

**Initial Questionnaire**

1. **GENERAL INFORMATION**
2. Name:
3. Date of Birth:
4. Language Preference: 🞎 English 🞎 Spanish

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Highest level of education completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **DIABETES & PREGNANCY HISTORY**
3. Relatives with diabetes: 🞎 None 🞎 Parents 🞎 Brothers/Sisters

🞎 Grandparents 🞎 Spouse/Partner

1. Is this your first pregnancy? 🞎 Yes 🞎 No
2. Number of pregnancies (including this one): \_\_\_\_\_\_\_
3. How many children have you given birth to? \_\_\_\_\_\_\_
* Any twins or triplets? 🞎 No 🞎 Yes
* Any of your children weigh more than 9 pounds at birth? 🞎No 🞎 Yes
1. Have you had any miscarriages and/or abortions? If yes, please specify below.
* Miscarriages, how many?\_\_\_\_\_\_\_

🞎 Abortions, how many?\_\_\_\_\_\_\_\_

1. Have you had gestational diabetes in the past? 🞎 No 🞎 Yes
* If “yes”, how did you manage your GDM then? 🞎 Diet only

🞎 Tablets 🞎 Insulin

(Please see back)

1. **MEDICAL HISTORY**
2. History of any of the following conditions? (*Check all that apply*)
* None
* PCOS (Polycystic Ovarian Syndrome)
* Asthma
* High Blood Pressure
* Heart Trouble
* Problems with blood sugar
* High cholesterol
* Stroke
* Stomach Ulcers
* Kidney Disease
* Gastric bypass surgery
* Cancer
* Liver Disease
* Gallbladder disorder / removal
* Thyroid Disease
* Anxiety / Depression
* HIV/AIDS
* Digestive Disorders
* Diverticular Disease
* Postpartum Depression
1. Do you take any of the following medications?
* Prenatal vitamins
* Iron
* Other - Specify (name & dosage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Did your healthcare provider limit the amount of physical activity you can do?

🞎 No 🞎 Yes

If “yes”, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**For Educator Only**

|  |  |  |
| --- | --- | --- |
| B/P | P | Wt |

Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_