POSTPARTUM WOMAN'S HEALTH AND DIET QUESTIONS - A

Michigan Department of Health and Human Services

Taday's Data							
Today's Date							
Your Name	How man	ny grades of school have pleted?	Are you currently?				
			☐ Married ☐ Unmarried				
The following question is optional. Your answer will be used for group reporting purposes. If you do not answer, the staff will make a selection for you. This does not affect you receiving WIC benefits.							
Are you Hispanic or Latino? ☐ Yes ☐ No	Asian Black or African	n or Alaska Native	 White European North African Middle Eastern				
Pregnancy Information							
What was the date of your last menstrual period? Month/Day/Year		What was your baby's due date? Month/Day/Year					
When did your pregnancy end	d? Month/Day/Year_						
What was your weight just be	fore you became pregr	nant with this baby?	pounds				
How much weight did you gai	in during this pregnanc	y?	pounds				
Number of pregnancies (in pregnancy)	cluding this	1a. Number of live babies pregnancy)	s (not including this				
How many times have you been pregnant for 20 weeks or more before this pregnancy? None Number of pregnancies Unknown							
2. How many months were yo certified nurse midwife?	ou pregnant when you h	nad your first visit for prena	atal care from a doctor or a				
☐ First month		Sixth month					
Second month		Seventh month					
☐ Third month		☐ Eighth or Ninth month					
Fourth month		Unknown					
Fifth month		☐ No Medical Care					
3. Please check what is true a ☐ Preterm delivery (< 37 v	•	Preeclampsia	eck all that apply):				
	•	☐ Infant born with spina bifida					
☐ Early term delivery (37 to < 39 weeks)☐ Low birth weight, infant weighed 5 pound		☐ Infant weighed 9 pounds or more at birth					
ounces or less at birth		C-Section					
☐ Infant born with a birth defect		☐ None apply					
4. Previous deliveries:							
☐ Never pregnant before		☐ None apply					
☐ Infant weighed 9 pounds or more at birth							
5. During your most recent pregnancy, were you told by a doctor you had gestational diabetes? Yes No Unknown							

6. During your most recent pregnancy, did you have high blood pressure? ☐ Yes ☐ No ☐ Unknown							
7.	How many infants resulted from thi ☐ Number of infants (1-7)	s pregnancy?	Unknown				
8.	Was this infant born alive? ☐ Born alive	☐ Born Dead	Unknown				
R	Note to Staff: Question #12 on the MI-WIC screen is not reflected exactly by question 8 above. Response to question 12 on the screen may trigger requirement for more information that you will complete on the screen.						
	edical Information	M/IO 1 (f					
			ill give you a list of medical conditions to review.				
۷.	Are you taking any medications (p	Yes No	non-prescription)?				
	If y	es, what kind?					
	Any side effects?	Yes No No Nes, what kind?					
3.	Do you have any oral/dental prob	lems that make	it difficult to eat?				
		Yes No					
	•	es, what kind?					
4.	In the month before you got pregnamultivitamin? Less than once per week Number of times per week (1-7)		y, how many times a week did you take a 8 or more times per week Unknown				
5.	Have you taken any vitamins or mi Yes No Unkn	•	et month?				
6.	Are you consuming folic acid from Signature Yes No Unkn		nd/or taking a folic acid supplement daily?				
7.	In the 3 months before you were produced Do not smoke Number of Cigarettes per day (1) 97 or more cigarettes per day		nny cigarettes did you smoke on an average day? Smoked, but quantity unknown Unknown or refused				
8.	In the last 3 months of your pregna ☐ Do not smoke ☐ Number of Cigarettes per day (1) ☐ 97 or more cigarettes per day		cigarettes did you smoke on an average day? Smoked, but quantity unknown Unknown or refused				
9.	How many cigarettes do you smok Do not smoke Number of Cigarettes per day (1) 97 or more cigarettes per day	_	Smoked, but quantity unknown				
10. Does anyone else living in your household smoke inside the home? Yes, someone else smokes inside the home No, no one else smokes inside the home Unknown							

week? Did not drink Number of drinks per week (1 - 20) 12. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week? Did not drink Drank, but quantity unknown or refused Drank, but quantity unknown Drank, but quantity unknown Unknown or refused						
 Number of drinks per week (1 - 20) Unknown or refused 21 or more drinks per week 12. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week? □ Did not drink □ Drank, but quantity unknown □ Number of drinks per week (1 - 20) □ Unknown or refused 						
12. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week? Did not drink Drank, but quantity unknown Number of drinks per week (1 - 20) Unknown or refused						
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☐ Did not drink ☐ Drank, but quantity unknown ☐ Number of drinks per week (1 - 20) ☐ Unknown or refused						
21 or more drinks per week						
13. Please check what is true about your drinking habits.						
☐ I do not drink ☐ I drank 5 or more drinks in 1 day in the last						
☐ I drink less than 2 alcoholic beverages per day — month ☐ I drink 2 or more drinks per day ☐ I drank 5 or more drinks on 5 or more days in the						
last month						
14. Are you currently (check all that apply)?						
☐ Using any illegal substance ☐ Using marijuana in any form						
☐ Abusing any prescription medications ☐ None						
15. Any other physical disability, mental health condition or intellectual disability limiting ability to make						
appropriate feeding decisions and/or prepare food?						
Nutrition History						
1. How many meals do you eat most days?						
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 or more						
2. How many snacks do you eat most days?						
_ · · _ · _ ·						
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 or more						
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more 3. How many times do you drink milk or eat yogurt or cheese in a day?						
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 or more						
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 9. Do you eat or drink any of the following? (Check a Raw (unpasteurized) juice or milk Soft cheese (feta, Camembert, Brie, queso blanco, queso fresco, Panela) Raw or undercooked (rare) meat, fish, poultry or eggs 	Il that apply) Refrigerated pate or meat sp refrigerated smoked seafood Hot dogs, lunchmeats, and o reheated to steaming hot Michigan fish					
 ☐ Raw sprouts 10. Do you or have you? (Check all that apply) ☐ Eat a strict vegetarian diet ☐ Eat a low calorie/weight loss diet ☐ Had bariatric surgery ☐ Eat a low-carbohydrate, high protein diet (like Atkins, etc.) ☐ Eat little food because of stomach surgery to lose weight ☐ PICA 	 □ None apply □ Take a vitamin or mineral supplemental with the control of the	daily edies or teas				
11. Did you provide MIHP Services for this client duri	ng this visit?	∐ No				
CPA Signature		Date				
CFA Signature		Date				
The Michigan Department of the old to the condition	dana willi mak ayaliyala ƙasar in 10.1					
The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.						
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