

Health and Nutrition Questionnaire  
Pregnant Woman

Staff use only:

Your name: \_\_\_\_\_ Baby is due: \_\_\_\_\_

At today's visit, we will talk about:

- \* How are you feeling
- \* Healthy eating during pregnancy
- \* How much weight to gain
- \* Questions you may have

How are you feeling about this pregnancy? \_\_\_\_\_

When was your first doctor or midwife visit for this pregnancy? \_\_\_\_\_

What was your weight before you became pregnant? \_\_\_\_\_

How much weight have you been advised to gain? \_\_\_\_\_

Have you ever had or do you now have a health or medical condition such as asthma, diabetes, depression, epilepsy, etc?

- No
- Yes If yes, please describe: \_\_\_\_\_

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

- Prenatal vitamin
- Multi vitamin
- Herbs or herbal remedies
- None of these
- Children's vitamin
- Iron
- Medications: \_\_\_\_\_

What are your thoughts about breastfeeding?

- Good idea, I plan to exclusively breastfeed my baby
- Not sure, I would like more information
- I plan to both breastfeed and formula feed my baby
- I plan to feed my baby formula

Do you ever drink wine, beer or liquor?

- No
- Yes
- I would like to quit

What was the date of your last alcoholic drink? \_\_\_\_\_

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 you have been pregnant, have you taken any other drug(s) such as meth, crack, cocaine or marijuana?

- No
- Yes
- I would like to quit

Over please.....

Date: \_\_\_\_\_

♣ Weeks gestation: \_\_\_\_\_

♣ Provider: \_\_\_\_\_

♣ Prenatal care: Y N 49

Dental home: Y N

♣ Shared Hgb value: Y N

♣ Weight Gain pattern:

01 02 05 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 plan

70

Alcohol

54

♣ 3 months prior to pregnancy:

\_\_\_\_\_ days \_\_\_\_\_ # drinks

♣ Past month:

\_\_\_\_\_ days \_\_\_\_\_ # drinks

Smoking

55 63

♣ 3 months prior to pregnancy:

\_\_\_\_\_ # cigs per day

Family environment:

90 96 97

56

Have you seen your dentist yet during this pregnancy?

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

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

- No
- Yes

Check any of the following that you are experiencing:

- Feeling sick to my stomach
- Constipation
- Throwing up
- Heartburn
- No appetite
- None of the above
- Diarrhea
- Eating all the time!
- Food cravings
- Cravings for things like ice, baking soda, clay, or cornstarch

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

- No
- Yes: please describe: \_\_\_\_\_

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

Do you eat fish more than 2 times a week?

- No
- Yes

Do you eat soft cheeses such as Brie, feta or Camembert?

- 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, peanut butter
- 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 snacks for pregnancy
- Breastfeeding my baby
- Ways to stretch my food dollars
- Breastpumps from WIC
- Oral health for pregnancy
- Food resources in my area
- Other:

♣ Nutrition practices:  
42 65 66 88

♣ Topics discussed:

♣ Ed materials given:

- None
- How WIC Helps
- Guide to Healthy Baby (Spangler)
- Loving Support material
- After You Deliver
- Deliver a Healthy Smile
- Other:

♣ Referrals:

- None
- HBKF..... Declined
- Provider/medical home
- Other:

♣ SMART plan is:

♣ Next steps:

- 28 week recall
- Invited to group/nutrition activity
- Other:

**INCP:**

- 28 week recall
- Phone call in \_\_\_\_\_ weeks
- Weight check \_\_\_\_\_ WIC \_\_\_\_\_ MD
- Appt with \_\_\_\_\_ Nutritionist \_\_\_\_\_ Nurse
- Other:

♣ Food package: A F  
Omissions:

♣ Staff signature & Title