

PRE/POSTNATAL QUESTIONNAIRE

Dates of Delivery	
Number of Pregnancies	
Delivery Type (vaginal/assisted/c-section)	
Tearing (degree if known)	
Postnatal Bleeding Status	
Other Complications if Any	
Breastfeeding Status	
Current Level of Activity	

Have you visited before/during/after pregnancy with:

Chiropractor?	
Pelvic Floor Physical Therapist?	
Acupuncturist?	
Describe what you were seen for/areas of complaint?	

Do/have you had any of the following? If so, please describe details for when these things occurred:

Musculoskeletal?	
Pain in the central pubic area?	
Lower back pain or sciatic area? (If so, explain where?)	
Neck pain?	
Coccyx damage or pain?	
Knee pain?	
Joint pain? (e.g. wrist)	

Women's Health:

Heaviness, dragging or bulging in pelvic area?	
Diagnosis of pelvic organ prolapse (uterus, bladder, rectum, vaginal)?	
Hysterectomy?	
Leaking when you cough/sneeze/exercise?	
Strong/sudden urge to urinate? Is there leaking associated?	
Difficulty or discomforting passing urine?	

PRE/POSTNATAL QUESTIONNAIRE (Pg2)

Women's Health (continued):

Uncontrollable gas?	
Leaking feces?	
Straining during bowel movements (constipation)?	
Pain in the perineum during intercourse or any time?	
Unexplained bleeding during the day/exercise?	

Other:

Hemorrhoids/varicose veins/constipation?	
Gestational Diabetes?	
High/Low Blood Pressure?	

Lifestyle:

How much sleep do you get in a 24-hour period?	
How much water do you drink?	
How does your nutrition look on a typical day?	
What did you eat for Breakfast? Lunch? Dinner?	
Do you consume soda? If so, what kind and how many per day.	
Do you drink coffee? If so, what kind and how many per day.	
Any foods you avoid? If so, why/what are your symptoms when eating said foods?	
Rate your stress level (1=little, 10=extreme):	
Do you feel depressed, anxious or suffer from mood swings?	
Have you ever been diagnosed with pregnancy/postpartum depression or anxiety?	