



## COMMERCIAL DRIVE MIDWIVES

CLIENTS NAME: \_\_\_\_\_

### Questionnaire to assist your midwives in caring for you more effectively

1. What were your feelings when you first learned you were pregnant? And your partner's feelings?
2. Have these feelings changed since then?
3. What are your reasons for choosing midwifery care? What are your expectations of your midwives?
4. Do you have any major health concerns?
5. Has this pregnancy raised issues of body image for you? Do you have a history of anorexia or bulimia?
6. How do you deal with challenging life situations? Can you think of any life experiences that will help prepare you for giving birth?
7. Childbirth can bring up intense memories and feelings. It would be helpful for us to understand your past history in the context of physical, emotional or sexual mistreatment or abuse. Do you have any such history? Do you feel comfortable discussing these issues with us? If not, please feel free to approach us at any time for a counselling referral.
8. What are your ideas and wishes for this experience? Do you have specific concerns related to any aspect of pregnancy, birth or motherhood?
9. Who are you planning to have at the birth?
10. Are there any family concerns that we need to be aware of?

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Directions to your home: