

SUPPLEMENTAL BF/PP WOMEN NUTRITION QUESTIONS

Mom's Name:	WIC ID:	Date:
		Mom's Age:

MY HEALTH & HEALTH CARE

When is your 6 week postpartum check-up appointment? _____

What health conditions do you have?

- Diabetes
 High blood pressure
 Depression or other mental health problems
 Other: _____
 None

In the past 12 months, how many times did you see a dentist?
 None Once (1 visit)
 2 or more visits

FAMILY PLANNING

When do you plan to get pregnant again?

- Never
 in 0-6 months
 in 13-24 months
 I'm currently pregnant
 in 7-12 months
 in 2 or more years

Are you currently using birth control? YES NO

Do you use Family PACT services? Yes No

HOME ENVIRONMENT

How many people do you have near you that you can ask for help in times of difficulty, such as watch over children or pets, give rides to the hospital or store, or help when you are sick?

- 0 1 2-5 6-9 10 or more

During the past month, how often did you feel sad or depressed?

- Never/Rarely
 Some of the time
 Often times
 Most of the time

During the past month, how often did you feel lonely?

- Never/Rarely
 Some of the time
 Often times
 Most of the time

During the past month, how often did you have crying spells?

- Never/Rarely
 Some of the time
 Often times
 Most of the time

During the past month, how often did you lose interest in most things you usually enjoyed (hobbies, work, etc.)?

- Never/Rarely
 Some of the time
 Often times
 Most of the time

WIC is an equal opportunity Program

