

COGNITION

- 1. Do you have trouble reading materials given to you by WIC or your doctor? Always Sometimes Never
- 2. Did you or do you attend special education classes in school? YES NO
- 3. How do you like to receive educational materials? Written Verbally Audio Video

NUTRITION

- 1. How much weight would you like to gain with this pregnancy? _____
- 2. Have you had any of the following problems?
 change in appetite constipation diarrhea food allergies heartburn nausea vomiting
- 3. What changes have you made in eating since you found out you are pregnant? _____
 - a. Are you on a special diet? NO YES
If yes, please describe _____
 - b. Are you able to drink milk and/or eat milk products? YES NO
 - c. Do you feel the need to eat any non-food, such as ice, clay, starch, etc.? YES NO
If yes, what _____
 - d. Have you ever had an eating disorder, such as bulimia or anorexia nervosa? NO YES
If yes, please explain _____
 - e. How often do you eat fast foods in a week? _____
 - f. How many pops/Kool-aid do you drink in a day? _____
 - g. How many caffeinated drinks (i.e., coffee, tea, pop, etc.) do you drink in a day? _____
 - h. How many glasses of water do you drink in a day? _____
 - i. Describe a typical day's meals: _____

- 4. Are you taking a prenatal vitamin daily? YES NO
 - a. Are you taking herbal supplements?..... NO YES
- 5. Breast-Feeding:
 - a. Are you planning to breast-feed this baby?..... YES NO
 - b. What concerns do you have about breast-feeding? _____

- 6. Family Planning:
What do you want to use for birth control after your baby is born? _____

SEXUALLY TRANSMITTED INFECTIONS

- 1. Have you had a test for HIV during this pregnancy? YES NO
- 2. Would you like more information on HIV? YES NO

ENVIRONMENTAL INFORMATION

1. What is your current housing situation? (Check all that apply.)
 House-own Apartment Live With: FOB Friend
 House-rent Shelter Parents Relative
 Migrant Housing Homeless/other SO (not FOB)
2. Is your current housing: (Check all that apply.)
 built before 1978 remodeled/renovated in the last year near an industrial plant, dump site
3. Does your house (or frequently visited home) have peeling or chipping paint? NO YES
4. Does your house (or frequently visited home) have a lot of dust and mold? NO YES
5. Was asbestos insulation used on pipes or hot water tank or for insulation in attic/walls? NO YES
6. Does anyone in your household work around lead (pottery, automobile repair, plumbing)? NO YES
7. Do you regularly (at least weekly) use cleaners for glass, oven, floors, or use glues, solvents, paint strippers? .. NO YES
8. Do you currently use pesticides (bug or weed killer, flea or tick spray) in the home? NO YES
9. What is the source of your drinking water? well city store bought
10. Are the following in good working order? furnace plumbing refrigerator stove
11. Do you have a working smoke detector(s)? YES NO
 Last time checked: _____
12. Do you use a wood stove?..... NO YES
13. Do you have guns and/or weapons in your home? NO YES
14. Are you having problems paying bills at this time? NO YES
 If yes, check all that apply. rent/mortgage gas electric phone
 Please describe: _____
15. Does your child/children have a car seat? YES NO
 If yes, is the car seat: new used
 a. Have you been shown how to install the seat in your vehicle? YES NO
16. Do you have a crib for your new baby? YES NO
17. Do you need help getting baby items? NO YES

CHILDBIRTH EDUCATION CLASSES (CBE)

1. Are you nervous about going through the labor and delivery process? NO YES
 Please describe: _____
2. Who will be taking you to the hospital when you are in labor? _____
3. Who will be your coach/with you during delivery? _____
4. Have you ever taken a CBE class? YES NO
5. Do you plan to take a CBE class? YES NO
6. Will there be a problem getting to the class? NO YES

SUMMARY

BENEFICIARY SUMMARY

1. Do you have any questions about the MIHP program? YES NO
2. What do you want the MIHP team to work with you on? _____

3. Do you foresee any problems keeping appointments with the MIHP team? NO YES
 What kind? _____
