

Health & Nutrition Questionnaire
Postpartum Woman

Staff use only:

Your name: _____

At today's visit, we can talk about:

- * How you are feeling
- * Safe weight loss
- * Healthy eating for new moms
- * Questions you may have

Since your baby has been born, how have you been feeling?
(check any that apply)

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

Have you been to see your doctor/midwife since delivery?

- No
- Yes

How much weight did you gain with this baby? _____

Were there any medical complications during your delivery?

- No
- Yes: _____

Has there been any change in your health since your last WIC visit?

- No
- Yes: _____
- Not on WIC during my pregnancy

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

- Prenatal vitamins
- Iron
- Multi-vitamins
- Children's vitamins
- Herbs or herbal remedies
- Medications: _____
- None of these

Do you ever drink wine, beer or liquor?

- No
- Yes If yes, how often? _____

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

- No
- Yes
- I would like to quit

Date:

♣ Postpartum care: Y N
 Scheduled

♣ Provider: _____

♣ Dental home: Y N

♣ Hgb today: _____ Shared 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

Alcohol
54

♣ Last 3 months of pregnancy:
_____ days _____ # drinks

♣ Since delivery:
_____ days _____ # drinks

Smoking
55 63

♣ Last 3 months of pregnancy:
_____ # cigs per day

♣ Breastfeeding:
74 76

Family support:
90 92 96 97

56

Over Please.....

