Illinois State WIC Program
Category: Pregnant
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?

☐ Fat-free/skim cow's or lactose free
☐ Low-fat/1% cow's or lactose free
☐ Reduced fat/2% cow's or lactose free
☐ Whole cow's or lactose free
☐ Formula
☐ Goat/sheep's milk
☐ Homemade mixtures/non-dairy creamer
☐ Nut milks

☐ Rice beverages
☐ Soy beverages (fortified)
☐ Soy beverages (unfortified)
☐ Canned evaporated or sweetened condensed milk
☐ Other:_____
☐ None

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

☐ Beer, wine, or drinks with alcohol
☐ Soda, fruit/sports drinks, or sweetened teas

☐ Coffee or tea
☐ 100% Fruit juice

☐ Diet soda
☐ Water
☐ Other_____

4. *Do you eat these foods every day?

*Fruit	☐ Yes	☐ No (Risk 427.02)
*Vegetables	☐ Yes	☐ No (Risk 427.02)
*Whole Grains	☐ Yes	☐ No (Risk 427.02)

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

☐ Deli meats/hot dogs not steaming (Risk 427.05)
☐ Fish high in mercury
☐ Fish/shellfish raw/undercooked/smoked (Risk 427.05)
☐ Juice unpasteurized (Risk 427.05)
☐ Meat/poultry/eggs raw/undercooked (Risk 427.05)

☐ Milk unpasteurized (Risk 427.05)
☐ Soft cheese (Risk 427.05)
☐ Sprouts raw (Risk 427.05)
☐ Tofu raw/undercooked
☐ No

6. *Are you having any problems with eating?

☐ Can't find the foods I like
☐ Heartburn
☐ No time to eat

☐ Constipation
☐ Mouth pain
☐ Vomiting

☐ Don't feel like eating
☐ Nausea
☐ None of the above

7. *Do you follow a special diet?

☐ Diabetic
☐ High calorie
☐ High protein/low carb (Risk 427.02)
☐ Lactose free/restricted
☐ Low calorie (Risk 427.02)
☐ Kosher

☐ Low cholesterol
☐ Low fat
☐ Low salt/sodium
☐ Macrobiotic (Risk 427.02)
☐ PKU
☐ Other:

☐ Vegan (Risk 427.02)
☐ Vegetarian
☐ Lacto-ovo
☐ Weight loss
☐ Post-bariatric surgery (Risk 427.02)
☐ None of the above

8. *How much physical activity do you include in your day?

☐ None   ☐ 15 min   ☐ 30 min   ☐ 1 hr   ☐ > 1 hour

9. *Are you sometimes hungry because there is not enough money to buy food?   ☐ Yes   ☐ No

10.*Do you have access to a refrigerator and stove/hot plate?   ☐ Yes   ☐ No

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Nutrition Risk(s) Identified: