

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

Pregnancy Information

Answer questions in the Health section below, as applicable.

1. *Do you have any questions or concerns about your pregnancy? Check all that apply.

- Appetite Infant Feeding Choices Other _____
- Breastfeeding Weight Gain
- Depression No concerns

2. *Is this your first pregnancy? Yes No

*If no,

*Date Last Pregnancy Ended:

____/____/____

*Live Birth: Yes No

*# of Previous Pregnancies: _____

*# of Previous Pregnancies > 20 weeks: _____

(Risk 332 if date last pregnancy ended is <18 months from LMP and the Live Birth Yes checkbox is marked.)

(Risk 333 if <20 years old and 3 or more pregnancies)

3. *Did you have any medical issues with your past pregnancy? Yes No

*If yes, please select:

- Baby born 5 pounds 8 ounces or less *(Risk 312)*
- Baby born 9 pounds or more *(Risk 337)*
- Baby born with a nutrition related birth defect *(Risk 339)*
- Caesarean 'C' section *(Risk 359)*
- Early term delivery ≥ 37 to <39 weeks *(Risk 311)*
- Gestational Diabetes *(Risk 303)*
- 2 or more Miscarriages (less than 20 weeks) *(Risk 321)*
- Preeclampsia *(High Risk - Risk 304)*
- Pregnancy loss (20 weeks or more) *(Risk 321)*
- Preterm delivery <37 weeks *(Risk 311)*
- Stillbirth or death before 1 mo. of age *(Risk 321)*
- Twins, triplets, or more *(Risk 335)*

4. *Do you regularly take any of the following medications? Yes No

*If yes, please select:

- Antigout *(Risk 357)*
- Blood formation/coagulation *(Risk 357)*
- Cardiac/blood pressure/lipid *(Risk 357)*
- Digestive enzymes *(Risk 357)*
- Diuretic *(Risk 357)*
- Hormones: growth, steroid, other *(Risk 357)*
- Insulin/antidiabetic *(Risk 357)*
- Thyroid/antithyroid *(Risk 357)*
- Other: _____

5. *Do you or your health care provider have any special concerns about your pregnancy? Yes No

*If yes, please select.

- Currently Breastfeeding *(Risk 338)*
- Excessive Weight Gain *(Risk 133)*
- Fetal Growth Restriction *(Risk 336)*
- Gestational Diabetes *(High Risk- Risk 302)*
- Hyperemesis Gravidarum *(Risk 301)*
- Preeclampsia *(High Risk- Risk 345)*
- Twins, triplets or more *(Risk 335)*
- Weight Loss While Pregnant

Nutrition Risk(s) Identified:

Illinois State WIC Program

Category: Pregnant

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Tobacco Use:

6. *In the 3 months prior to pregnancy did you smoke:

Cigarettes? Yes No If yes, How many a day? _____

Vapor pens and/or e-cigarettes? Yes No

7. *Currently do you smoke:

Cigarettes? Yes (Risk 371) No If yes, How many a day? _____

Vapor pens of e-cigarettes? Yes No

8. *Does anyone living in the home smoke inside? Yes (Risk 904) No

9. *In the 3 months prior to pregnancy, did you drink alcohol? Yes No

10. *Currently, do you drink alcohol? Yes (Risk 372) No

Substance Use

11. *In the 3 months prior to pregnancy did you:

*Use marijuana in any form? Yes No

*Misuse prescription medication? Yes No

*Use other illegal substances? Yes No

12. *Currently do you?

*Use marijuana in any form? Yes (Risk 372) No

*Misuse prescription medications? Yes (Risk 372) No

*Use other illegal substances? Yes (Risk 372) No

Nutrition Risk(s) Identified:

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Health Information

1. *Do you have any health or medical issues? Yes No

If yes, check all that apply.

- AIDS (Risk 352.02)
Arthritis/lupus (Risk 360)
Asthma, persistent or severe (Risk 360)
Bronchitis (3 episodes in past 6 mo.) (Risk 352.01)
Cancer (Risk 347)
Cardio-respiratory/heart disease (Risk 360)
Celiac disease (Risk 354)
Cerebral Palsy (Risk 348)
CNS disorders (Risk 348)
Cystic Fibrosis (Risk 360)
Depression, all types (Risk 361)
Developmental/sensory/motor delays (Risk 362)
Diabetes mellitus (High Risk - Risk 343)
Down syndrome (Risk 349)
Eating disorders (Risk 358)
Epilepsy (Risk 348)
Gallbladder diseases (Risk 342)
Gastroesophageal reflux (Risk 342)
Gastrointestinal diseases (Risk 342)
Genetic/congenital diseases (Risk 349)
Hepatitis (A, E) (Risk 352.01)
Hepatitis (B, C, D) (352.02)
HIV (Risk 325.02)
Hypertension/Pre-Hypertension (High Risk - Risk 345)
Hypoglycemia (Risk 356)
Inborn errors of metabolism (Risk 351)
Limited Ability (Risk 902)
Listeriosis (Risk 352.01)
Liver disease (Risk 342)
Meningitis (Risk 352.01)
Multiple sclerosis (Risk 348)
Muscular dystrophy (Risk 349)
Neural tube defects (Risk 348)
Nutrient deficiency diseases (Risk 341)
Parasitic infections (Risk 352.01)
Recipient of Abuse <6 mos (Risk 901)
PKU (High Risk - Risk 351)
Pneumonia (Risk 352.01)
Renal disease (Risk 346)
Surgery/trauma/burns within the past 2 mos (Risk 359)
Thyroid disorders (Risk 344)
Other: _____

2. *Do you have any food allergies? Yes No

If yes, please select. (Risk 353)

- Milk (Lactose) Egg Soy Fish
Milk (Allergy) Tree nuts Peanut Wheat
Shellfish Other: _____

3. *Do you have access to dental care? Yes No

4. *Do you have any dental problems? Yes No

If yes, please select: (Risk 381)

- Gingivitis Oral condition which impairs eating (Tooth loss/ineffectively replaced teeth/oral infections)
Tooth decay Periodontal disease

5. *Do you take any of the following?

- *Prenatal Vitamins Yes ___#/wk No Excessive? Yes No
*Vitamins/Minerals Yes ___#/wk No Excessive? Yes No
*Herbs, Supplements or Remedies Yes ___#/wk No Excessive? Yes No

(Risk 427.04 if 'No' or 'Excessive' for Prenatal/Vitamins/Minerals)

(Risk 427.01 if "Yes" for Herbs/Supplements/Remedies.

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6. *Are you regularly taking any nonfood items?

If yes, please select:

Large amounts of ice

Baby Powder

Baking Soda

Clay

Corn Starch

Dirt

Ashes

Other: _____

(Risk 427.03 if any are selected)

Nutrition Risk(s) Identified: