

Pregnant Assessment Questions

Cascades Screen	Assessment Questions
<p>Family Demographics</p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Homelessness • Migrancy 	<p>Tell me a little bit about your living situation.</p>
<p>Participant Demographics</p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Foster Care (new/change in home past 6 mos.) – select on Assigned Risk Factors screen 	
<p>Health Information</p> <p><i>Listen and assess for</i></p> <p>PG Induced Health Conditions</p> <ul style="list-style-type: none"> • Gestational Diabetes • Gestational Diabetes (Hx) • Large for Gestational Age (Hx) • Nutrition Related Birth Defects (Hx) • Preeclampsia (Hx) • Pregnancy Induced Hypertension • Severe Nausea/Vomiting <p>PG History</p> <ul style="list-style-type: none"> • Low Birth Weight ≤ 5 lb, 8 oz (Hx) • Preterm or Early Term Delivery ≤ 38 weeks (Hx) • Spontaneous Abortion, Fetal Death (Hx), Neonatal Death (Hx) <p>Health Conditions like:</p> <ul style="list-style-type: none"> • Alcohol Use • Drug Use • Depression • Drug Nutrient Interactions • Food Allergy (severe diet impact) • Gastrointestinal Disorder • Hypertension/Prehypertension • Lactose Intolerance • Nicotine and Tobacco Use • Oral Health Condition • Other Medical Conditions (impacts nutritional status) • Recent Major Surgery, Physical Trauma, Burns 	<p>Introduction Statement: We ask everyone these questions and we keep your information private. These are to help me learn about you and your pregnancy. Would it be OK to ask you some questions?</p> <ul style="list-style-type: none"> • What questions or concerns do you have today? • What was your weight before you became pregnant? • When is your baby due? <ul style="list-style-type: none"> ○ When was the start of your last menstrual period? (If due date isn't known) • Are you having more than one baby? • When was the first time you had a visit with your health care provider for this pregnancy? (Date is required) • How many prenatal visits have you had with your health care provider? • Has your health care provider diagnosed any conditions with this pregnancy? • Did you have any health conditions or complications in your previous pregnancies? (For participants pregnant previously) • Are you willing to share information on past pregnancies? (Pregnancy History pop-up screen) • What diagnosed health or medical conditions do you have not related to pregnancy? • Are you taking any prescribed or over-the-counter medications? • Recently have you had little interest in doing things or felt down or depressed, isolated, or anxious? <ul style="list-style-type: none"> ○ If yes, say “Thank you for sharing. Have you discussed this with your health care provider?”

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	<p>If you would like I can provide you with resources and referrals.”</p> <ul style="list-style-type: none"> • Do you smoke, use any tobacco products, or nicotine gums or patches? <ul style="list-style-type: none"> ○ If yes, what products do you use? ○ If cigarettes, how many per day? • Do you currently use any drugs, including cannabis (marijuana)? • How often do you drink alcohol? When was the last time you drank? How many drinks do you typically have in one sitting? • (For participants previously pregnant) Are you currently breastfeeding?
<p>Anthro/Lab</p>	<ul style="list-style-type: none"> • Would you like to see a chart of your weight gain so far in the pregnancy? • How are you feeling about it? • What has your health care provider said about your iron?
<p>Family Assessment</p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Environmental Tobacco Smoke Exposure • Recipient of Abuse (past 6 months) – select on Assigned Risk Factors screen 	<p>The goal of the next few questions is to find out how I can support you and your family to connect you with any programs or referrals you might not be aware of. We ask all participants these questions.</p> <ul style="list-style-type: none"> • In the past few weeks, have you or your child been in an enclosed space (at home, in a car, at work or daycare, etc.) while someone smoked or vaped? • Do you feel safe and supported at home? (Follow with: We know relationships can be stressful and there are resources I can share with you.) • Do you have what you need to store and prepare food? • Do you have any limitations in preparing food? • Do you currently worry about running out of food and not having money to buy more? • Do you have a health care provider, if so, who? • Where did you hear about WIC? (Initial certification only)
<p>Dietary & Health</p> <p><i>Listen and assess for</i></p> <p>Nutrition concerns such as:</p> <ul style="list-style-type: none"> • Inadequate Iodine Supplementation (< 150 mcg) 	<p>Now I'd like to focus on your eating.</p> <ul style="list-style-type: none"> • What kind of foods do you typically eat? <ul style="list-style-type: none"> ○ How often do you eat throughout the day? • What types of beverages? • Are there any foods that you avoid?

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<ul style="list-style-type: none"> • Inadequate Iron Supplementation (< 27 mg) • Inappropriate or Excessive Supplements • Pica • Potentially Contaminated Foods • Very Restrictive Diet 	<ul style="list-style-type: none"> • Do you eat lunchmeat, hot dogs, runny eggs, unpasteurized foods, or raw fish? • Do you eat any items, such as carpet fibers, paint chips, soil, or other items that are not food? • What vitamins, supplements, remedies, or teas are you using? • What have you heard about breastfeeding?
Eco-Social	Optional screen
Assigned Risk Factors <i>Assess for:</i> <ul style="list-style-type: none"> • Breastfeeding Complications • Developmental Delays Affecting Chewing/Swallowing • Limited Skills for Proper Nutrition or to Make Feeding Decisions • Breastfeeding Mother of Infant at Nutrition Risk (Priority 1, 2 or 4) 	If no other risk(s) apply select Not Meeting Dietary Guidelines

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To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

