



BABY WISE QUESTIONNAIRE

PERSONAL INFORMATION:

Medical Aid Name:	
Medical Aid Number:	
Name & Surname:	
Age:	
Home Address:	
Cell Number:	
Email Address:	
Occupation:	
Husband/Partner Name:	
Occupation:	
Dr/Midwife:	
Expected Date:	

QUESTIONNAIRE:

Previous miscarriage / abortion?	Yes	No
Any major illness or accidents during this pregnancy?	Yes	No
If yes, please write details.		

Any concerns about this pregnancy?	Yes	No
If yes, please write details.		
Will your husband be present during labour/delivery/caesarean?	Yes	No
If no, please indicate the support person.		
Do you want to see a DVD of a labour or C/Section?	Yes	No
If no, indicate reasons.		
Does your husband want to see a DVD of a labour?	Yes	No
If no, indicate reasons.		
How do you feel about natural birth (without pain relief)?	Yes	No
Please motivate.		
How do you feel about an epidural?	Yes	No
Please motivate your concerns.		
Are you scheduled for a caesarean section?	Yes	No
Indicate the reason (optional).		
Do you plan to breastfeed?	Yes	No
What will successful breastfeeding be for you?		
Do you have step children at home?	Yes	No
Who will help you during the first weeks after birth?		
What do you wish to learn from attending the classes?		
Is there anything you wish me to take note of?		