POSTPARTUM WOMAN'S HEALTH AND DIET QUESTIONS - A

Michigan Department of Health and Human Services

Today's Date						
Your Name		low many gra ou completed	ides of school have l?	Are you currently?		
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	America	ct one or mor In Indian or A African Ame Iawaiian or C	laska Native	 ☐ White ☐ European ☐ North African ☐ Middle Eastern 		
Pregnancy Information What was the date of your Month/Day/Year	·	Mor	at was your baby's du hth/Day/Year			
When did your pregnancy						
What was your weight just			/ith this baby?	pounds		
How much weight did you 1. Number of pregnancies pregnancy)		1a.	Number of live babie pregnancy)	s (not including this		
How many times have you been pregnant for 20 weeks or more before this pregnancy?						
 2. How many months were certified nurse midwife? First month Second month Third month Fourth month Fifth month 			our first visit for prena Sixth month Seventh month Eighth or Ninth month Jnknown No Medical Care	atal care from a doctor or a า		
 3. Please check what is training Preterm delivery (< 3) Early term delivery (< 4) Low birth weight, infanounces or less at bir Infant born with a bir 	37 weeks) 37 to < 39 weeks) ant weighed 5 pour th	nds, 8	nancy or delivery (ch Preeclampsia nfant born with spina nfant weighed 9 pou C-Section None apply	bifida		
4. Previous deliveries:	pre		None apply			
5. During your most recent pregnancy, were you told by a doctor you had gestational diabetes?						

6. During your most recent pregnancy, did you have high blood pressure?						
7. How many infants resulted from this pregnancy? Number of infants (1-7) 8 or more 	Unknown					
8. Was this infant born alive?	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	-					
2. Are you taking any medications (prescription or non- Yes No If yes, what kind?	prescription)?					
Any side effects?						
3. Do you have any oral/dental problems that make it diff	ficult to eat?					
If yes, what kind?						
· - · - ·	w many times a week did you take a or more times per week Jnknown					
5. Have you taken any vitamins or minerals in the past month?						
6. Are you consuming folic acid from fortified foods and/or Yes No Unknown	taking a folic acid supplement daily?					
 7. In the 3 months before you were pregnant, how many c Do not smoke Number of Cigarettes per day (1 - 96) 97 or more cigarettes per day 	Smoked, but quantity unknown					
 8. In the last 3 months of your pregnancy, how many cigar Do not smoke Number of Cigarettes per day (1 - 96) 97 or more cigarettes per day 	Smoked, but quantity unknown					
 9. How many cigarettes do you smoke on an average day Do not smoke Number of Cigarettes per day (1 - 96) 97 or more cigarettes per day 	Smoked, but quantity unknown					
 10. Does anyone else living in your household smoke insid Yes, someone else smokes inside the home No, no one else smokes inside the home Unknown 	de the home?					

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DCH-1316 (Rev. 6-21) Previous edition obsolete.

11. In the 3 months before you got pregnant, how ma week?	any alcoholic drinks did you have in an average	
Did not drink	Drank, but quantity unknown	
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 week?	many alcoholic drinks did you have in an average	
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 ha	bits.	
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 drank 5 or more drinks on 5 or more days in the	
I drink 2 or more drinks per day	last month	
14. Are you currently (check all that apply)?		
Using any illegal substance	🗌 Using marijuana in any form	
Abusing any prescription medications		
15. Any other physical disability, mental health condi	tion or intellectual disability limiting ability to make	
appropriate feeding decisions and/or prepare foo	d? 🗌 Yes 🗌 No	
Nutrition History		
1. How many meals do you eat most days?		
	4 5 or more	
2. How many snacks do you eat most days?		
	4 5 or more	
3. How many times do you drink milk or eat yogurt	or cheese in a day?	
	4 5 or more	
4. Is your appetite usually:		
🗌 Good 🔄 Fair 🔄 Poor		
5. Are you on a special diet ?		
└── Yes ── No If yes, what kind?		
6. How many times a week do you eat Fast Food		
	4 5 or more	
7. Do you have any food allergies ?		
Yes No		
If yes, what kind?		
8. Do you eat or drink any of the following every day Milk what kind?	or most days? (Check all that apply)	
Pop or other sweetened beverages	☐ Whole grains	
Sweets or salty snacks	Fruits and vegetables	

9. Do you eat or drink any of the following? (Check all that apply)				
Raw (unpasteurized) juice or milk	Refrigerated pate or meat spreads or refrigerated smoked seafood			
Soft cheese (feta, Camembert, Brie, queso blanco, queso fresco, Panela)	Hot dogs, lunchmeats, and other deli meats not reheated to steaming hot			
Raw or undercooked (rare) meat, fish, poultry or eggs	☐ Michigan fish			
Raw sprouts	None apply			
10. Do you or have you? (Check all that apply)				
Eat a strict vegetarian diet	Take a vitamin or mineral supplement daily			
Eat a low calorie/weight loss diet	What kind?			
Had bariatric surgery	Take an iodine supplemental daily			
Eat a low-carbohydrate, high protein diet (like Atkins, etc.)	Use herbal supplement remedies or teas What kind?			
 Eat little food because of stomach surgery to lose weight PICA 	 Take a fluoride supplement None apply 			
11. Did you provide MIHP Services for this client dur	ing this visit?			

Staff Notes

CPA Signature	Date

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