

**Illinois State WIC Program**

Category: Postpartum/Non-Breastfeeding

**R- 01.21 WIC Paper Assessment Tool**

Participant ID: \_\_\_\_\_

Date: \_\_\_\_\_

CPA Initials: \_\_\_\_\_

**NUTRITION**

1. **\*How do you feel about your appetite?** \_\_\_\_\_

2. **\*What milk do you drink most often?**

- |   |  |
|---|--|
| <input type="checkbox"/> Fat-free/skim cow's or lactose free  | <input type="checkbox"/> Rice beverages                                |
| <input type="checkbox"/> Low-fat/1% cow's or lactose free     | <input type="checkbox"/> Soy beverages (fortified)                     |
| <input type="checkbox"/> Reduced fat/2% cow's or lactose free | <input type="checkbox"/> Soy beverages (unfortified)                   |
| <input type="checkbox"/> Whole cow's or lactose free          | <input type="checkbox"/> Canned evaporated or sweetened condensed milk |
| <input type="checkbox"/> Formula                              | <input type="checkbox"/> Other _____                                   |
| <input type="checkbox"/> Goat/sheep's milk                    | <input type="checkbox"/> None  |
| <input type="checkbox"/> Homemade mixtures/non-dairy creamer  |  |
| <input type="checkbox"/> Nut milks                            |  |

3. **\*Do you regularly drink any of the following?**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Beer, wine, or drinks with alcohol           | <input type="checkbox"/> Coffee or tea    | <input type="checkbox"/> Diet soda |
| <input type="checkbox"/> Soda, fruit/sports drinks, or sweetened teas | <input type="checkbox"/> 100% Fruit juice | <input type="checkbox"/> Water     |
| <input type="checkbox"/> Other: _____                                 |   |                                    |

4. **\*Do you eat these foods every day?**

- |                      |                              |   |
|----------------------|------------------------------|---|
| <b>*Fruit</b>        | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Risk 427.02) |
| <b>*Vegetables</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Risk 427.02) |
| <b>*Whole grains</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Risk 427.02) |

5. **\*Do you eat raw, undercooked, or unpasteurized foods?**

- |  |   |
|--|---|
| <input type="checkbox"/> Deli meats/hot dogs not steaming      | <input type="checkbox"/> Milk unpasteurized   |
| <input type="checkbox"/> Fish high in mercury                  | <input type="checkbox"/> Soft cheese          |
| <input type="checkbox"/> Fish/shellfish raw/undercooked/smoked | <input type="checkbox"/> Sprouts raw          |
| <input type="checkbox"/> Juice unpasteurized                   | <input type="checkbox"/> Tofu raw/undercooked |
| <input type="checkbox"/> Meat/poultry/eggs raw/undercooked     | <input type="checkbox"/> No                   |

6. **\*Are you having any problems with eating?**

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Can't find the foods I like | <input type="checkbox"/> Constipation | <input type="checkbox"/> Don't feel like eating |
| <input type="checkbox"/> Heartburn                   | <input type="checkbox"/> Mouth pain   | <input type="checkbox"/> Nausea                 |
| <input type="checkbox"/> No time to eat              | <input type="checkbox"/> Vomiting     | <input type="checkbox"/> None of the above      |

7. **\*Do you follow a special diet?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diabetic                            | <input type="checkbox"/> Low cholesterol           | <input type="checkbox"/> Vegan (Risk 427.02)                  |
| <input type="checkbox"/> High calorie                        | <input type="checkbox"/> Low fat                   | <input type="checkbox"/> Vegetarian                           |
| <input type="checkbox"/> High protein/low carb (Risk 427.02) | <input type="checkbox"/> Low salt/sodium           | <input type="checkbox"/> Lacto-ovo                            |
| <input type="checkbox"/> Lactose free/restricted             | <input type="checkbox"/> Macrobiotic (Risk 427.02) | <input type="checkbox"/> Weight loss                          |
| <input type="checkbox"/> Low calorie (Risk 427.02)           | <input type="checkbox"/> PKU                       | <input type="checkbox"/> Post-bariatric surgery (Risk 427.02) |
| <input type="checkbox"/> Kosher                              | <input type="checkbox"/> Other:                    | <input type="checkbox"/> None of the above                    |

Nutrition Risk(s) Identified: \_\_\_\_\_

