

**Health and Nutrition Questionnaire  
Breastfeeding Woman 6 – 12 months**

**Your name:** \_\_\_\_\_

At today's visit, we will talk about:

- \* How you are feeling
- \* Breastfeeding your baby
- \* Healthy eating for moms
- \* Questions you may have

In the past 2 weeks, how have you been feeling?  
(check any that apply)

- Happy
- Tired, but happy
- Scared and worried
- So unhappy-I have been crying

It is great that you have been breastfeeding for 6 months! What is your breastfeeding goal?

- 12 months
- As long as my baby and I want

How often do you breastfeed your baby? \_\_\_\_\_ times per day

Has there been any change in your health since we last saw you?

- No
- Yes: \_\_\_\_\_
- Not on WIC before

Do you take any of the following: (check all that apply)

- prenatal vitamins
- multi-vitamins
- herbs or herbal remedies
- none of these
- iron
- children's vitamins
- medications: \_\_\_\_\_

Do you ever drink wine, beer or liquor?

- No
- Yes: how often? \_\_\_\_\_

Have you ever had a problem with drinking?

- No
- Yes

What best describes your smoking history?

- Never smoked
- Smoked, but I quit on \_\_\_\_\_ (month and year)
- Currently smoke: \_\_\_\_\_ # cigarettes per day
- I would like to quit

Does anyone else living in your household smoke inside the home?

- No
- Yes

Since your baby was born, have you taken other drugs such as meth, crack, cocaine or marijuana?

- No
- Yes
- I would like to quit

**Staff use only:**

Dental home                      Y N

♣ Weight today: \_\_\_\_\_

♣ BMI today: \_\_\_\_\_  
01 02 22

♣ Health/medical  
10 11 13 14 15 16 17 18 19  
23 32 33 34 35 36 38 39 40  
41 43 50 51 52 53 59 60 61  
62

♣ Breastfeeding:  
74 76

Alcohol  
54

Smoking  
55 63

Family environment:  
90 96 97

56

Over Please.....

Have you seen your dentist in the past 6 months?

- No
- Yes
- I would like to find a dentist

Do you have a cavity to be filled or tooth to be pulled?

- No
- Yes

How many times a day do you usually eat? \_\_\_\_\_ # meals per day

\_\_\_\_\_ # snacks per day

How would you describe your appetite?

- Good
- Fair
- Poor

Do you ever drink raw or bulk tank milk or un-pasteurized juice?

- No
- Yes

Are you following a prescribed special diet, weight control diet, vegan or macrobiotic way of eating?

- No
- Yes: \_\_\_\_\_

Which group of foods below do you find most challenging to eat enough of?

- Milk, yogurt, cheese
- Protein foods like: meat, fish, eggs, beans
- Fruits
- Vegetables
- Bread, cereal, rice, pasta
- Other: \_\_\_\_\_

How would you describe your daily activity? (check one)

- Very active (run, aerobics, chopping wood)
- Moderately active (brisk walking, biking, hiking)
- Somewhat active (easy walking, light housework)
- Not active (sit most of the day)

I would like to learn more about.....

- Healthy ways to lose weight
- Breastfeeding my older baby
- Ways to stretch my food dollars
- Breastpumps from WIC
- Other: \_\_\_\_\_
- Finding a dentist
- Food resources in my area

**Staff use only:**

♣ Nutrition practices:  
42 65 66 88

♣ Topics discussed:

♣ Ed materials given:  
 None  
 After You Deliver  
 Guide to Healthy Baby (Spangler)  
 Loving Support Material  
 Other: \_\_\_\_\_

♣ Referrals:  
 None  
 HBKF..... Declined  
 Provider/medical home  
 Other: \_\_\_\_\_

♣ SMART plan is:

♣ Nutrition follow up/next steps:  
 INCP  
 Phone call  
 Weight check  
 Clinic or office visit  
 Invited to group/nutrition activity:  
  
 Other:

♣ Food package: A S F  
Omissions:

\_\_\_\_\_  
♣ Staff signature & title

\_\_\_\_\_  
♣ Date of visit