

# Prenatal Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

Please answer these questions to help with your WIC visit today.

1. Does anyone smoke inside your home?  Yes  No
2. What does your household use for drinking water?  
 city/town/county water  well water  bottled water  other
3. Does the refrigerator in your home work?  Yes  No
4. Does the stove in your home work?  Yes  No
5. In the past month, have there been days when you did not have enough food or money to buy food?  Yes  No
6. Have you seen your doctor since you became pregnant?  Yes  No
7. Is this your first pregnancy?  Yes  No
8. Has your doctor said that you have any health problems?  
If "yes", list problem(s):  Yes  No
9. What concerns do you have about your health during this pregnancy?
10. Have you had any problems with your teeth or gums since you became pregnant?  Yes  No
11. Which of these do you have?  nausea  vomiting  heartburn  constipation  none
12. Which of these do you take?  
 prenatal vitamins  iron supplement  medicine from doctor  
 over-the-counter medicine (like pain relievers, antacids, laxatives)  herbal supplement  
 other \_\_\_\_\_  none
13. Which of these do you do?  
 smoke cigarettes  chew tobacco  drink alcohol  use drugs  none
14. How do you feel about your weight change since you became pregnant?  
 gaining too much  gaining too little  it's okay  not sure  weight has not changed
15. How many times a day do you eat? This includes meals and snacks of all kinds.  
 less than 3  3-4  5-6  more than 6  not sure

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16. How does the amount of food you eat now compare with before you were pregnant?  
 a lot more    a little more    about the same    a little less    a lot less    not sure
17. How many times a week do you eat meals and snacks away from home (or eat take-out meals)?  
This includes vending machines, fast foods, delis and all types of restaurants.  
 never or rarely    1-3 times a week    4-6 times a week    more than 6 times a week    not sure
18. Do you follow any kind of special diet?  Yes    No
19. Do you eat fruit every day?  Yes    No
20. Do you eat vegetables every day?  Yes    No
21. What kind of milk do you drink?  
 skim or fat-free    1% low-fat    2% low-fat    whole    not sure    none  
 other \_\_\_\_\_
22. Which of these do you drink everyday?  
 milk    water    flavored water    fruit juice    fruit drinks or punch  
 regular soda    sweet tea    sports drinks    other \_\_\_\_\_
23. Check any of the following items you eat:  
 ashes    baking soda    carpet fibers    chalk    cigarette butts  
 clay    dirt    ice    matches    paint chips  
 starch (corn or laundry)    other \_\_\_\_\_    none
24. Check any of the following foods you eat:  
 raw or unpasteurized milk  
 soft cheeses like feta, Brie, blue cheese or queso fresco or blanco  
 raw or undercooked meat or poultry, fish (including sushi), shellfish, eggs or tofu  
 hot dogs or cold cuts (deli or lunch meats) not reheated to steaming  
 none
25. How does the amount of exercise you get now compare with before you were pregnant?  
 a lot more    a little more    about the same    a little less    a lot less    not sure
26. Do you watch more than 2 hours of TV everyday?  Yes    No
27. Have you thought about how you will feed your baby (like breastfeed)?  Yes    No
28. What would you like to talk to the nutritionist about today?

Thank you!