

Facility: _____

File no.: _____
Family name, first name: _____
Date of birth: _____ ☐ F ☐ M
YYYY-MM-DD
RAMQ no.: _____ Exp. _____
YYYY-MM
Mother's name: _____

VOLUNTARY INTERRUPTION OF PREGNANCY (VIP) HEALTH QUESTIONNAIRE

User questionnaire

To help us tailor your care to your needs and expectations, we ask that you please answer a few questions:

General information	
Your age: _____ years	Occupation: _____
Do you have children? ☐ Yes ☐ No	If yes, how many? _____ How old are they? _____
What is your civil status?	
☐ Single ☐ Common-law ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	
You currently live with:	
☐ Alone ☐ Spouse ☐ Children ☐ Parents ☐ Friends ☐ Other: _____	
Have you seen a doctor or a nurse since becoming pregnant? ☐ Yes ☐ No	

Medical history		
Check all current and past health problems:		
☐ High blood pressure	☐ Depression	☐ Thyroid problems
☐ Breathing problems	☐ Psychological problems	☐ Diabetes
☐ Asthma	☐ Embolism (blood clot)	☐ Hemorrhaging (bleeding)
☐ Heart disease	☐ Headaches/migraines	☐ Liver problems (hepatitis)
☐ Cancer: _____	☐ Fainting	☐ Kidney problems
☐ Anemia	☐ Gynecological problems	☐ Previous surgery
☐ Inflammatory bowel disease	☐ Adrenal problems	☐ Rheumatoid arthritis
☐ Condition requiring cortisone	☐ Epilepsy	☐ Hereditary porphyria
☐ Clotting disorders/use of anticoagulants ☐ Other: _____		
Details: _____		

Family name: _____

First name: _____

File no.: _____

Your reaction to your pregnancy

Which of these words best describes your reaction when you found out you were pregnant?

- ☐ Shock ☐ Happiness ☐ Anger ☐ Fear ☐ Surprise
☐ Sadness ☐ Disappointment ☐ Ambivalence ☐ Other: _____

How do you feel now?

- ☐ Relieved ☐ Happy ☐ Sad/depressed ☐ Angry ☐ Indifferent
☐ Worried ☐ Guilty ☐ Alone ☐ Other: _____

What would you like to do now?

- ☐ Continue with this pregnancy ☐ Terminate this pregnancy
☐ Don't know/still hesitant ☐ Other: _____

Your family and friends

1. Do you have a stable partner? ☐ Yes ☐ No If yes, how long have you been together? _____

2. Does your partner know that you are planning to terminate this pregnancy? ☐ Yes ☐ No

If yes, how did he react to your decision? _____

3. Do your parents and friends know that you are pregnant and planning to terminate?

☐ Yes ☐ No If yes, how did they react? _____

4. Are you currently a victim of violence or abuse (physical, psychological, verbal, sexual, financial)?

☐ Yes ☐ No If yes, please explain: _____

5. How do you feel about your decision to terminate your pregnancy?

☐ Supported ☐ Pressured ☐ Obligated ☐ Understood ☐ Respected ☐ Other: _____

6. Who will be with you on the day of the procedure? _____

7. Do you have any expectations, fears, concerns or other information that you would like to share with us?

The family planning nurse will call you to discuss your answers to the questionnaire. Feel free to share your concerns, questions and comments with her.

User's signature: _____

Date: _____
yyyy-mm-dd

Nurse's signature: _____

Date: _____
yyyy-mm-dd

VOLUNTARY INTERRUPTION OF PREGNANCY (VIP) - HEALTH QUESTIONNAIRE