

6. During your most recent pregnancy, did you have high blood pressure?

Yes No Unknown

7. How many infants resulted from this pregnancy?

Number of infants (1-7) 8 or more Unknown

8. Was this infant born alive?

Born alive Born Dead Unknown

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.

Medical Information

1. **Medical conditions/recent illnesses:** WIC staff will give you a list of medical conditions to review.

2. Are you taking any **medications (prescription or non-prescription)?**

Yes No

If yes, what kind? _____

Any side effects?

Yes No

If yes, what kind? _____

3. Do you have any **oral/dental problems** that make it difficult to eat?

Yes No

If yes, what kind? _____

4. In the month before you got pregnant with this baby, how many times a week did you take a multivitamin?

Less than once per week 8 or more times per week

Number of times per week (1-7) _____ Unknown

5. Have you taken any vitamins or minerals in the past month?

Yes No Unknown

6. Are you consuming folic acid from fortified foods and/or taking a folic acid supplement daily?

Yes No Unknown

7. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day?

Do not smoke Smoked, but quantity unknown

Number of Cigarettes per day (1 - 96) _____ Unknown or refused

97 or more cigarettes per day

8. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?

Do not smoke Smoked, but quantity unknown

Number of Cigarettes per day (1 - 96) _____ Unknown or refused

97 or more cigarettes per day

9. How many cigarettes do you smoke on an average day now?

Do not smoke Smoked, but quantity unknown

Number of Cigarettes per day (1 - 96) _____ Unknown or refused

97 or more cigarettes per day

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

9. Do you eat or drink any of the following? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Raw (unpasteurized) juice or milk | <input type="checkbox"/> Refrigerated pate or meat spreads or refrigerated smoked seafood |
| <input type="checkbox"/> Soft cheese (feta, Camembert, Brie, queso blanco, queso fresco, Panela) | <input type="checkbox"/> Hot dogs, lunchmeats, and other deli meats not reheated to steaming hot |
| <input type="checkbox"/> Raw or undercooked (rare) meat, fish, poultry or eggs | <input type="checkbox"/> Michigan fish |
| <input type="checkbox"/> Raw sprouts | <input type="checkbox"/> None apply |

10. Do you or have you? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Eat a strict vegetarian diet | <input type="checkbox"/> Take a vitamin or mineral supplement daily
What kind? _____ |
| <input type="checkbox"/> Eat a low calorie/weight loss diet | <input type="checkbox"/> Take an iodine supplemental daily |
| <input type="checkbox"/> Had bariatric surgery | <input type="checkbox"/> Use herbal supplement remedies or teas
What kind? _____ |
| <input type="checkbox"/> Eat a low-carbohydrate, high protein diet (like Atkins, etc.) | <input type="checkbox"/> Take a fluoride supplement |
| <input type="checkbox"/> Eat little food because of stomach surgery to lose weight | <input type="checkbox"/> None apply |
| <input type="checkbox"/> PICA | |

11. Did you provide MIHP Services for this client during this visit? Yes No

Staff Notes

CPA Signature	Date
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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.

Authority: Act 368 PA 1978

This institution is an equal opportunity provider.