



Lisa Cartier
518-307-9810
lisacartier.com

Postpartum Questionnaire for the Mother

The purpose of this questionnaire is to help us determine your needs so that I can best support you and your family as you transition into a new family. Some of this information may be of a personal nature and I assure you that I will hold this information in the strictest confidence. Please feel free to decline answering any such questions if you are uncomfortable doing so.

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, special needs?

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

Have you or will you be taking any parenting, childbirth, breastfeeding or baby care classes?

Do you have any concerns about parenting and baby care?

Have you cared for an infant previously?

How do you plan on feeding your new baby?

How do you feel about breastfeeding?

How do you think your feelings about your upbringing and parenting styles will influence your own parenting?

Will you have any support for your new family initially and through the first few months following the birth of your baby?

Do you plan on circumcision?

Do you have any concerns over becoming a new parent changing your relationship with your partner?

Do you plan on returning to work? If so, when?

Do you have a history of mental illness?

Have you been physically or emotionally abused?

Please indicate your anticipated needs for the following:

- Baby care while resting, showering
- Baby care techniques/education
- Assistant with feeding – breast or bottle
- Emotional support
- Care for you
- Laundry
- Grocery and other shopping
- Meal preparation
- Errands
- Sibling care
- Daily tasks

Do you have pets? If so – what?

Do you or anyone in your home smoke?

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

Please provide any other information that I should know:

Postpartum Questionnaire for the Partner

The purpose of this questionnaire is to help us determine your needs so that I can best support you and your family as you transition into a new family. Some of this information may be of a personal nature and I assure you that I will hold this information in the strictest confidence. Please feel free to decline answering any such questions if you are uncomfortable doing so.

Name: _____

Address: _____

Phone Numbers: _____

Email Address: _____

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

Will you be taking time off work after the baby? When and how long?

Have you attended any parenting classes?

Have you cared for an infant before?

Are there any aspects of baby care/parenting you would like help with – diaper changing, bathing, dressing, holding the baby, other?

Are you concerned about any part of parenting/baby care?

Have you had any major life changes in the past 12 months?

What are your concerns if your partner is breastfeeding?

Any other guidance or information you would like?