WIC Nutrition/Health Assessment – Pregnant Woman

Name _____ Date of Birth _____ Date _____

Please complete the following questions to help WIC staff better understand your needs.

1. Which foods/beverages below do you usually eat or drink?

Breads & Grains:
☐ Bread ☐ Noodles ☐ Rice
☐ Rolls ☐ Pasta ☐ Crackers
☐ Tortillas ☐ Cereal
I also eat: _____

Vegetables & Fruits:
☐ Broccoli ☐ Potatoes ☐ Bananas
☐ Green beans ☐ Corn/Peas ☐ Oranges
☐ Tomatoes ☐ Apples ☐ Berries
I also eat: _____

Meats & Protein:
☐ Ground beef ☐ Lunch meat ☐ Sausage
☐ Chicken ☐ Tofu ☐ Peanut butter
☐ Fish ☐ Beans ☐ Pork
I also eat: _____

Milk & Dairy:
☐ Cow's milk ☐ Lactose free milk ☐ Yogurt
☐ Soymilk ☐ Cottage cheese ☐ Cheese
I also eat & drink: _____

Other Beverages:
☐ Soft drinks ☐ Sweet tea ☐ Unsweet tea
☐ Juice ☐ Coffee ☐ Energy drinks
I also drink: _____

Other Foods:
☐ Doughnuts ☐Butter/Margarine ☐ Gravy
☐ Cake ☐ Cookies ☐ Chips
I also eat: _____

2. Do you eat any of the following?
   - ☐ Raw or undercooked meat, fish, poultry, eggs
   - ☐ Raw sprouts like alfalfa or bean sprouts
   - ☐ Unheated lunch meats, hot dogs, processed meats
   - ☐ Soft cheeses like Brie, Feta, Queso Fresco
   - ☐ Raw or unpasteurized milk or juice
   - ☐ I do not eat any of these foods
3. Are you on a special diet or a diet to lose weight? ☐ Yes ☐ No
4. Have you used starvation, diet pills, laxatives, or vomiting as a method to lose weight in the past 12 months? ☐ Yes ☐ No
5. Have you ever had bariatric surgery? ☐ Yes ☐ No
6. Are you often constipated or have problems with bowel movements? ☐ Yes ☐ No
7. How many glasses of water do you drink daily? __
8. How often are you physically active? ____X per wk
9. Do you take daily prenatal vitamins? ☐ Yes ☐ No
   If yes, do you take as instructed? ☐ Yes ☐ No ☐ Unsure
   Are you taking a supplement with iron? ☐ Yes ☐ No ☐ Unsure
   Are you taking a supplement with iodine? ☐ Yes ☐ No ☐ Unsure
   Do you take herbal or botanical supplements? ☐ Yes ☐ No
10. Do you eat/crave non-food items like clay, paint chips, dirt, or ice? ☐ Yes ☐ No
11. Do you feel you have enough food to feed your family? ☐ Yes ☐ No
12. Has your doctor said you have fetal growth restriction with this pregnancy? ☐ Yes ☐ No
13. Have you been hospitalized because of nausea and vomiting during this pregnancy? ☐ Yes ☐ No
14. Has a doctor said you have gestational diabetes with this pregnancy or with any pregnancy? ☐ Yes ☐ No
15. Has a doctor ever said you had preeclampsia in a previous pregnancy? ☐ Yes ☐ No
16. Have you ever delivered a baby who had a congenital birth defect like neural tube defect, cleft palate, or cleft lip? ☐ Yes ☐ No
17. Have you ever given birth to a baby weighing 5 pounds 8 ounces or less at birth? ☐ Yes ☐ No
18. Have you ever delivered a baby who weighed 9 pounds or more at birth? ☐ Yes ☐ No
19. Have you ever given birth to a baby born early? ☐ Yes _____ wks ☐ No
20. Have you had 2 or more miscarriages, or death of a fetus > 20 weeks (stillborn), or delivered a baby who died within 28 days of birth? ☐ Yes ☐ No
21. What health issues do you have? _____
22. If you could wish for one healthy habit for yourself in this pregnancy, what would it be?
    _____

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---------- THIS SIDE IS FOR WIC STAFF TO COMPLETE ----------

Below are suggested questions to facilitate WIC discussion.

- How are you feeling today? *(Assess appetite, nausea/vomiting, skipping meals [concern about adequate calories & nutrients])*

- What are your mealtimes like? *(Assess environment [TV, phones, tablets at table], family meals, timing of meals, pattern [3 meals/2-3 snack], intake changes, intolerances, any special dietary needs, food preparation [who prepares, fast food/wk])*

- What would you like to change about your eating? Activity level?

- Is there anything you would like to eat more or less of?

- Do you ever have a hard time chewing or eating certain foods? *(tooth loss, impaired ability to eat, oral health)*

- What have you heard about breastfeeding? *(Interest, support system, concerns, myths)*

- What has been helpful at this visit?

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