

## Mummy MOT pre-screening questionnaire

Name:

Email:

Phone Number:

How many weeks postnatal are you?	
What was your pre-pregnancy weight?	
What is your weight now?	
What concerns are you experiencing since giving birth?	
Have you had your 6 week check with your GP?	
Do you have any medical problems?	
Are you on any medication?	
Did you have any problems / conditions before pregnancy?	
Did you have any complications during pregnancy?	
Have you undergone any gynaecological surgery?	
Have you suffered from any bowel condition such as IBS, colitis etc?	
Are you breastfeeding?	
Have you ever been diagnosed with SPD, SI joint pain or PGP?	
Are you hypermobile (BHMS or EDS)?	
Have you developed excessive stretch marks in pregnancy?	
Do you have separation of your abdominal muscles at the midline (Diastasis)?	
Are you finding it hard to activate your pelvic floor muscles?	
Do you have incontinence when you cough, laugh, sneeze, exercise or lift?	
Do you have any urinary frequency?	
Do you have any urinary urgency?	
Do you need to wear incontinence pads?	
Do you have any bowel incontinence?	
Do you have bowel urgency?	
Do you have pain when emptying your bowel?	
Do you feel that you empty your bowel completely?	

Do you ever assist emptying?	
Have you ever been diagnosed with pelvic organ prolapse (POP)?	
Do you experience a sensation of pressure or pain in the vagina or rectal area?	
Do you have any discomfort when inserting or wearing tampons?	
Do you have any hormonal imbalance problems?	
Do you have a thyroid disease (over or under)?	
Do you have a history of recurrent UTIs?	
Do you suffer with chronic Candida (thrush)?	
Have you been on a course of anti-biotics?	
Do you have a history of endometriosis?	
Do you have pain during intercourse?	
Do you have coccyx pain?	
Do you have a good urinary flow when you void?	
Do you have a history of lower back pain?	
Have you had a C-section?	
Has it healed well?	
Do you have pain at the scar?	
Is the scar adherent?	
Have you had perineal stitches?	
Do you have any pain sitting?	
Do you have any pelvic floor dysfunction (hypertonic, hypotonic, pudendal nerve)?	
Did you exercise during pregnancy?	
Are you currently exercising?	
Do you have any other conditions you feel are relevant?	

If you answered YES to any of the above questions, please give further details below:

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