



Today at your child's visit, we want to make sure you get the care you need. Our practice is starting a program to help new mothers focus on their own health while caring for a busy child. Please help us to help you by answering a few quick questions.

Are you the child's birth mother (biologic mother)?

YES: If YES, please complete the questions on the back of this form. ➡ **OVER**

NO: If NO, you can stop here. Thank you for your assistance. ● **STOP**

Affix Patient Label Here

Mother Questionnaire

Name: _____ Date: _____ Child's Name: _____

Child's age in months: _____ Child's month and year of birth: _____

Hello! Today at your child's visit, we also want to make sure that you get the care that you need as a busy mom.

Please take a minute to let us know how you are doing.

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1.) Little interest or pleasure in doing things	0	1	2	3
2.) Feeling down, depressed, or hopeless	0	1	2	3
<i>Add columns</i>	+	+	+	+
Total				

= _____

3.) Do you smoke? Yes No

4.) Have you been or become pregnant since your child's last visit? No Yes

If not currently pregnant, are you using Birth Control? No Yes

If using birth control, which methods are you using?

- | | | |
|---|---|--|
| <input type="checkbox"/> Natural family planning | <input type="checkbox"/> Condoms | <input type="checkbox"/> Birth control pills |
| <input type="checkbox"/> Surgery (tubes tied, etc.) | <input type="checkbox"/> Depo Provera shot | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Contraceptive patch | <input type="checkbox"/> Contraceptive ring | <input type="checkbox"/> IUD |
| <input type="checkbox"/> Other | | |

Would you like more information on birth control options? No Yes

5.) Are you taking folic acid or a multivitamin right now? No Yes

Would you like more information on multivitamins to keep healthy? No Yes

Thank you for your time!

