

## PREGNANT WOMAN ASSESSMENT QUESTIONS

QUESTIONS	RISK/PURPOSE
<p><b>We have a new way of asking questions that may seem different from other WIC appointments. First, I am going to ask you some questions and then we will come back and address any concerns or questions that you may have.</b></p>	Rapport building
How is your pregnancy going?	Rapport building
1. When did you first see your doctor for this pregnancy? <i>(Note: Name of Doctor has already been identified on the Custom tab.)</i>	No Prenatal Care > 13 weeks
2. Has your doctor identified any health or medical concerns about your pregnancy? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> <li>• (If no) What concerns do you have about your pregnancy?</li> </ul>	<b>Gestational Diabetes, Fetal Growth Restriction,</b> Breastfeeding While Pregnant, Multiple Fetuses
3. For this pregnancy, do you have any: <ul style="list-style-type: none"> <li>-Nausea and vomiting?</li> <li>-High blood pressure?</li> <li>-Heartburn?</li> <li>-Constipation?</li> </ul>	Severe Nausea/Vomiting, <b>Pregnancy Induced Hypertension</b>
4. In general, do you have any health problems or medical conditions? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	<Select appropriate medical risk(s)>
5. Have you had any recent surgeries? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> <li>• Have you ever had a surgery that effects how you eat now?</li> <li>• (If yes) Tell me more.</li> </ul>	Recent Major Surgery, Trauma, Burns, <b>Bariatric Surgery (dietary impact)</b>
6. Are you on any medications? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Drug Nutrient Interactions
7. What vitamins or other dietary supplements do you take? <ul style="list-style-type: none"> <li>• How much do you take?</li> <li>• Do you take a prenatal vitamin?</li> <li>• (If no) Are you taking an iron supplement?</li> </ul>	Inadequate Vitamin/Mineral Supplementation, <b>Inappropriate or Excessive Supplements</b>
8. Do you have any problems with your teeth or gums, or unfilled cavities? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Severe Dental Problems
9. How many times have you been pregnant and how many live births have you had?	Spon. Ab, Fetal or Neonatal Loss (Hx)
10. <i>(If any past pregnancies)</i> Did you have any health problems with past pregnancies, such as gestational diabetes?	<b>Gestational Diabetes (Hx)</b>

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11.	<p><i>(If any live births)</i> When was the last time you were pregnant?</p> <ul style="list-style-type: none"> <li>• How much did your baby (babies) weigh at birth?</li> <li>• Were any born early?</li> <li>• Were any of your babies born with any health or medical problems?</li> </ul>	LGA (Hx), LBW (Hx), Premature (Hx), Two Preg in Two Years, Nutr Related Birth Defects (Hx)
12.	<p>How has your appetite been? Are you on a special diet?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	<b>Very Restrictive Diet</b>
13.	<p>Do you have any food allergies?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	<b>Food Allergy,</b> Lactose Intolerance
14.	<p>Do you:</p> <ul style="list-style-type: none"> <li>-Drink raw or unpasteurized milk or juice?</li> <li>-Eat soft cheeses such as queso fresco, Brie or Blue Cheese?</li> <li>-Eat raw or undercooked hot dogs, beef, pork, poultry, seafood, eggs or tofu?</li> </ul>	Potentially Contaminated Foods
15.	<p>Do you eat things such as ice, dirt, clay, paint chips or starch?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	<b>Pica</b>
<b>We ask everyone the following questions. These questions have to do with your health and safety.</b>		Transition
16.	<p>Do you smoke?</p> <ul style="list-style-type: none"> <li>• (If yes) How much?</li> </ul>	Maternal Smoking
17.	<p>Does anyone smoke inside your home?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Secondhand Smoke
18.	<p>When was the last time you drank alcohol?</p> <ul style="list-style-type: none"> <li>• How much do you drink? How often?</li> </ul>	Alcohol Use
19.	<p>Do you smoke marijuana or use other street drugs?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Drug Use
20.	<p>Recently, have you felt sad or depressed?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> <li>• (If yes) Are you being treated for depression? (i.e. medication, counseling)</li> </ul>	Depression
21.	<p>Is there anyone in your life who is hurting you or your child(ren)?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Recipient of Abuse (past 6 months)
<p><b>Note:</b> During the risk interview consider the following additional risks that are not included in the previous questions:</p> <ul style="list-style-type: none"> <li>• <b>≤16 Years at Conception</b></li> <li>• 17 years at conception</li> <li>• Limited Skills for Proper Nutrition</li> <li>• Foster Care (past 6 months)</li> <li>• Migrancy</li> <li>• Homelessness</li> </ul>		
<b>If no risks have been identified, assign:</b> Not Meeting Dietary Guidelines		
<p>It is a <b>requirement to ask every pregnant woman about their plans to breastfeed.</b> 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>		