



Postpartum Questionnaire

The purpose of this questionnaire is to determine your needs so that I may best support you and your family as you welcome your new baby. Because some of this information is of a very personal nature, please be assured that anything you share with me will be held in strictest confidence.

Name: _____

Will anyone be staying with you to help you after the birth? For how long?

How has your pregnancy been? Any complications?

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

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

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

Have you cared for an infant before? Comments? _____

Planned method of infant feeding: _____

Tell me a little about your own upbringing and the parenting style applied to you. What aspects would you like to adopt? What would you like to avoid? _____

What books have you read on parenting or baby care, if any?

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

If you have a son, do you plan to circumcise him? _____

How do you think this baby will change your couple relationship? Any concerns?

Are there any cultural or religious customs or needs you would like me to be aware of?

Any food allergies in the household? _____

Anticipated needs/priorities: Rate each on a scale of 1-5, with 5 as highest priority

Caring for baby while resting/sleeping/showering _____

Baby care technique education _____

Assistance with infant feeding _____

Emotional support _____

Mother care _____

Sibling care and adjustment _____

Laundry _____

Grocery shopping _____

Meal preparation _____

Errands _____

Guidance in prioritizing daily tasks _____

Other _____

What is the most important role I can fill for you and your family?

Any other information I should know? _____