

BREASTFEEDING WOMAN ASSESSMENT QUESTIONS

Question		Risk/purpose
<p>I am going to ask you some questions about your health and nutrition; then we will come back and address any concerns or questions that you may have.</p>		Rapport building
<p><i>(Answers to questions 1-3 are available on the infant Custom tab)</i></p>		Information only
1.	<p>How are you and the baby doing?</p> <ul style="list-style-type: none"> • <i>How big was your baby at birth?</i> • <i>Was your baby born early?</i> 	Rapport building, LBW (This PG), LGA (This PG), Premature (This PG)
2.	<p>How is breastfeeding going?</p> <ul style="list-style-type: none"> • (If concerns) Tell me more. 	Breastfeeding Complications, Breastfeeding Twins, Triplets
3.	<p>Did you have any health or medical concerns with this last pregnancy, such as gestational diabetes?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	Gestational Diabetes (This PG), Multiple Fetuses (This PG)
4.	<p>How many times have you been pregnant in the past two years?</p> <ul style="list-style-type: none"> • Have you had any miscarriages? (If yes) How many? • Have you had any stillbirths or early infant deaths? 	Two Preg./Two Years (This PG), Spon. Ab., Fetal or Neonatal Loss (This PG)
5.	<p>Have you had any recent surgeries, such as a C-section?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. • Have you ever had a surgery that effects how you eat now? • (If yes) Tell me more. • Have you had any recent serious injuries or burns? 	Recent Major Surgery, Trauma, Burns, Bariatric Surgery (dietary impact)
6.	<p>Do you have any health problems or medical conditions not related to pregnancy?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	<Select appropriate medical risk(s)>
7.	<p>Are you taking any medications?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Nutrient Interactions
8.	<p>What vitamins or other dietary supplements do you take?</p> <ul style="list-style-type: none"> • How much do you take? • Are you taking a folic acid supplement? 	Inadequate Vitamin/Mineral Supplementation, Inappropriate or Excessive Supplements
9.	<p>Do you have any problems with your teeth or gums that affect how you eat?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	Severe Dental Problems

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QUESTIONS		RISK/PURPOSE		
10.	How has your appetite been? Are there foods you limit or avoid for any reason, including food allergies? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Very Restrictive Diet Food Allergy, Lactose Intolerance		
11.	Do you eat things such as ice, dirt, clay, paint chips, or starch? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Pica		
We ask everyone the following questions, they have to do with health and safety.		Transition		
12.	Do you smoke? <ul style="list-style-type: none"> • (If yes) How much? 	Maternal Smoking		
13.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke		
14.	When was the last time you drank alcohol? <ul style="list-style-type: none"> • How much do you drink? • How often? 	Alcohol Use		
15.	When was the last time you used drugs? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Use		
16.	Recently, have you felt sad or depressed? <ul style="list-style-type: none"> • (If yes) Tell me more. • (If yes) Are you being treated for depression? (i.e. medication, counseling) 	Depression		
17.	Is there anyone in your life who is hurting you or your child(ren)? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Recipient of Abuse (past 6 months)		
<p>Note: During the risk interview consider the following additional risks that are not included in the previous questions:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Breastfeeding a Priority 1 Infant • Breastfeeding a Priority 2 Infant • Breastfeeding a Priority 4 Infant • ≤ 17 Yrs at Conception (This PG) • Nutrition Related Birth Defects (This PG) </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Foster Care (past 6 months) • Limited Skills for Proper Nutrition • Migrancy • Homelessness </td> </tr> </table>			<ul style="list-style-type: none"> • Breastfeeding a Priority 1 Infant • Breastfeeding a Priority 2 Infant • Breastfeeding a Priority 4 Infant • ≤ 17 Yrs at Conception (This PG) • Nutrition Related Birth Defects (This PG) 	<ul style="list-style-type: none"> • Foster Care (past 6 months) • Limited Skills for Proper Nutrition • Migrancy • Homelessness
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If no risks have been identified, assign: Not Meeting Dietary Guidelines				



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