

Illinois State WIC Program

Category: Breastfeeding

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

Print attached Prenatal Grid to use with this form

Lab

Anthropometric Data

*Pre-pregnancy Weight:	____ lbs	*Weight at Delivery:	____ lbs	*Weight gained during pregnancy	____ lbs
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Use prenatal weight gain grid to determine if participant is at risk and attach to this form.

(Risk 133 High Maternal Weight Gain)

(Risk 131 Low Maternal Weight Gain)

Determine Body Mass Index: BMI = Weight (lbs) ÷ Height (in) ÷ Height (in)² x 703

Weight	Height
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Non WIC	*Anthro Date	*lbs	*oz	?	*in	*1/8	?	Weeks	Weight Gain/Loss	Pre-PG BMI	Current BMI
<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>				

- Reason measurement “?”**
(if applicable)
- Child not present to verify
 - Disability
 - Other
 - Refused to take off coat, heavy clothing, etc.
 - Uncooperative

Risk 101: Underweight (Woman) if pre-pregnancy, postpartum, or current BMI <18.5
 Risk 111: Overweight (Woman) for Height if pre-pregnancy, postpartum, or current BMI ≥25

Weight and Height Comments:

Bloodwork						
Non-WIC	*Date of Bloodwork	HGB	Hct	Lead Value	No Blood	Date Created
<input type="checkbox"/>					<input type="checkbox"/>	
<input type="checkbox"/>					<input type="checkbox"/>	

- Exemption Reasons**
(if applicable):
- Bloodwork Not Required
 - Deferred
 - Medical Condition
 - Religion

Risk 201: Low HGB/HCT Hgb/Hct at risk
 High Risk 201: Hgb ≤ 10.0 or Hct ≤ 31%

Risk 211: Elevated Blood Lead
 High Risk 211: if blood lead ≥ 5mcg/dL

Nutrition Risk(s) Identified: