



PRENATAL NUTRITION QUESTIONS

Name: _____	Age: _____
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Please circle or write your answers to the following questions:

1. How many weeks pregnant are you? _____
2. How many weeks pregnant were you when you first found out that you were pregnant? _____
3. When is your next doctor's appointment? _____
4. What concerns does your doctor have about your pregnancy?
 Weight Gain Weight Loss What I Eat High Blood Sugar/Diabetes
 High Blood Pressure Low Iron in Blood None I don't know Other _____
5. Have you had a screening test for HIV/AIDS? Yes No
6. Which of these do you take? Prenatal Vitamins Iron Pills Herbs Other Vitamins or Minerals
 Laxatives Over the Counter Medications (Tylenol, Aspirin, etc...) None
 Other Medications _____ Home Remedies (list) _____
7. Which of these conditions do you have?
 Nausea Vomiting Heartburn Constipation Swelling None Other (list) _____
8. What do you think about your weight gain with this pregnancy? Not enough OK Too Much

9. How would you describe your eating habits now? Great Good OK Not so good
10. How many times a day do you eat? _____ Meals _____ Snacks
11. Are you on a special diet? Yes No If yes, explain _____
12. Are there foods you limit or do not eat? Yes No If yes, what foods? _____
13. What do you eat or drink on most days?
 ♦ Water Coffee Tea Regular Soda Diet Soda Gatorade
 ♦ Juice Punch or Kool Aid Alcohol Beer Wine
 ♦ Fruit Vegetables
 ♦ Milk: Non-fat, 1%, 2%, Whole, Low-Lactose Soy Milk Yogurt Tofu
 Cottage Cheese Pudding or Custard Cheese
 ♦ Meat Chicken Turkey Fish Hotdogs Beans or Lentils Peanut Butter Eggs Nuts
 ♦ Breads Cereals Tortillas Rice Noodles Rolls Crackers Pan Dulce
 ♦ Candy Cookies Cakes Donuts Ice Cream Chips French Fries
 Other (list) _____

Please turn over →

For Staff Use Only	
Date: _____	WIC Staff Name: _____
WIC I.D. #: _____	Height _____ Weight _____ Pronto: Y N
Hgb/Hct in ISIS _____ YES: Date: _____	_____ No: Referral given



14. How many times a week do you eat fast food or food from a restaurant?
 1-2 times a week 3-4 times a week 5 or more times a week Never
15. What things, other than food do you crave to eat? Dirt Clay Ice Laundry Starch
 Cigarette Butts Paint Chips Other (list) _____ None
16. Have you ever breastfed? Yes No If yes, for how long? _____
17. What do you think about breastfeeding your new baby?
 I'm not interested I'm thinking about it I want to I will definitely
18. Over the past two weeks, how often were you bothered by having little interest or pleasure in doing things?
 Not at all Several days More than half the days Nearly every day
19. Over the past two weeks, how often were you bothered by feeling down, depressed, or hopeless?
 Not at all Several days More than half the days Nearly every day
20. During the time you were pregnant, but didn't yet know you were pregnant, how many alcoholic drinks did you usually have at one time?
 10 or more 9 8 7 6 5 4 3 2 1 0 drinks
21. During the time you were pregnant, but didn't yet know you were pregnant, how often did you drink beer, wine or other alcoholic beverages? Every day Almost every day 3-4 days a week 1-2 days a week
 2-3 days a month Once a month Less than once a month Never
22. Within the last month, how many times have you had 3 or more alcoholic beverages at one time?
 10 or more 9 8 7 6 5 4 3 2 1 0 times
23. Currently, when you drink alcohol, how many drinks do you usually have at one time?
 10 or more 9 8 7 6 5 4 3 2 1 0 drinks
24. Currently, how often do you drink alcoholic beverages?
 Every day Almost every day 3-4 days a week 1-2 days a week
 2-3 days a month Once a month Less than once a month Never
25. What kind of physical activity do you do on most days? Walk Run Bike Dance Sports
 Swim Exercise class/Gym Garden None Other (list) _____
26. How often do you run out of money or food stamps (EBT) to buy food? Often Sometimes Never
27. What nutrition and health questions would you like to discuss with your WIC counselor today?

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Circle Chart

