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Please answer the following questions about your most recent pregnancy and birth

Conception

Please describe the circumstances surrounding the conception: was it planned, how long did it take to get pregnant; did you have any fertility problems or infertility treatments; previous miscarriages, etc.

Your weight before getting pregnant: _____

How much weight did you gain during your most recent pregnancy: _____

Your current weight: _____ Height: _____

Pregnancy

Please describe what this pregnancy was like for you. Were there any health concerns, emotional turmoil, or any major changes or life events (death in family, move), excessive symptoms, etc.

Birth

At how many weeks gestation was/were your baby/babies born? _____

How much did your baby(ies) weigh at birth? _____

How old is your baby(ies) now? _____

Please describe your birth experience, including any complications and procedures used:

Did your baby have any significant health problems at birth?

No

Yes

If yes, please elaborate _____

Did you have any significant health problems related to childbirth?

No

Yes

If yes, please elaborate _____

How are you feeding your baby?

Exclusive breastfeeding

Exclusive bottle-feeding with formula

Combining breastfeeding with bottle-feeding

Breastfeeding and solid foods

Bottle feeding and solid foods

Exclusive solid foods

Please describe any breastfeeding or bottle-feeding problems (current or past)

Please describe the help you are receiving, from who and what form does it take?

Please describe your baby's general disposition

Please circle the number that best describes how close you feel to your baby emotionally right now

Not at all close

Extremely Close

1 2 3 4 5 6 7 8 9 10