

# Teach With Stories

## Pre/Session #1

Name\_\_\_\_\_ ID\_\_\_\_\_ Date\_\_\_\_\_

Circle the word below each question that best describes your answer.

1. How often do you follow a healthy diet?

*Never*      *Rarely*      *Sometimes*      *Often*      *Always*

2. How often do you engage in a planned physical activity? (ie. Taking a walk)

*Never*      *Rarely*      *Sometimes*      *Often*      *Always*

3. How comfortable are you with asking your doctor or nurse questions about your pregnancy?

*Not at all*                      *Somewhat*                      *Very*

4. How comfortable are you with sharing information about your pregnancy with family and friends?

*Not at all*                      *Somewhat*                      *Very*

5. Do you feel you know when you should call your doctor about your pregnancy?

*Never*      *Rarely*      *Sometimes*      *Often*      *Always*

6. How many times have you seen your doctor or nurse since you have become pregnant?

7. Have you been to the emergency room since you have been pregnant? If yes, how many times?

## Teach With Stories Post/Session #4

Name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

Circle the word below each question that best describes your answer.

1. How often do you follow a healthy diet?

*Never*      *Rarely*      *Sometimes*      *Often*      *Always*

2. How often do you engage in a planned physical activity? (ie. Taking a walk)

*Never*      *Rarely*      *Sometimes*      *Often*      *Always*

3. How comfortable are you with asking your doctor or nurse questions about your pregnancy?

*Not at all*                      *Somewhat*                      *Very*

4. How comfortable are you with sharing information about your pregnancy with family and friends?

*Not at all*                      *Somewhat*                      *Very*

5. Do you feel you know when you should call your doctor about your pregnancy?

*Never*      *Rarely*      *Sometimes*      *Often*      *Always*

6. Have you made your next appointment with your doctor?

7. Have you been to the emergency room since you have started these classes?

8. Do you have any recommendations or suggestions for these classes?

9. Would you recommend these classes to your family or friends if they were pregnant?

*Definitely Yes*      *Probably Yes*      *Probably Not*      *Definitely Not*