<table>
<thead>
<tr>
<th>Questions</th>
<th>Risk/Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am going to ask you some questions about your health, nutrition and safety. We ask everyone these questions. If you have questions or concerns, we will come back and address them. Does this work for you?</td>
<td>Rapport building</td>
</tr>
<tr>
<td>2. Have you seen a medical provider for this pregnancy? • (If yes) When did you first see your medical provider?</td>
<td>No Prenatal Care &gt; 13 weeks</td>
</tr>
<tr>
<td>3. What health or medical concerns, if any, do you or your medical provider have about your pregnancy, such as high blood pressure, anemia or gestational diabetes? • (If any) Tell me more.</td>
<td>Gestational Diabetes, Fetal Growth Restriction, Pregnancy Induced Hypertension (PIH), BF While Pregnant, Pregnant with Multiples, Iron Deficiency Anemia</td>
</tr>
<tr>
<td>4. How many times have you been pregnant in the past two years? • Have you ever had any miscarriages? (If yes) How many? • Have you ever had any stillbirths or early infant deaths?</td>
<td>Two Preg in Two Years, Spon. Ab, Fetal or Neonatal Loss (Hx)</td>
</tr>
<tr>
<td>5. (If any live births) Did your baby (babies) have any health or medical problems at birth? • How much did your baby (babies) weigh at birth? • Were any born early?</td>
<td>Nutr Related Birth Defects (Hx), LGA (Hx), LBW (Hx), Premature (Hx)</td>
</tr>
<tr>
<td>6. (If any past pregnancies) Did you have gestational diabetes and/or preeclampsia with your past pregnancies? • (If yes) Tell me more.</td>
<td>Gestational Diabetes (Hx), Preeclampsia (Hx)</td>
</tr>
<tr>
<td>7. Do you have any health problems or medical conditions not related to pregnancy, such as prehypertension? • (If yes) Tell me more.</td>
<td>&lt;Select appropriate medical risk(s)&gt;</td>
</tr>
<tr>
<td>8. Have you had any recent major surgeries, serious injuries or burns? • (If yes) Tell me more. • Have you ever had a surgery that effects how you eat now? • (If yes) Tell me more.</td>
<td>Recent Major Surgery, Trauma, Burns, Bariatric Surgery, Very Restrictive Diet</td>
</tr>
<tr>
<td>9. Are you taking any medications? • (If yes) Tell me more.</td>
<td>Drug Nutrient Interactions</td>
</tr>
<tr>
<td>10. Do you take a prenatal vitamin? • (If yes) How much iodine is in your prenatal vitamin? • (If no) Are you taking an iodine supplement? • (If no) Are you taking an iron supplement?</td>
<td>Inadequate Iodine Supplementation, Inadequate Iron Supplementation</td>
</tr>
</tbody>
</table>
# PREGNANT WOMAN ASSESSMENT QUESTIONS

<table>
<thead>
<tr>
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</tr>
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</table>
| 10. Continuation  
- What vitamins or other dietary supplements do you take?  
- How much do you take? | Inappropriate or Excessive Supplements |
| 11. Do you have any problems with your teeth or gums that affect how you eat?  
- *(If yes)* Tell me more. | Severe Dental Problems |
| 12. How has your appetite been? Are there foods you limit or avoid for any reason, including food allergies?  
- *(If yes)* Tell me more. | Very Restrictive Diet, Food Allergy, Lactose Intolerance |
| 13. Do you:  
- Drink raw milk or fresh squeezed juice?  
- Eat soft cheeses such as feta, Brie, blue cheese, queso blanco, or queso fresco?  
- Eat rare or undercooked beef, pork, or poultry?  
- Eat raw seafood or hot dogs that haven’t been heated?  
- Eat raw or runny eggs?  
- Eat sliced lunch meats or smoked meats? | Potentially Contaminated Foods |
| 14. Do you eat things such as ice, dirt, clay, paint chips or starch?  
- *(If yes)* Tell me more. | Pica |
| 15. Do you smoke?  
- *(If yes)* How much? | Maternal Smoking |
| 16. Does anyone smoke inside your home?  
- *(If yes)* Tell me more. | Secondhand Smoke |
| 17. When was the last time you drank alcohol?  
- How much do you drink? How often? | Alcohol Use |
| 18. When was the last time you used drugs?  
- *(If yes)* Tell me more. | Drug Use |
| 19. Lots of women feel sad or depressed before or after having a baby. Have you felt sad or depressed recently?  
- *(If yes)* Tell me more.  
- *(If yes)* Are you being treated for depression? *(i.e. medication, counseling)* | Depression |
| 20. Is there anyone in your life who is hurting you or your child(ren)?  
- *(If yes)* Tell me more. | Recipient of Abuse (past 6 months) |

**Note:** During the risk interview consider the following additional risks that are not included in the previous questions:
- **≤ 16 Years at Conception**
- 17 years at conception
- Limited Skills for Proper Nutrition
- Foster Care (past 6 months)
- Migrancy
- Homelessness

**If no risks have been identified, assign:** Not Meeting Dietary Guidelines

It is a **requirement to ask every pregnant woman about her plans to breastfeed**. Following is a sample question that may be used at any time during the certification to begin the discussion about breastfeeding: *What have you heard about breastfeeding?*

Washington State WIC Nutrition Program | DOH Pub. 960-037 | Rev. 12-7-2010