

PREGNANT WOMAN ASSESSMENT QUESTIONS

QUESTIONS		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
1.	<p>How is your pregnancy going?</p> <p>For this pregnancy, do you have any:</p> <ul style="list-style-type: none"> -Nausea and vomiting? -Heartburn? -Constipation? 	Rapport building Severe Nausea/ Vomiting
2.	<p>Have you seen a medical provider for this pregnancy?</p> <ul style="list-style-type: none"> • (If yes) When did you first see your medical provider? 	No Prenatal Care > 13 weeks
3.	<p>(If seen by a medical provider) Has your medical provider identified any health or medical concerns about your pregnancy, such as high blood pressure, anemia or gestational diabetes?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. • (If no) What concerns do you have about your pregnancy? 	Gestational Diabetes, Fetal Growth Restric., Pregnancy Induced Hypertension (PIH), BF While Pregnant, Multiple Fetuses
4.	<p>How many times have you been pregnant in the past two years?</p> <ul style="list-style-type: none"> • Have you ever had any miscarriages? (If yes) How many? • Have you ever had any stillbirths or early infant deaths? 	Two Preg in Two Years, Spon. Ab, Fetal or Neonatal Loss (Hx)
5.	<p>(If any live births) Did your baby (babies) have any health or medical problems at birth?</p> <ul style="list-style-type: none"> • How much did your baby (babies) weigh at birth? • Were any born early? 	Nutr Related Birth Defects (Hx), LGA (Hx), LBW (Hx), Premature (Hx)
6.	<p>(If any past pregnancies) Did you have gestational diabetes with your past pregnancies?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	Gestational Diabetes (Hx)
7.	<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)>
8.	<p>Have you had any recent major surgeries or serious injuries or burns?</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. 	Recent Major Surgery, Trauma, Burns, Bariatric Surgery (dietary impact)
9.	<p>Are you taking any medications?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Nutrient Interactions
10.	<p>What vitamins or other dietary supplements do you take?</p> <ul style="list-style-type: none"> • How much do you take? • Do you take a prenatal vitamin? • (If no) Are you taking an iron supplement? 	Inadequate Vitamin/Mineral Supplementation, Inappropriate or Excessive Supplements

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11.	Do you have any problems with your teeth or gums that affect how you eat? <ul style="list-style-type: none"> • (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? <ul style="list-style-type: none"> • (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? <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		
15.	Do you smoke? <ul style="list-style-type: none"> • (If yes) How much? 	Maternal Smoking		
16.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke		
17.	When was the last time you drank alcohol? <ul style="list-style-type: none"> • How much do you drink? How often? 	Alcohol Use		
18.	When was the last time you used drugs? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Use		
19.	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		
20.	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"> • ≤16 Years at Conception • 17 years at conception • Limited Skills for Proper Nutrition </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Foster Care (past 6 months) • Migrancy • Homelessness </td> </tr> </table>			<ul style="list-style-type: none"> • ≤16 Years at Conception • 17 years at conception • Limited Skills for Proper Nutrition 	<ul style="list-style-type: none"> • Foster Care (past 6 months) • Migrancy • Homelessness
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<p>If no risks have been identified, assign: Not Meeting Dietary Guidelines</p>				
<p>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: <i>What have you heard about breastfeeding?</i></p>				



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