

Illinois State WIC Program

Category: Postpartum/Non-Breastfeeding

R- 01.21 WIC Paper Assessment Tool

Date: \_\_\_\_\_ CPA Initials: \_\_\_\_\_

Pregnancy Information

Answer questions in the Pregnancy and Health sections below, as applicable.

- 1. \*How have you been feeling since your pregnancy ended?
2. \*Is this your first pregnancy?
3. \*Did you have any medical issues with your most recent pregnancy?

\*If yes, please select:

- Baby born 5 pounds 8 ounces or less (Risk 312)
Baby born 9 pounds or more (Risk 337)
Baby born at less than 37 weeks (Risk 311)
Baby born at >= 37 to <39 weeks (Risk 311)
Baby born with a nutrition related birth defect (Risk 339)
Caesarean 'C' section (Risk 359)
Gestational Diabetes (Risk 303)
Miscarriages (less than 20 weeks) (Risk 321)
Preeclampsia (Risk 304)
Pregnancy loss (20 weeks or more) (Risk 321)
Stillbirth or death before 1 month of age (Risk 321)
Twins, triplets, or more (Risk 335)

Tobacco Use:

- 4.\*In the last 3 months of pregnancy, did you smoke:
5. \*Currently do you smoke:
6. \*Does anyone living in the home smoke inside?

Alcohol Use:

- 7. \*In the last 3 months of pregnancy, did you drink alcohol?
8. \*Currently, do you drink alcohol?

Nutrition Risk(s) Identified:

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**Substance Use**

**9.\* In the last 3 months of pregnancy did you:**

- \*Use marijuana in any form?  Yes  No
- \*Misuse prescription medication?  Yes  No
- \*Use other illegal substances?  Yes  No

**10. \*Currently do you?**

- \*Use marijuana in any form?  Yes  No
- \*Misuse prescription medications?  Yes (Risk 372)  No
- \*Use other illegal substances?  Yes (Risk 372)  No

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**Health Information**

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**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 and prehypertension (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)
- PKU (High Risk - Risk 351)
- Pneumonia (Risk 352.01)
- Pre-Diabetes (Risk 363)
- Recipient of Abuse < 6 mos (Risk 901)
- Renal disease (Risk 346)
- Surgery/trauma/burns < 2 mos (Risk 359)
- Thyroid disorders (Risk 344)
- Other: \_\_\_\_\_

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**Nutrition Risk(s) Identified:**

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2. \*Do you regularly take any medications?  Yes  No

\*If yes, please select. (Risk 357)

- Antigout
- Blood formation/coagulation
- Cardiac/blood pressure/lipid
- Digestive enzymes
- Diuretic
- Hormones: growth, steroid, other
- Insulin/antidiabetic
- Thyroid/antithyroid
- Other: \_\_\_\_\_

3. \*Do you have any food allergies?  Yes  No

\*If yes, please select. (Risk 353)

- Milk (Lactose)
- Milk (Allergy)
- Eggs
- Peanuts
- Soy
- Other:
- Fish
- Wheat
- Shellfish
- Tree nuts

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

5. \*Do you have any dental problems?  Yes  No

\*If yes, check all that apply. (Risk 381)

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

6. \*Do you take any of the following?

\*Vitamins/Minerals  Yes  No \*Excessive?  Yes  No  
 If yes, #/wk \_\_\_\_\_

\*Herbs/Suppl/Remedies  Yes  No  
 (Risk 427.1 if 'excessive' is selected for any; if yes, to Herbs/Suppl/Remedies.)  
 (Risk 427.4 if "no" for iron, iodine, or folic acid or "excessive")

7. \*Are you regularly eating any non-food items?

- \*If yes, please select:
- Ashes
  - Clay
  - Large Amounts of Ice
  - Baby Powder
  - Cornstarch
  - Baking Soda
  - Dirt
  - Other

(Risk 427.3 if any are selected)

Nutrition Risk(s) Identified: \_\_\_\_\_