

POSTPARTUM QUESTIONNAIRE FOR THE MOTHER

The purpose of this questionnaire is to determine your needs, so that I may learn how to best support your role as a new parent and for the family move through the transition into parenting your new baby. This information may require you to provide information of a personal nature and will be held in the strictest confidence. If you feel uncomfortable answering any of these question, it is ok to decline.

Name: _____

Address: _____

Phone numbers: _____

Email address: _____

Any specific needs (cultural, religious, allergies, dislikes)

Who will be helping you at home after the birth/ for how long?

How has your pregnancy been/ any complications or considerations?

Have you moved, changed jobs, experienced any major life changes in the past 12 months?

Have you taken any parenting, childbirth, breastfeeding or baby care classes?

Are you anxious about any particular aspect of parenting / baby care?

Have you cared for an infant before? _____

Planned method of infant feeding? _____

If breastfeeding, how do you feel about breastfeeding generally?

How do you feel about your upbringing and the parenting style applied to you? How will it influence your own parenting style?

What are your plans for support for your family over the initial weeks and months following the birth?

Have you read any books on parenting? Baby care? Which?

Do you plan on circumcision for your baby?

How do you feel about the change that parenting may have on your relationship with your partner?
Do you have any concerns?

** The following are very sensitive and personal questions but I ask them because women with a history of mental illness and or abuse are at greater risk for postpartum depression and other postpartum mood disorders.

Do you have a history of mental illness?

Have you ever been physically or emotionally abused?

Anticipated needs / priorities: (Scale of 1 to 5- 5 being the highest priority)

Caring for the baby while resting / sleeping / showering _____

Baby care technique education _____

Assistance with infant feeding (bottle or breastfeeding) _____

Emotional support _____

Mother care _____

Laundry _____

Grocery shopping _____

Meal preparation _____

Errands _____

Sibling care and adjustment _____

Guidance in prioritizing daily tasks _____

What do you feel is the most important role that I can provide to you and your family?

Do you have pets? If so, please describe.

Do you smoke or does anyone smoke in the household?

Do you own fire arms? If so please describe.

Any other specifics / information that I should know?



POSTPARTUM QUESTIONNAIRE FOR THE PARTNER

The purpose of this questionnaire is to determine your needs, so that I may learn how to best support your role as a new parent and for the family move through the transition into parenting your new baby. This information may require you to provide information of a personal nature and will be held in the strictest confidence. If you feel uncomfortable answering any of these question, it is ok to decline.

Name: _____

Address: _____

Phone numbers: _____

Email address: _____

Any specific needs (cultural, religious, allergies, dislikes)

Will you be taking time off work after the baby? When & how much time?

Have you attended any parenting classes? Which?

Have you cared for an infant before?

Have you read any books on parenting? Baby care? Which?

Which aspects of baby care / parenting would you like help in learning?

Swaddling _____

Diaper changing _____

Bathing _____

Feeding _____

Dressing _____

Holding baby _____

Sling/ infant carrier demonstration _____

Other _____

Are you anxious about any particular aspect of parenting / baby care?

Have you moved, changed jobs, or experienced any major life changes in the past 12 months?

Do you plan on circumcision for your baby?

If your partner is breastfeeding, what is your opinion?

How do you feel about breastfeeding generally?