

## BREASTFEEDING WOMAN ASSESSMENT QUESTIONS

Question	Risk/purpose
<p><b>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 that work for you?</b></p>	Rapport building
<i>(Answers to questions 1-3 are available on the infant Custom tab)</i>	Information only
<p>1. How are you and the baby doing?</p> <ul style="list-style-type: none"> <li>• How big was your baby at birth?</li> <li>• Was your baby born early?</li> </ul>	Rapport building, LBW (This PG), LGA (This PG), Premature (This PG) Nutrition Related Birth Defects (This PG) Pregnant with Multiples (This PG)
<p>2. How is breastfeeding going?</p> <ul style="list-style-type: none"> <li>• (If concerns) Tell me more.</li> </ul>	Breastfeeding Complications, Breastfeeding Twins, Triplets
<p>3. In this or any previous pregnancy, did you have any health or medical concerns, such as gestational diabetes and/or preeclampsia?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Gestational Diabetes (Hx), Preeclampsia (Hx)
<p>4. How many times have you been pregnant in the past two years?</p> <ul style="list-style-type: none"> <li>• Have you had any miscarriages? (If yes) How many?</li> <li>• Have you had any stillbirths or early infant deaths?</li> </ul>	Two Preg./Two Years (This PG), Spon. Ab., Fetal or Neonatal Loss (This PG)
<p>5. Have you had any recent surgeries, such as a C-section?</p> <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> <li>• Have you had any recent serious injuries or burns?</li> </ul>	Recent Major Surgery, Trauma, Burns, Bariatric Surgery <b>Very Restrictive Diet</b>
<p>6. We've talked about your pregnancy history, now I'm going to ask about your health in general.</p> <ul style="list-style-type: none"> <li>• Do you have any health problems or medical conditions?</li> <li>• (If yes) Tell me more.</li> </ul>	<Select appropriate medical risk(s)>
<p>7. Are you taking any medications?</p> <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Drug Nutrient Interactions
<p>8. What vitamins or other dietary supplements do you take?</p> <ul style="list-style-type: none"> <li>• How much do you take?</li> <li>• Are you taking a folic acid supplement?</li> <li>• Are you taking an iodine supplement?</li> </ul>	<b>Inappropriate or Excessive Supplements</b> Inadequate Folic Acid Supplementation Inadequate Iodine Supplementation

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9.	Do you have any problems with your teeth or gums that affect how you eat? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Severe Dental Problems		
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"> <li>• (If yes) Tell me more.</li> </ul>	<b>Very Restrictive Diet Food Allergy (Severe Diet Impact), Lactose Intolerance</b>		
11.	Do you eat things such as ice, dirt, clay, paint chips, or starch? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	<b>Pica</b>		
12.	Do you smoke? <ul style="list-style-type: none"> <li>• (If yes) How much?</li> </ul>	Maternal Smoking		
13.	Does anyone smoke inside your home? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Secondhand Smoke		
14.	When was the last time you drank alcohol? <ul style="list-style-type: none"> <li>• How much do you drink?</li> <li>• How often?</li> </ul>	Alcohol Use		
15.	When was the last time you used drugs? <ul style="list-style-type: none"> <li>• (If yes) Tell me more.</li> </ul>	Drug Use		
16.	Lots of women feel sad or depressed before or after having a baby. Have you felt sad or depressed recently? <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		
17.	Is there anyone in your life who is hurting you or your child(ren)? <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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Breastfeeding a Priority 1 Infant</li> <li>• Breastfeeding a Priority 2 Infant</li> <li>• Breastfeeding a Priority 4 Infant</li> <li>• ≤ 17 Yrs at Conception (This PG)</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Foster Care (past 6 months)</li> <li>• Limited Skills for Proper Nutrition</li> <li>• Migrancy</li> <li>• Homelessness</li> </ul> </td> </tr> </table>			<ul style="list-style-type: none"> <li>• Breastfeeding a Priority 1 Infant</li> <li>• Breastfeeding a Priority 2 Infant</li> <li>• Breastfeeding a Priority 4 Infant</li> <li>• ≤ 17 Yrs at Conception (This PG)</li> </ul>	<ul style="list-style-type: none"> <li>• Foster Care (past 6 months)</li> <li>• Limited Skills for Proper Nutrition</li> <li>• Migrancy</li> <li>• Homelessness</li> </ul>
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<p><b>If no risks have been identified, assign:</b> Not Meeting Dietary Guidelines</p>				

For persons with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

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DOH 960-077 December 2010

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