

Health and Nutrition Questionnaire
Breastfeeding Woman 6 – 12 months

Staff use only:

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

Date: _____

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 37 38 39
40 41 43 50 51 52 53 59 60
61

♣ Breastfeeding:

74 76

Alcohol
54

Smoking
55 63

Family support:
90 92 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?

- Milk, yogurt, cheese
- Protein foods like: meat, fish, eggs, beans, peanut butter
- Fruits
- Vegetables
- Bread, cereal, rice, pasta
- None are challenging

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

♣ Nutrition practices:
42 65.____ 66 88

♣ Topics discussed:

♣ Ed materials given:

- None
- Business Case for Breastfeeding
- Breastfeeding Keep it Simple
- Your Guide to Breastfeeding
- You Can Thin Down Before Baby Will
- Other:

♣ Referrals:

- None
- CIS..... Declined
- Provider/medical home
- Quit Network
- Other:

♣ SMART plan is:

♣ Next steps:

Invited to group/nutrition activity:

Other:

INCP

Phone call in _____ weeks

Appt with _____ Nutritionist _____ Nurse
_____ Breastfeeding designee

Other:

♣ Food package:

A	mostly bf	Z	some bf, no foods
S	fully bf	F	fully/mostly bf + medical formula

Omissions:

♣ Staff signature & Title

