



Postnatal Health Questionnaire Template

* Required information

First name *

Last name *

What's your email? *

Name

Email

Age

Phone number

Height

Weight

Number of Pregnancies

Number and dates of delivery(ies)?

Delivery method(s)

What was the length of your labor (if known)?

Did you have any tearing? If so what degree (if known)?

Did you have any medical interventions (forceps, vacuum, episiotomy)?

Did you have any complications during pregnancy?

☐ Yes

☐ No

If yes, please explain.

Please describe anything about your birth experiences you would like (if desired).

What kind and how much exercise did you do prior to pregnancy?

Did you exercise during your pregnancy? If yes, how did this differ to prior and how did it change throughout pregnancy?

Do you have or have you been checked for Diastasis Recti?

☐ Yes

☐ No

Have you ever been to a Pelvic Floor Physical Therapist?

☐ Yes

☐ No

Please check if you have or have ever had any of the following:

☐ If you are newly postpartum, have you been "cleared" for exercise by your practitioner?

☐ Do you experience any pain at this time?

If yes, please explain.

Please check any of the following symptoms you experience.

How much water are you drinking per day on average?

How much sleep do you get (on average) in a 24-hour period?

Are you currently breastfeeding?

☐ Yes

☐ No

If yes, have you had any unexpected changes in milk supply?

Are you currently physically active? Please explain. (time/week, how long, what activities)

What kind of movement/physical activity to you enjoy?

Are there any activities that you would like to participate in and are not able to at this time? Please explain.

What are you physical/health goals for the next 2-3 months?

What are you goals for the next 6 months to a year?

On a scale of 1-5, how ready and willing are you to make changes to move towards these goals? (1 - not ready/willing, 5 - fully dedicated)

1	2	3	4	5
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What, if any, are the barriers that may get in the way of your goals?

How many days per week can you dedicate to structured movement?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

How much time in a day are you able to dedicate to structured movement?

- ☐ 1
- ☐ 2
- ☐ 3

How much self care time do you get? What do you like to do during this time?

Who is your support system?

Are you currently working outside of parenting?

- ☐ Yes
- ☐ No

If yes, what does your work entail?

Do you consider your food intake to be adequate and overall nourishing?

- ☐ Yes
- ☐ No

How are you feeling emotionally? Any postpartum depression/anxiety symptoms?

What is your perceived stress level on a scale of 1-5, 5 being very stressful?

1	2	3	4	5
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What are 3 things you love about yourself/your body/your life?

Please write anything else you would like me to know!



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