

Please answer the following: (Partner 1 is the potential carrier)

1) Who will serve as your support during a pregnancy:

Family

Friends

Spouse

Other _____

2) Have either of you:

Taken medication for depression, anxiety, bipolar disorder, ADHD or any other psychological reason?

If so, when, for what purpose, for how long? _____

3) Have either of you been suicidal? Y N _____

4) Have either of you been admitted to a psychiatric hospital or drug/alcohol rehabilitation facility? Y N

5) Have either of you had a DUI? If so, when? _____

6) Have either of you had a problem controlling your alcohol intake? Y N

7) Do either of you use "street drugs" or abuse prescription drugs? Y N

8) Do either of you smoke cigarettes? _____

9) Do you own or rent your home? How long have you lived there? _____

10) Have either of you been in trouble with the law? Y N

11) Have either of you initiated a lawsuit? Y N

12) Where did each of you grow up?

Partner 1: _____

Partner 2: _____

13) Have either of you had an eating disorder?

14) Do you keep a healthy diet? _____

15) Do you exercise? If so, how often each week, and for how long?

16) How is your sleep? Appetite?

Partner 1: _____

Partner 2: _____

17) How much schooling have you completed?

Partner 1: _____

Partner 2: _____

18) Where are you presently working? In what capacity? How many years have you been working there?

Partner 1: _____

Partner 2: _____

19) Do either of you have health problems? _____

20) Do either of you presently take medications, and if so, which and dosage:

Partner 1: _____

Partner 2: _____
