

TRAINING TOOL: PREGNANCY NUTRITION QUESTIONS HEALTH/MEDICAL #1-5		FOR ELIGIBILITY PURPOSES
Name:	Age: : C101 - Young Teenagers C102 - Teenagers	ISIS RISK CODES
<p>Please circle or write your answers to the following questions:</p> <p><b>NOTE: Questions 2, 3, 4, 6, 9, 10, 11, and 18 are mandatory and should be answered.</b></p> <p><b>1. When is your next doctor's appointment? (month) _____</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>◆ Verify regular prenatal care</li> <li>◆ If blank, make referral</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>◆ Who is your doctor? If you don't have one, why not?</li> <li>◆ Do you have any problems, like transportation?</li> </ul> <p><b>2. What concerns does your doctor have about your pregnancy? Weight Gain Weight Loss What You Eat High Blood Sugar High Blood Pressure Low Iron in Blood None Other _____</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>◆ Help develop nutrition education plan</li> <li>◆ May need to refer to RD for assessment</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>◆ Tell me what your doctor told you.</li> <li>◆ What changes has your doctor recommended in what you eat?</li> <li>◆ Tell me how this could affect you and your pregnancy.</li> </ul> <p><b>3. Which of these do you take? Prenatal Vitamins Iron Pills Other Vitamins/Minerals Herbs Laxatives Over the Counter Medicines (Tylenol, Aspirin, etc...) None Other Medicines _____ Home Remedies (list) _____</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>◆ Teach participant about possible risks of these during pregnancy</li> <li>◆ Medical provider should know if participant uses these</li> <li>◆ May need to refer to RD for assessment</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>◆ For what condition do you take them? How much/how often?</li> <li>◆ Does your MD know?</li> </ul> <p><b>4. What conditions do you have? Nausea Vomiting Heartburn Constipation Swelling None Other (list) _____</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>◆ Help participant with common pregnancy problems</li> <li>◆ May suggest participant talk to medical provider about these</li> <li>◆ May find that participant uses other over the counter or home remedies</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>◆ What has your doctor told you?</li> <li>◆ What have you tried? What has worked?</li> </ul> <p><b>5. How do you feel about your weight change? Too Little OK Too Much</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>◆ Opens discussion on healthy weight gain during pregnancy</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>◆ Tell me more about that . . .</li> <li>◆ What have you been told or read about how much weight to gain?</li> <li>◆ Did your doctor talk to you about normal weight gain during pregnancy?</li> </ul>		<p><b>Question 1</b> C119 Lack/Inadequate Prenatal Care</p> <p><b>Question 2</b> B12 Low Hgb/Hct B13 V.Low Hgb/Hct B90 Other Blood Disorder C10 Cur. Gest. DM C12 Cur. Preg HTN C50 DM , Type I or II C51 Chronic HTN C52 Active TB C53 Cur. Kidney Dis. C55 Cur.Cardio/Pulm C56 Cur GI Disorders C59 Cur.CNS Dis C82 Chronic Infection C86 Inborn Err Metab C104 Hypoglycemia C105 Other Med Dis. C106 Gene/Cong. Dis C110 Food Allergies C111 Lactose Intol. C112 Rec Surg/Trm/Burn C115 Alcohol Use C122 Persistent Asthma</p> <p><b>Question 3</b> D423 Inappropriate or Excess Intake Diet Supplementation D427 Inappropriate Nutrition Practices for Women</p> <p><b>Questions 2 &amp; 4</b> C15 Sev.Naus/Vomit</p> <p><b>Question 5</b> C96 Eating Disorder*</p>
<p><b>Suggested Education Materials:</b></p> <p>Give Your Baby a Healthy Start      Relief from Common Problems  Iron For Strong Blood                      Breastfeeding Handouts  Snacks    Referrals to health care provider/other social programs</p>		

<p align="center"><b>TRAINING TOOL: PREGNANCY NUTRITION QUESTIONS FOOD AND NUTRITION #6-12</b></p>	<p><b>FOR ELIGIBILITY PURPOSES</b></p>
	<p><b>ISIS RISK CODES</b></p>
<p><b>6. How many times a day do you eat? _____ Meals _____ Snacks</b> <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• Help develop nutrition education plan that fits participant's usual habits</li> <li>• Help find out if participant eats too little, too much, or irregularly</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• Who prepares your meals?</li> <li>• What time do you usually eat your meals?</li> <li>• Where do you usually have your meals or snacks? (Home? Work? School?)</li> <li>• Do you often skip meals? If yes, why?</li> </ul> <p><b>7. How many times a week do you eat fast food or food from a restaurant?</b> <b>Never    1-2 times    3-4 times    5 or more times</b> <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• A lot of fast food or restaurant food means higher fat and calories in diet</li> <li>• May be related to rate of weight gain</li> <li>• May mean a lower intake of fruit, vegetable, and/or milk groups</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• Which restaurants? What do you usually order?</li> </ul> <p><b>8. Are you on a special diet?    No    Yes    If yes, explain _____</b> <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• Could affect intake of different food groups</li> <li>• May need to refer to RD for assessment</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• If yes, please describe your diet.</li> <li>• Have you discussed this with your doctor?</li> <li>• Have you seen a registered dietitian? At WIC or somewhere else?</li> </ul> <p><b>9. Are there foods you limit or do not eat?    No    Yes    If yes, list _____</b> <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• Could affect intake of different food groups</li> <li>• Could show food allergies, possible eating disorder</li> <li>• May refer to food closets or food stamps if needed</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• Tell me about these foods . . .</li> <li>• What are your reasons for limiting or avoiding these foods?</li> </ul> <p><b>10. What do you eat and drink on most days?</b> ➤ <b>Water    Coffee    Tea    Regular Soda    Diet Soda    Gatorade</b> <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• Shows what fluids she drinks</li> <li>• Shows caffeine intake</li> <li>• Look at sugar and calories – may be related to food group intake or weight gain</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• How many times a day do you drink _____ ? What is the serving size?</li> </ul> <p>➤ <b>Juice    Punch/Kool Aid    Alcohol    Beer    Wine</b> <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• Shows what fluids she drinks</li> <li>• Juice may contribute vitamin C</li> <li>• Look at sugar and calories – may be related to food group intake or weight gain</li> <li>• <b>Alcohol use during pregnancy indicates need for education and possible referral</b></li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• How many times a day do you drink _____ ? What is the serving size?</li> <li>• Tell me more about the kind of beverage(s) you circled or did not circle.</li> </ul>	<p><b>Questions 6,8,9,&amp;12</b> <b>C96 Eating Disorder</b> <b>C110 Food Allergies</b> <b>C111 Lactose Intol</b></p> <p><b>D402 Vegan Diet or Highly Restrictive</b></p> <p><b>Questions 7&amp;10</b> <b>*D401 Failure to meet Dietary Guidelines</b> <b>D402</b> <b>D427 Inappropriate Nutrition Practices for Women</b></p> <p><b>*Use only after assessing for D402, D421, D423, D427</b></p> <p><b>Question 10</b> <b>C115 Alcohol Abuse</b></p>

(Continued)

➤ **Fruits Vegetables**

**(Reason for asking question)**

- Fruits and vegetables contain vitamins A, C, folic acid, & others; minerals; & fiber
- Fruits and vegetables are important every day for vitamin, mineral and fiber intake

➤ **Milk (Skim/Lowfat/Whole) Cheese Yogurt Cottage Cheese Pudding/Custard**

**(Reason for asking question)**

- Milk group contains protein; minerals calcium, phosphorus, and magnesium; and vitamins D, riboflavin and others
- Whole milk products mean higher fat intake & may add to weight gain

➤ **Meat Chicken Turkey Fish Hotdogs Tofu Beans/Lentils PB Eggs Nuts**

**(Reason for asking question)**

- Protein group contains protein, B-complex vitamins, and iron
- May affect fat intake; may be related to weight gain
- May show she is vegetarian

➤ **Breads Cereals Tortillas Rice Noodles Rolls Crackers Pan Dulce**

**(Reason for asking question)**

- Bread group is a major source of energy; also contains protein; B-complex vitamins; and iron and other minerals
- Recommend to eat some whole grain foods every day
- Be aware of fat and sugar content of some choices; may be related to weight gain

➤ **Candy Cookies Cakes Donuts Ice Cream Chips French Fries**

**(Reason for asking question)**

- Higher in calories due to fat and/or sugar content; may be related to weight gain; low in nutrients

➤ **Other (list)** \_\_\_\_\_

**(Reason for asking question)**

- Look at types of foods to see if they are important
- Foods listed here may be similar to foods listed above

**(Probing questions)**

- Tell me about the kind of food(s) or beverage(s) you circled or did not circle.
- Any unpasteurized (not heat treated to kill harmful bacteria) juices or dairy products consumed?
- Any raw or undercooked foods (i.e., tofu, hotdogs, cold cuts) consumed?

**11. What things, other than food do you crave to eat? Dirt Clay Ice  
Laundry Starch Cigarette Butts Paint Chips Other (list)\_\_\_\_\_ None**

**(Reason for asking question)**

- May mean she takes in toxic substances
- Need to evaluate, find out how much she takes in, may need to refer

**(Probing questions)**

- Tell me about these cravings....
- How much do you eat?

**12. How do you feel about your eating habits now? Great Good OK Not so good**

**(Reason for asking question)**

- May show she has concerns about her diet
- May show her stage of change

**(Probing questions)**

- Tell me more about that . . .

**Questions 6,8,9,&12**

**C96 Eating Disorder\***

**C110 Food Allergies**

**C111 Lactose**

**Intolerance**

**D402**

**Questions 7&10**

**D401**

**D427**

**Question 11**

**D421 Pica**

<b>TRAINING TOOL: PREGNANCY NUTRITION QUESTIONS BREASTFEEDING #13-15</b>	<b>FOR ELIGIBILITY PURPOSES</b>
	<b>ISIS RISK CODES</b>
<p><b>13. Have you ever breastfed? Yes No If yes, for how long? _____</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>Shows her breastfeeding history</li> <li>Lets you praise her if she has breastfed</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>Tell me about what that was like.</li> <li>What were your main reasons for stopping breastfeeding?</li> <li>Have you ever had surgery, radiation or any injury to your breast/chest area?</li> <li>Have you ever had breast piercing(s)?</li> </ul> <p><b>14. How confident are you that you will breastfeed your baby? (Circle one)</b>  <b>1 (not at all confident) .....2.....3.....4.....5 (very confident)</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>Shows her stage of change</li> <li>Helps you find out if she plans to breastfeed</li> <li>Opens conversation about her knowledge, experience, and plans about breastfeeding</li> <li>Lets you describe WIC breastfeeding education and support services</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>What is influencing your confidence about breastfeeding?</li> <li>Tell me why you are/are not confident about breastfeeding? (Discuss barriers)</li> </ul> <p><b>15. Are you working or going to school? Yes No Planning to Start</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>A “Yes” or “Planning to Start” answer opens the discussion for breastfeeding options when separated from baby</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>If yes or planning to...tell me about your plans for breastfeeding.</li> <li>What help or support do you need?</li> <li>Tell me about your stress level.</li> </ul>	<p><b>Question 13</b>  <b>C84 Pregnant  Woman Currently  Breastfeeding</b></p>

<b>TRAINING TOOL: PREGNANCY NUTRITION QUESTIONS OTHER #16-19</b>	<b>FOR ELIGIBILITY PURPOSES</b>
	<b>ISIS RISK CODES</b>
<p><b>16. What word(s) describe how you feel about being pregnant?</b>  <b>Happy OK Tired Depressed Sad Stressed Angry Other_____</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• May need to refer to medical provider</li> <li>• When you discuss with her, may find other referrals would be helpful</li> <li>• May help identify whether participant is a victim of domestic violence</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• Tell me more about this feeling.</li> <li>• How do you cope when you are (tired, sad, etc...)?</li> <li>• Have you shared this with your doctor?</li> </ul>	<p><b>Question 16</b>  <b>*C93 Recipient of Abuse</b>  <b>C113 Depression</b></p>
<p><b>17. What kind of activity do you do on most days: Walk Run Bike Dance Sports Swim Exercise class/Gym Garden None Other(list)_____</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• Regular exercise can give participant a sense of well-being and relaxation</li> <li>• Her job may involve a lot of activity</li> <li>• Her activity level may be related to her weight gain</li> <li>• Her activity may not be appropriate for pregnancy</li> <li>• She may have restrictions on exercise if she has had miscarriage</li> <li>• Note: Work-related activities are not included in this question because it's more of a family focus.</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• How often do you exercise? How long?</li> <li>• What does your doctor say about exercising while you're pregnant?</li> </ul>	<p><b>Question 17</b>  <b>*C33 Hx Spontaneous Abortion, Fetal or Neonatal Loss</b>  <b>*C96 Eating Disorder</b></p>
<p><b>18. Do you ever run out of money or food stamps to buy food? Yes No</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• Helps to show food security or insecurity</li> <li>• May need to refer</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• What do you do when . . . ?</li> <li>• Tell me about shopping and meal planning.</li> <li>• Would you like some ideas for handling this (referrals)?</li> </ul>	<p><b>Question 18</b>  <b>C91 Homeless</b></p>
<p><b>19. What nutrition and health questions do you have today?</b>  <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> <li>• May find other topics participant wants to talk about</li> <li>• May find other needs</li> </ul> <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> <li>• Is there anything about your pregnancy you would like to be sure to discuss today?</li> <li>• Tell me more about_____.</li> </ul>	<p><b>Question 19</b>  <b>D401</b>  <b>D427</b></p> <p><i>*In most cases, additional information will be necessary to assign this ISIS code.</i></p>