Illinois State WIC Program
Category: Breastfeeding
R- 01.21 WIC Paper Assessment Tool

Participant ID:_____ Date:_____ CPA Initials:_____

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

Pregnancy Information

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1. *How have you been feeling since your pregnancy ended?

☐ Good ☐ Sad/Depressed
☐ Great ☐ Other_____
☐ Overwhelmed

2. *Is this your first pregnancy? ☐ Yes ☐ No
***If no,**
Date Last Pregnancy Ended: _____/_____/_____ **Live Birth:** ☐ Yes ☐ No
# of Previous Pregnancies: _____ **# of Previous Pregnancies > 20 weeks:** _____
(Risk 332 if date last pregnancy ended is <18 months from LMP and the Live Birth Yes checkbox is marked.)
(Risk 333 if <20 years old and 3 or more pregnancies)

3. *Did you have any medical issues with your most recent pregnancy? ☐ Yes ☐ No

***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 (High Risk - 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)

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Tobacco Use:

4. ***In the 3 months prior to pregnancy did you smoke:**
   - ***Cigarettes?** ☐ Yes ☐ No If yes, How many a day?_____
   - ***Vapor pens and/or e-cigarettes?** ☐ Yes ☐ No

5. ***Currently do you smoke:**
   - ***Cigarettes?** ☐ Yes (Risk 371) ☐ No If yes, How many a day?_____
   - ***Vapor pens of e-cigarettes?** ☐ Yes ☐ No

6. ***Does anyone living in the home smoke inside?** ☐ Yes (Risk 904) ☐ No

Alcohol Use:

7. ***In the last 3 months of pregnancy, did you drink alcohol?** ☐ Yes ☐ No
   If yes, ☐ <8 drinks per week; ☐ >4 drinks per day; ☐ >4 drinks in 2 hours

8. ***Currently, do you drink alcohol?** ☐ Yes ☐ No
   If yes, ☐ <8 drinks per week; ☐ >4 drinks per day; ☐ >4 drinks in 2 hours
   (Risk 372 if yes at ≥4 drinks/day)

Substance Use

11. ***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

12. **Currently do you?**
    - ***Use marijuana in any form?** ☐ Yes (Risk 372) ☐ No
    - ***Misuse prescription medications?** ☐ Yes (Risk 372) ☐ No
    - ***Use other illegal substances?** ☐ Yes (Risk 372) ☐ No

Nutrition Risk(s) Identified:

Health Information

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

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 related allergies? ☐ Yes ☐ No

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

- ☐ Milk (Lactose)
- ☐ Milk (Allergy)
- ☐ Egg
- ☐ Tree nuts
- ☐ Shellfish
- ☐ Soy
- ☐ Peanut
- ☐ Other:
- ☐ Fish
- ☐ Wheat

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

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

Nutrition Risk(s) Identified:

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***If yes, please select:** (Risk 381)

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

6. *Do you take any of the following?

***Vitamin/Minerals** ☐ Yes ☐ No (If yes) #/wk__ ☐ ***Excessive?** ☐ Yes ☐ No

***Herbs/Supp/Remedies** ☐ Yes ☐ No

(Risk 427.01 if 'excessive' is selected for any; if yes, to Herbs/Suppl/Remedies.)
(Risk 427.4 if "no" for iodine or folic acid or "excessive")

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

If yes, please select:

- ☐ Ashes
- ☐ Baby powder
- ☐ Baking soda
- ☐ Clay
- ☐ Cornstarch
- ☐ Dirt
- ☐ Large amounts of ice
- ☐ Other:_____

(Risk 427.3 if any are selected)

8.

Nutrition Risk(s) Identified: