Washington University in St. Louis Physicians

Welcome!

Department of Obstetrics and Gynecology
Obstetrical Questionnaire

Name _____ Date of Birth _____

Occupation _____

WHAT IS YOUR RACE/ETHNICITY

- ☐ African American
- ☐ Ashkenazi Jewish
- ☐ Asian
- ☐ Asian Indian
- ☐ Caribbean
- ☐ Caucasian/White
- ☐ French Canadian
- ☐ Latino/Hispanic
- ☐ Mediterranean (Italian, Greek, Yugoslav, etc.)
- ☐ Middle Eastern
- ☐ Northern European (England, Ireland, Germany, etc.)
- ☐ South Pacific Islander

WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU REACHED

- ☐ Elementary School
- ☐ Some High School
- ☐ High School Diploma or GED
- ☐ Some college or AA degree
- ☐ College Graduate
- ☐ Graduate degree or higher

PREGNANCY HISTORY

What was the **first** day of your last **normal** period? _____

What was the date you conceived? (if known) _____

In the six months before you got pregnant, were your periods (choose one):

☐ Regular, every 28 – 31 days ☐ Regular, less than 28 days apart

☐ Regular, more than 31 days apart ☐ Irregular

How was your pregnancy confirmed?

☐ Urine test ☐ Blood test ☐ Ultrasound exam

Did you get pregnant by means of in-vitro fertilization? ☐ Yes ☐ No

If yes, did you have an egg donor? ☐ Yes ☐ No

Age of egg donor _____

What is your blood type? _____

What is your usual weight, when not pregnant? _____

What is your current weight? _____

What is your height? _____

Do you currently smoke cigarettes? ☐ Yes ☐ No

If yes, how many cigarettes do you smoke each day? _____

Have you had any alcoholic beverages during this pregnancy? ☐ Yes ☐ No

If yes, what is the average number of drinks taken per day? _____

Have you used any street drugs such as marijuana, cocaine or heroin during this pregnancy? ☐ Yes ☐ No

Were you using any form of hormonal birth control or contraception(birth control pills or Depo-Provera) in the 2-3 months before you got pregnant? ☐ Yes ☐ No

MEDICAL HISTORY

Do you have any of the following conditions?

- ☐ Insulin dependent diabetes
- ☐ Non-insulin dependent diabetes
- ☐ Gestational diabetes
- ☐ Chronic hypertension
- ☐ Kidney disease
- ☐ Asthma
- ☐ Seizure disorder
- ☐ Infectious disease (HIV, Hep B or C, Med resistant)
- ☐ Lupus
- ☐ Blood or bleeding disorder
- ☐ Heart disease, including mitral valve prolapse
- ☐ Sickle cell disease

OBSTETRICAL HISTORY

How many times have you been pregnant (including this pregnancy)? _____

How many children have you had that were **full term** (delivered at 37 weeks or more)? _____

Number of full term children that are still living _____

Number of full term children that are deceased _____

How many children have you had that were **pre-term** (delivered before 37 weeks)? _____

Number of pre-term children that are still living _____

Number of pre-term children that are deceased _____

How many miscarriages/pregnancy losses have you had? _____

☐ Before 14 weeks ☐ 15 - 23 weeks

☐ 24 - 36 weeks ☐ Greater than 37 weeks

How many elective abortions have you had? _____

☐ Less than 14 weeks ☐ Greater than 14 weeks

How many tubal or ectopic pregnancies have you had? _____

Have you ever had a child who weighed <5½ pounds at birth? ☐ Yes ☐ No

Have you ever had a child who weighed >9 pounds at birth? ☐ Yes ☐ No

Have you ever had multiple pregnancies (twins, triplets, etc.)? ☐ Yes ☐ No

What was the mode of your last pregnancy? ☐ Vaginal ☐ VBAC ☐ C-Section

PARTNER INFORMATION

What is the name of your baby's father? _____

What is the birth date of your baby's father? _____

What is the race/ethnicity of your baby's father?

- ☐ African American
- ☐ Ashkenazi Jewish
- ☐ Asian
- ☐ Asian Indian
- ☐ Caribbean
- ☐ Caucasian/White
- ☐ French Canadian
- ☐ Latino/Hispanic
- ☐ Mediterranean (Italian, Greek, Yugoslav, etc.)
- ☐ Middle Eastern
- ☐ Northern European (England, Ireland, Germany, etc.)
- ☐ South Pacific Islander

Are you related to your baby's father in any other way other than marriage? ☐ Yes ☐ No

If yes, how are you related? _____