PRENATAL NUTRITION ASSESSMENT

To be completed by a CPSP Practitioner

Age	Name

Primary language? ________________________ English Fluency? □ Yes □ No □ Speak □ Read

ANTHROPOMETRIC

PLEASE REFER TO THE APPROPRIATE PRENATAL WEIGHT GAIN GRID

During previous pregnancies, how much weight did you gain? _______ pounds _______ N/A

BIOCHEMICAL

May Need Referral

HGB or HCT (circle) _______ Date: _______

Glucose Screen __________ Date: _______

OTHER LABS (Please indicate): ____________

____

URINE ANALYSIS:

Ketones: + / - Date: _______

Glucose: + / - Date: _______

Protein: + / - Date: _______

Abnormal Lab Value? □ No □ Yes

CLINICAL

Gravida: _______ Para: _______

Date last pregnancy ended: ________________

Blood Pressure: _________ Date: _______ Abnormal blood pressure? □ No □ Yes

1. Experiencing discomforts? □ No □ Yes

   Mark all that apply:

   □ Nausea □ Dizziness □ Hemorrhoids □ Swelling of feet or hands
   □ Vomiting □ Diarrhea □ Leg cramps
   □ Heartburn □ Gas □ Constipation □ Other? __________________

2. Do any of these discomforts keep you from eating as you normally would? □ No □ Yes

   If yes, please explain: ____

   ____

3. Do any of the following apply to you? Mark all that apply.

□ Under 19 years of age	□ No	□ Yes
□ Anemia	□ No	□ Yes
□ Currently breastfeeding another child	□ No	□ Yes
□ Teeth, gum, or mouth problems	□ No	□ Yes
□ Gastric Surgery	□ No	□ Yes
□ Diabetes □ Type 1 □Type 2 □ Gestational	□ No	□ Yes
□ Ever had a baby who weighed less than 5 1/2 pounds	□ No	□ Yes
□ Ever had a baby who weighed more than 9 pounds	□ No	□ Yes
□ Currently pregnant with multiples □ Twins □ Triplets or more	□ No	□ Yes
□ Ever been told any of your unborn babies were not growing well	□ No	□ Yes
□ Complications during a pregnancy (current or previous) Explain: ____________________ ______________________________	□ No	□ Yes
□ Ever had an eating disorder (anorexia, bulimia, disordered eating)	□ No	□ Yes
□ Other problems (please describe): ______________________________	□ No	□ Yes

DIETARY

Are you currently taking any of the following?

	Which one(s)?	How much?	How often?		
4A. □ Iron					
□ Folic Acid					
4B. □ Prenatal Vitamins/Minerals				□ Yes	□ No
4C. □ Other Vitamins or Minerals				□ Yes	□ No
□ Natural remedies or herbs				□ Yes	□ No
□ Liquid or powdered supplements				□ Yes	□ No
□ Laxatives				□ Yes	□ No
□ Prescription Medications				□ Yes	□ No
□ Antacids				□ Yes	□ No
□ Over-the counter Medications				□ Yes	□ No

5. Are you allergic to any foods? □ No □ Yes

6. If yes to Question 5, please list: ____

7. Do you choose foods that are… □ No □ Yes
   Mark all that apply:
   □ Low in sugar □ Low in fat □ Vegetarian
   □ Low in salt □ For weight loss or gain (circle) Do you eat: □ Eggs
   □ Gluten free □ Other: ________________ □ Milk or cheese
   □ Poultry or fish

8. If yes to Question 7, ask: Did anyone tell you to make these choices?
   If so, who? ____

9. Do you avoid any foods? □ No □ Yes
   If so, which foods do you avoid? ____

10. If yes to Question 9, ask: Why do you avoid these foods?
    □ Do not like □ Allergy □ Intolerance □ Other: ______________

11. Do you ever eat any of the following: □ No □ Yes
    Mark all that apply:
    □ Unpasteurized milk or cheese (including soft, bleu or homemade) □ Alfalfa/mung bean sprouts
    □ Raw or undercooked eggs, meat, shellfish, fish (including sushi) □ Deli meat
    □ Shark, swordfish, king mackerel, or tilefish

12. Do you eat fish and shellfish from stores or restaurants more than 2X/week? □ No □ Yes

13. Do you eat locally caught fish (not from a store, but caught by self, friend, or family) more than 1x/week? □ No □ Yes

14. Do you eat or have you craved any of the following? □ No □ Yes
    Mark all that apply:
    □ Clay or dirt □ Laundry starch □ Ice or freezer frost
    □ Cornstarch □ Plaster or paint chips □ Other non-food item

15. Who buys the food where you live? □ Myself □ Another person, if so who?__________

16. Who cooks the meals where you live? □ Myself □ Another person, if so who?__________

17. Within the past 12 months, did you worry whether your food would run out before you got money to buy more? □ No □ Yes
    Within the past 12 months, did the foods you bought just not last and you didn't have money to get more? □ No □ Yes

18. Do you receive WIC? □ Yes □ No

19. Do you receive Food Stamps? □ Yes □ No

20. Do you receive any free food services (food banks, pantries or soup kitchens?) □ Yes □ No

21. Do you have the following? □ Yes □ No
    - □ Oven □ Electricity □ Microwave □ Have all of these
    - □ Stove □ Refrigerator □ Clean running water

22. Has your appetite been good since becoming pregnant? □ Yes □ No

23. Have you had any changes in your eating habits since becoming pregnant? □ No □ Yes
    If so, please describe: ____________________

    ____

24. Describe how you feel about the weight you have gained so far with this pregnancy.

    ____

    ____

25. Have you fasted during this pregnancy or do you plan to fast? □ No □ Yes

26. On an average day, do you spend over 2 hours watching TV? □ No □ Yes

27. On an average day, are you physically active for at least 30 minutes? □ Yes □ No

28. Have you ever breastfed or tried to breastfeed? □ Yes □ No

29. *If* ***yes*** *to Question 28, ask:* How long did you breastfeed? ____________________
    Did you breastfeed as long as you wanted? □ Yes □ No
    What was your experience like? ____________________

30. Is there anything that would prevent you from trying breastfeeding? □ No □ Yes

31. If yes to question 30: Please explain. ____________________

32. Who could you go to for breastfeeding help? ____________________

33. Have you ever smoked cigarettes or used tobacco? □ No □ Yes

34. *If* ***yes*** *to Question 33,* ask: When did you last use tobacco? ____________________

35. If you smoke, how many packs of cigarettes do you smoke per day? ____________________
    On a scale of 1 to 5, how interested are you in quitting? (circle)
    1 **2** **3** **4** **5**
    No interest at all ... Very interested

36. Have you ever drank alcohol (beer, wine, wine coolers, hard liquor, etc.)? □ No □ Yes

37. *If* ***yes*** *to Question 36,* ask: When did you last drink alcohol? ____________________

38. If you drink alcohol, on a scale of 1 to 5, how interested are you in quitting? (circle)
    1 **2** **3** **4** **5**
    No interest at all ... Very interested

39. Have you ever used street drugs such as marijuana, methamphetamine, cocaine, or heroin? □ No □ Yes

40. *If* ***yes*** *to Question 39,* ask: When did you last use? ____________________
    What did you use? ____________________

41. If you use drugs, on a scale of 1 to 5, how interested are you in quitting? (circle)
    1 **2** **3** **4** **5**
    No interest at all ... Very interested

Signature and Title	Date	Time to Complete