

Health and Nutrition Questionnaire Pregnant Woman

Your name: _____ Baby is due: _____

At today's visit, we will talk about:

- * How are you feeling
- * How much weight to gain
- * Healthy eating during pregnancy
- * 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
- Children's vitamin
- Multi vitamin
- Iron
- Herbs or herbal remedies
- Medications: _____
- None of these

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.....

Staff use only:

♣ 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
- 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:

Staff use only:

♣ Nutrition practices:
42 65 66 88

♣ Topics discussed:

♣ Ed materials given:

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

♣ Referrals:

- None
- HBKF..... Declined
- Provider/medical home
- _____

♣ SMART plan is:

♣ Nutrition follow up/next steps:

- INCP
- 28 week recall
- Phone call
- Weight check
- Clinic or office visit
- Invited to group/nutrition activity:

Other:

♣ Food package: A F
Omissions:

♣ Staff signature & title

♣ Date of visit