EHS Nutrition Screening for Pregnant or Lactating Women

Mothers’ name: __________________________________________ County: L M O W

DOB: ___________ Ht:_________ Current Wt:__________ Pre-pregnancy Wt:_________

□ Pregnant. Due date: _______ □ Receiving regular prenatal care. OB:_________________

□ Currently BF. How often?: __________________ Mins per breast:__________ Age of child:______

Questions about your diet, nutrition or weight: Y N _________________________________

Nutrition Concerns □ Nausea □ Vomiting □ Constipation □ Diarrhea □ skips breakfast
□ Poor appetite □ Heartburn/ gas □ Diabetes □ Food allergy: ____________________________

Current medications/vitamins/supplements:_________________________________________
___________________________________________________________________________
___________________________________________________________________________

Food Security: □ We sometimes run out of food □ No problem □ Participate in WIC
Other: _____________________________________________________________________

PICA screen: □ ice □ dirt □ paint chips □ laundry soap □ Other _______________________

Food prep: □ running water □ stove □ refrigerator □ req info on healthy meal planning
Other: _____________________________________________________________________

In a typical week I consume:

Dairy: milk type:_____, cheese, cottage cheese, yogurt ______times/day

Protein: fish, beef, pork, chicken, eggs, beans, peanut butter, tofu ______times/day

Grains: cereal, bread, rice, noodles, crackers, tortillas, whole grains ______times/day

Vit C: oranges/ juice, tomatoes/ juice, strawberries, broccoli, salsa, melon ______times/day

Vit A: dark greens, carrots, yams, peppers, squash, apricots, mango ______times/wk

Fruit/Veg: apple, banana, peach, pear, peas, potato, green bean, lettuce, corn ______times/day

Snacks: chips, candy, cookies, popsicles, ice cream, tang/koolaid, soda ______times/wk

Water: ____________________ # oz/day

Alcohol: Y N/#/wk:_______ Tobacco: ______cigs/per/day Other drug/toxin exposure: Y / N

Edc provided:

□ Folic acid □ How developing fetus uses nutrients □ ATOD avoidance/cessation
□ PNV □ Caffeine use □ Drinking water/fluids
□ Anemia □ Typical preg. wt gain/where wt goes □ Dental hygiene & concerns

Other: _____________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Referrals provided:____________________________________________________________
___________________________________________________________________________

Staff Signature: ____________________________________ Date:_____________________

Based on WIC form 604-281 Nutrition Screening Pregnant or Lactating Women