

Survey for Women During Postpartum Period

Central Bucks Physical Therapy LLC is committed to developing community programming for woman during and after pregnancy. Please take a few moments to complete this short survey to help us understand your experience and what would be helpful for you. We appreciate your time.

Please **circle** your response.

1. How many children do you have (born either full term or prematurely)?

0 1 2 3 4 5

2. Have you experienced any of the following during or after any of your pregnancies?

Diastasis Recti Abdominis (DRA)

Yes No Not sure Past pregnancy This pregnancy

Low back / Sacroiliac pain

Yes No Not sure Past pregnancy This pregnancy

Incontinence

Yes No Not sure Past pregnancy This pregnancy

Abdominal pain

Yes No Not sure Past pregnancy This pregnancy

Difficulty with daily activities

Yes No Not sure Past pregnancy This pregnancy

Sexual dysfunction

Yes No Not sure Past pregnancy This pregnancy

3. Have you ever received *educational handouts* regarding any of the above mentioned issues?

Yes No Not sure Past pregnancies This pregnancy

4. Have you ever attended *educational classes* regarding any of the above mentioned issues?

Yes No Not sure Past pregnancies This pregnancy

5. Have you ever received *treatment* for any of the above mentioned issues?

Yes No Not sure Past pregnancies This pregnancy

6. If yes, *what type of treatment* did you receive?

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Personal Training

Physical therapy

Chiropractic care

Surgery

Other: _____

7. Where do you seek answers to questions or concerns about a pregnancy or postpartum issues? Circle all that apply – space is provided for examples (i.e. websites, names, etc.)

ObGyn _____

Other Health Care Professional _____

Friend or Family member

Baby groups _____

Community Program _____

Online resources _____

Social media _____

Books _____

8. Please indicate your interest in receiving or participating in any of the following:

Pamphlet/brochure	Yes	No	Not sure	Already received
Class at your doctor's office	Yes	No	Not sure	Already had a class
Class at local facility	Yes	No	Not sure	Already had a class
Instruction at doctor visit	Yes	No	Not sure	Already instructed

9. If you are interested in possibly attending an educational session including information about: abdominal/pelvic floor structures, function, and woman-related issues that can develop after pregnancy:

What days of the week would work for you (circle all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday

What times of the day would work for you (circle all that apply):

7-8AM 9-10AM 12-1PM 4-5PM 6-7PM 7-8PM

Where would you like to have educational class held:

At your doctor's office At a local facility Brief instruction during a doctor's visit

10. What would you like to learn at the educational session/class?

Please fill out the information below if you would like us to contact you with information about upcoming programs and educational activities. No personal identification information will be used for any other reasons. Thank you again for your time!©

Name: _____

Address: _____ Email address: _____