

HEALTH ASSESSMENT

Estimated delivery date: _____ Multifetal gestation? No Yes

Previous pregnancy end: No previous pregnancy Date _____

NUTRITION ASSESSMENT

During the assessment interview, probe deeper using open-ended questions: *Tell me more..., Explain more about..., How do you..., What are your thoughts about..., What has your medical provider recommended..., What has your experience been..., What have you heard about... What have you tried..., What has worked for you...*

Health/Medical

I am going to ask you some questions about your health. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. How is your pregnancy going? _____
 Are you having any symptoms like nausea or vomiting?
 No
 Declined
 Yes [301]

2. Tell me about any health or medical concerns you are currently having.
 No concerns
 Concerns (describe) _____
 [201, 302, 336, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 356, 358, 359, 360, 361, 362, 381]

3. Is this your first pregnancy?
 Yes
 No Number of pregnancies: _____
 Declined

4. *(If first pregnancy, mark no complications and continue to next question)* Tell me about any complications or health problems you have had with any past pregnancies, such as gestational diabetes or high blood pressure.
 No complications
 Complications
 303: Hx Gestational Diabetes 304: Hx of Preeclampsia 311: Hx Preterm Delivery (≤ 37 wks)
 312: Hx Low Birth Weight 321: Fetal/Neonatal Loss 337: Hx Birth LGA Infant
 339: Hx Birth-Congenital Defect Other: _____ [303, 304, 311, 312, 321, 337, 339]

5. Have you seen a medical provider for this pregnancy?
 No
 Declined
 Yes Clinic/Provider: _____ Date of first appt _____ Number of appts _____ [334]

6. What medications are you currently taking?
 None
 List medications: _____ [357]
7. Do you have any dental problems that prevent you from eating some foods?
 No
 Declined
 Yes (describe) _____ [381]

Lifestyle

We ask everyone the following questions. They have to do with health and safety.

1. Do you currently smoke?
 No
 Declined
 Yes # of cigarettes/day: ____ [371]
2. Did you smoke in the 3 months before you were pregnant?
 No
 Declined
 Yes # of cigarettes/day: ____
3. Does anyone living in your house smoke *inside* the home?
 No
 Declined
 Yes [904]
4. Did you drink alcohol in the 3 months before you were pregnant?
 No
 Declined
 Yes # of drinks/week: ____
5. Have you had alcohol since becoming pregnant?
 No
 Declined
 Yes How much do you drink? _____ How often? _____ [372]
6. Have you used street drugs since your pregnancy began?
 No
 Declined
 Yes (describe) _____ [372]
7. What kind of activity or exercise do you like to do on most days?
 Bike riding Dance Exercise class/gym Exercise DVD/video Jog/run
 Play outdoors with children Swim Walk Yoga Declined to answer Other
- Frequency – times per week (opt.) _____ Length of time in minutes (opt.) _____

Nutrition/Health

I am going to ask you some questions about your diet. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. Tell me about any changes you have made to your diet since becoming pregnant. Experiencing any cravings?
 No changes Changes (list any reasons to assign NRC 427) _____ [427.02, 427.05]
2. How has your appetite been? Excellent Good Fair Poor
 Other (describe) _____ [427.02]
3. Are you avoiding food for any reason, including food allergies? (*If yes*) Tell me more.
 No
 Declined
 Yes (describe) _____ [353, 355, 358, 362, 427.02, 902]
4. What foods do you typically eat? _____
_____ [427.02, 427.05, 902]
5. What do you drink most days?
 Coffee Juice Kool-Aid/punch Soda: diet Soda: regular Sports drinks Tea Water
 Milk (*circle*: whole lowfat skim lactose reduced/free goat raw soy) Other _____ [427.02, 427.05]
6. Do you regularly eat things other than food?
 No
 Declined
 Yes
 Dirt Clay Carpet fibers Dust Ashes Laundry starch
 Cigarette butts Paint chips Other _____ [427.03]
7. Tell me about any vitamins, minerals, herbs or dietary supplements you are taking. (*If taking a prenatal vitamin*) What type of prenatal vitamin are you taking?
 None General vitamin/mineral supplement
 Children's vitamin/mineral supplement Iodine
 Folic acid supplement Iron
 Prenatal vitamin/mineral supplement, herb/dietary supplement or other: _____ [427.01, 427.04]
8. How do you plan to feed your baby?
 Breastfeeding Formula feeding Combination Other _____
9. Would you like to learn more about breastfeeding?
 No Declined Yes. Tell me more: _____
10. During the last 6 months, have you run out of money to buy food?
 No
 Declined
 Yes (describe) _____ [427.02]
11. Given all we have talked about, what nutrition or health questions do you have today?
 No questions/concerns
 Questions/concerns

USDA CODE	NUTRITION RISK CRITERIA	USDA CODE	NUTRITION RISK CRITERIA
101	UNDERWEIGHT (WOMEN)	349	GENETIC AND CONGENITAL DISORDERS
111	OVERWEIGHT (WOMEN)	351	INBORN ERRORS OF METABOLISM
131	LOW MATERNAL WEIGHT GAIN	352	INFECTIOUS DISEASES
132	MATERNAL WEIGHT LOSS DURING PREGNANCY	353	FOOD ALLERGIES
133	HIGH MATERNAL WEIGHT GAIN	354	CELIAC DISEASE
201	LOW HEMATOCRIT/LOW HEMOGLOBIN	355	LACTOSE INTOLERANCE
301	HYPEREMESIS GRAVIDARUM	356	HYPOGLYCEMIA
302	GESTATIONAL DIABETES	357	DRUG-NUTRIENT INTERACTIONS
303	HX OF GESTATIONAL DIABETES	358	EATING DISORDERS
304	HX OF PREECLAMPSIA	359	RECENT MAJOR SURGERY, TRAUMA, BURNS
311	HX OF PRETERM DELIVERY	360	OTHER MEDICAL CONDITIONS
312	HX OF LOW BIRTH WEIGHT	361	DEPRESSION
321	HX OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS	362	DEVELOPMENTAL, SENSORY, MOTOR DISABILITIES INTERFERING W/ ABILITY TO EAT
331	PREGNANCY AT A YOUNG AGE	371	MATERNAL SMOKING
332	CLOSELY SPACED PREGNANCIES	372	ALCOHOL AND ILLEGAL DRUG USE
334	LACK OF OR INADEQUATE PRENATAL CARE	381	ORAL HEALTH CONDITIONS
335	MULTIFETAL GESTATION	401	FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS
336	FETAL GROWTH RESTRICTION	427	INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN
337	HX OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT	427.01	DIETARY SUPPLEMENTS W/ POTENTIALLY HARMFUL CONSEQUENCES
338	PREGNANT WOMAN CURRENTLY BREASTFEEDING	427.02	CONSUMING DIET LOW IN CALORIES/NUTRIENTS
339	HX OF BIRTH W/ NUTRITION RELATED CONGENITAL/BIRTH DEFECT	427.03	COMPULSIVELY INGESTING NON-FOOD ITEMS (PICA)
341	NUTRIENT DEFICIENCY DISEASES	427.04	INADEQUATE VITAMIN/MINERAL SUPPLEMENTATION
342	GASTRO-INTESTINAL DISORDERS	427.05	INGESTING FOODS THAT COULD BE CONTAMINATED
343	DIABETES MELLITUS	502	TRANSFER OF CERTIFICATION
344	THYROID DISORDERS	801	HOMELESSNESS
345	HYPERTENSION (INCL CHRONIC/PREGNANCY INDUCED)	802	MIGRANCY
346	RENAL DISEASE	902	LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD
347	CANCER	903	FOSTER CARE
348	CENTRAL NERVOUS SYSTEM DISORDERS	904	EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE