EPIC Questionnaire

PM# __________

Your Date of Birth (yyyy mm dd)________________ **Your Initials** ______________

Pre-pregnancy weight ________ ☐lbs ☐kg (Check) Height ________ ☐ft ☐cm (Check)

Ethnicity:
☐ Caucasian (European) ☐ African ☐ First Nations
☐ East Asian ☐ South Asian ☐ Other/Multi-ethnicity
If other/multi, please list: _____________________________
NOTE: East Asian = Chinese/Korean/Japanese/Filipino/Vietnamese etc
South Asian = Indian/Pakistani etc

Previous pregnancies:
# of pregnancies (including current) ______________
# of term (>/=37 w) births ______________
# of pre-term (</=36w+6d) births ______________
# of terminations ______________
# of spontaneous miscarriages ______________
# of living children ______________
# of twin or triplet pregnancies ______________

Please provide the following for each child born:

Child	Year of birth	Gestational age at delivery	Type of delivery	gender	Complications at delivery
1					
2					

Have you had an abnormal Maternal Serum Screen in a previous pregnancy? ☐ NO ☐ YES
If yes, did it indicate a risk for: ☐ Down syndrome (trisomy 21)
☐ Trisomy 18
☐ Open Spina Bifida

Current pregnancy:
Date of your last menstrual period (LMP) (YYYY/MM/DD)? ______________
Date of your estimated due date (EDD) (YYYY/MM/DD)? ______________

Did you take vitamins during pregnancy? ☐ NO ☐ YES
If yes, please list the brand/type for the following and which trimester (T) you started:
Ex. Multi-vitamin Centrum ultra for women

☐Prenatal Brand Start date: ☐ 1st T ☐2nd T ☐3rd T
☐Multi-vitamin Brand Start date: ☐ 1st T ☐2nd T ☐3rd T
☐Folic Acid Brand Start date: ☐ 1st T ☐2nd T ☐3rd T
☐Calcium Brand Start date: ☐ 1st T ☐2nd T ☐3rd T
☐Iron Brand Start date: ☐ 1st T ☐2nd T ☐3rd T
☐Other Brand Start date: ☐ 1st T ☐2nd T ☐3rd T

Did you take any vitamins in the 3 months before pregnancy? ☐ NO ☐ YES
If yes, are they the same as above? ☐ NO ☐ YES
i. If no,, please list______________

Did you take medications during pregnancy? ☐ NO ☐ YES
If yes, please check what type and when you used it: T = trimester
☐ Aspirin (Acetylsalicylic Acid) # of doses__________ Date: ☐ 1st T ☐2nd T ☐3rd T
☐ Tylenol (Acetominophen) # of doses__________ Date: ☐ 1st T ☐2nd T ☐3rd T
☐ Advil (Ibuprofen) # of doses__________ Date: ☐ 1st T ☐2nd T ☐3rd T

☐ Diclectin			
☐ Antiseizure	Brand___________	Doses__________	Date: ☐ 1st T ☐ 2nd T ☐ 3rd T
☐ Highblood pressure	Brand___________	Doses__________	Date: ☐ 1st T ☐ 2nd T ☐ 3rd T
☐ Antidepressants	Brand___________	Doses__________	Date: ☐ 1st T ☐ 2nd T ☐ 3rd T
☐ Prescription	Brand___________	Doses__________	Date: ☐ 1st T ☐ 2nd T ☐ 3rd T
☐ Other	Brand___________	Doses__________	Date: ☐ 1st T ☐ 2nd T ☐ 3rd T

Please check any of the following complications you experienced in this pregnancy

- ☐ Bleeding
- ☐ Fever
- ☐ Rash
- ☐ Infection Type: ________
- ☐ Vomiting
- ☐ Headaches/migraines
- ☐ High blood pressure
- ☐ Abdominal pain
- ☐ Gestational Diabetes

Please check any of the following exposures you experienced in this pregnancy:

- ☐ 1st hand Cigarette smoke more than 3 times a week
- ☐ 2nd hand Cigarette smoke more than 3 times a week
- ☐ alcohol **prior** to 12 weeks gestational age (1st trimester)
- ☐ alcohol **after** 12 weeks gestational age (1st trimester)

When NOT pregnant, do you suffer from:

	NO	YES
Headaches/Migraines?	☐	☐
Kidney disease?	☐	☐
High blood pressure?	☐	☐
Heart attack or stroke?	☐	☐
Type 1 or Type 2 Diabetes?	☐	☐

Does your mother, father, or siblings (brothers or sisters) suffer from:

	NO	YES	If yes who?
Headaches/Migraines?	☐	☐	________
Kidney disease?	☐	☐	________
High blood pressure?	☐	☐	________
Heart attack or stroke?	☐	☐	________
Diabetes?	☐	☐	________

Has your mother and/or sisters had more than two spontaneous miscarriages? NO ☐ YES ☐

Please check your highest level of education completed:

- ☐ High school diploma
- ☐ Undergraduate degree or equivalent diploma/certificate
- ☐ Graduate degree or equivalent degree
- ☐ Other degree or diploma/certificate. Please list: ______________________________

Please list your occupation: ______________________________

Please check your average house hold income:

☐ Less than $50 000 ☐ Greater than $50 000