

Postpartum Questionnaire

Patient Name _____

Please check off the box for the main topics you would like to discuss

Infant Feeding

- Infant feeding is going well, but I still have questions.
- I have difficulty/pain with breastfeeding.
- I am worried that I will not be able to meet my breastfeeding goals.
- I have concerns about going back to work/school & maintaining my milk supply.

Bleeding

- My bleeding has decreased in amount since the birth of my infant.
- I am concerned about the amount, color, or odor of my bleeding.

Bladder

- I am having pain while emptying my bladder.
- I have difficulty emptying my bladder.
- I have a hard time controlling my bladder. (I leak or do not make it to the restroom)
- I do not have any issues with my bladder.

Bowels

- I am having pain while using the toilet to pass stool.
- I have difficulty moving my bowels. (I am feeling constipated)
- I have a hard time controlling my bowels. (My stool leaks)
- I am not having any bowel issues.

Incision or Laceration

- My incision or laceration has been healing well; it does not bother me.
- I am concerned that my incision/laceration is not healing well.

I am feeling the following symptoms:

- Lightheaded
- Shortness of Breath
- Chest pain
- Heart Racing
- Headache
- Blurry Vision
- None of the above.

Safety

- I am concerned about keeping myself and my family safe.
- I am not concerned about keeping myself and my family safe.

Nutrition & Exercise

- I would like to learn more about eating healthy and incorporating exercise into my daily life.

Family planning & Contraception

- I would like to become pregnant in the next year.
- I want to prevent pregnancy and discuss options for birth control.

Sexuality

- I am concerned about having sex again after my delivery.
- I have no concerns about resuming sexual intercourse.

Smoking

- I want to decrease/stop smoking.
- I am concerned about myself and my infant being exposed to other family members who smoke.
- I am not a smoker and I do not have any concerns about myself or infant being exposed to other family members who smoke.

Alcohol/Drugs

- I would like to decrease the amount of alcohol I use and need help.
- I need help with my drug use.
- I do not have an alcohol or drug problem.

Infant Care

- Caring for my infant is going well but I still have questions.
- I am having difficulty caring for my infant.

Sleep/Rest

- I am not getting adequate sleep and rest.
- I am getting adequate sleep and rest.

Support

- I have enough or some support at home, but would like more help.
- I do not have enough support at home.

Resources

- I need help with signing up for health insurance and/or WIC program.
- I do not have access to clean water.
- I do not have heat or air conditioning in my house.
- I do not have enough food, diapers and/or clothes for my infant.
- I would like to discuss support groups/counseling services available in my area.

I have other questions and concerns for this visit related to:
