned? 2. How did your body change when you found out that you were pregnant?   ***RESİSTANCE STAGE***   1. Do you think you have accepted the pregnancy? 2. Do you think you have an intense and constantly stressed body? How do you deal with this situation? 3. What are your thoughts on the health of you and your baby during your pregnancy?   ***EXHAUSTİON STAGE***   1. Can you feel your body strong in dealing with stress? 2. In which part of your body do you feel the stress more intensely? 3. What are your expectations for life?   ***YOGA AND STRESS PERCEPTION***   1. Do you think yoga will affect you? |
| ***PART 2 (AFTER PRENATAL YOGA PROGRAMME)*** |
| 1. How would you evaluate your normal life cycle after practicing yoga? 2. Do you think yoga has effects on you and your baby? |
| ***ENDING QUESTIONS***   1. What would you say if you wanted to express your current situation in one sentence? 2. Are there anything else you would like to add before ending the conversation? |