**Self-Assessment**

**Menstrual Periods**

At what age did you start your period?

How regular are your periods?

How long is your cycle?

What is your flow like?

Do you have pain during your period (breast tenderness, cramping, etc.)?

Do you have any spotting throughout your cycle?

**Contraception**

What type of birth control have you used & for how long?

Have you discontinued it?

What effect, if any, has it had on your fertility?

Have your periods returned to normal?

**Nutrition**

Do you cook your own food?

How often do you eat out?

Are you on any kind of special diet, such as Whole 30, Keto?

How often do you eat freshly cooked whole foods?

Do you have any food intolerances?

How many servings of vegetables & fruits do you eat per day?

How often do you eat fish?

Are you avoiding shark, swordfish, tilefish & king mackerel?

How often do you eat sushi?

How many servings of animal protein do you consume daily?

How many servings of vegetable protein do you consume daily?

Do you binge or have a sweet tooth & eat a lot of cake, candy or pastries?

How many soft drinks or sweetened beverages do you drink each week?

How many alcoholic beverages do you drink each week?

How much coffee do you drink per day?

Do you use iodized salt?

What do you usually eat for breakfast, lunch & dinner?

What is your average daily water intake?

**Supplements**

What vitamins, herbs, and/or supplements do you take?

Are you taking a prenatal multivitamin multimineral with folate, iron, and iodine?

Where do you get your advice regarding choosing supplements?

Have you been tested for vitamin D deficiency?

**Conventional**

What prescribed medications do you take?

What over-the-counter medications do you take?

Have you discussed the safety of these during pregnancy with your doctor or pharmacist?

Do you have celiac disease?

Do you have thyroid disease?

Do you have PCOS symptoms such as excess facial or body hair, acne and irregular periods?

Have you had surgery for blocked tubes or fibroids?

Have you or your partner been diagnosed with any medical problems that could affect fertility?

Have you had any previous pregnancy, abortions, or miscarriages?

**Lifestyle**

What is your daily activity level?

How many hours per week do you exercise?

What is your height & weight?

Do you currently smoke cigarettes?

How many hours of sleep do you get each night?

What is your nighttime routine?

**Environment**

Have you been exposed to lead, X-rays, solvents or chemotherapeutic agents?

Do you avoid fish that contain mercury and PCBs?

Do you pay attention to the pesticides in your vegetables & fruits & select those with lower levels or purchase organic?

Have you bought new furniture or carpets recently?

Have you painted the house recently? Did you use no or low VOC paint?

Do you spray the house for bugs?

Do you use green cleaning products?

Do you have your lawn sprayed?

Do you check the ingredients in your cosmetics, lotions, and shampoos?

Do you use perfumes and/or air fresheners?

**Mind-Body**

Do you have any concerns or fears about getting pregnant?

Do you have fears about changes in your body, getting “fat” or a fear that you won’t be able to lose the weight after giving birth?

How much stress are you under?

How do you manage the stress in your life?

Do you do yoga, mindful walking, journaling, meditation, or other mind-body practices?

Do you believe that you can get pregnant & have a healthy child?