

POSTPARTUM QUESTIONNAIRE

Name: (PRINT) _____ Date of Birth: _____

How many weeks past your delivery are you today? _____

Date of your delivery: _____

Were you exclusively breastfeeding in the hospital? (No bottles given in the hospital) _____

Are you still breastfeeding your baby? _____

Did your baby leave the hospital with you? _____

Did your baby have to go to the special care nursery or NICU? _____

Did the baby ever have to be readmitted to the hospital? _____

If Yes, for what reason?

Did you have to stay in the hospital longer than 48 hours if you had a vaginal birth _____

Longer than 72 hours if you had a c-section? _____

Did you have to be readmitted to the hospital for any reason? _____

If Yes, what caused the readmission to the hospital?

Patient Signature: _____ Date: _____