

**Illinois State WIC Program**

Category: Pregnant

**R- 01.21 WIC Paper Assessment Tool**

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

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

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

**Print the attached Prenatal Grid to use with this form:**

**Lab**

**Anthropometric Data**

<b>*# of prenatal visits:</b> ____	<b>*Month prenatal care began:</b> __/__/__	
<b>*Pre-pregnancy wt:</b> ____ lbs.	Unknown	<b>*Multifetal Gestation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Use prenatal weight gain grid to determine if participant is at risk and attach to this form.

Risk 334 Lack of or Inadequate Prenatal Care)

To determine risk, compare the # of prenatal visits to the # of weeks gestation:

Weeks Gestation	Number of Prenatal Visits
14-21	0 or unknown
22-29	1 or less
30-31	2 or less
32-33	3 or less
34 or more	4 or less

**Determine Body Mass Index: BMI = Weight (lbs) ÷ Height (in) ÷ Height (in)<sup>2</sup> x 703**

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

- Reason measurement "?"**
- 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)

Risk 133: High Maternal Weight Gain  
 Risk 131: Low Maternal Weight Gain  
 Use prenatal weight gain grid to determine if participant is at risk.

Weight and Height Comments:

Nutrition Risk(s) Identified:

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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  $\leq$  10.0 or Hct  $\leq$  31%

Risk 211: Elevated Blood Lead  
High Risk 211: if blood lead  $\geq$  5mcg/dL

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