

# Complete Questions – Pregnant Woman

## Participant Centered Conversation

- As a part of WIC services, I’m going to ask you a variety of questions about your health and eating.
- Before we get started, what health, nutrition, or other topics would you like to be sure we talk about today?

<b>A</b>	<p><b>100’s Anthropometric = HT/WT, % tiles</b> <i>(Anything related to weight gain, loss, growth)</i></p> <ul style="list-style-type: none"> <li>• How do you feel about how your body has changed during this pregnancy?</li> <li>• What has your doctor discussed with you about weight gain in pregnancy?</li> </ul>
<b>B</b>	<p><b>200’s Biochemical = Blood Tests</b> <i>(Anything related to blood – anemia, lead)</i></p> <ul style="list-style-type: none"> <li>• (If low hgb) What has your doctor said about your iron?</li> <li>• (If low hgb) What do you know about anemia?</li> </ul>
<b>C</b>	<p><b>300’s Clinical = Health/Medical Conditions</b> <i>(anything related to medical history or medical conditions)</i></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your pregnancy?</li> <li>• What concerns do you have about your health?</li> <li>• How does this pregnancy compare to your previous ones?</li> <li>• Tell me about any medical or nutrition conditions that you are currently being treated for such as food allergies, lactose intolerance, weight loss surgery, diabetes, or hypertension. 301, 302, 342, 343, 345, 353, 358, others</li> <li>• What medications are you currently taking? 357, others</li> <li>• Are you experiencing depression? Has a health care provider suggested treatment for depression for you? 361</li> <li>• Tell me about any street drug use.             <ul style="list-style-type: none"> <li>○ (Asking this when asking about smoking/alcohol use seems to flow nicely) 372, 902</li> </ul> </li> </ul>
<b>D</b>	<p><b>400’s Diet and Nutrition</b></p> <ul style="list-style-type: none"> <li>• How do you feel about your eating?             <ul style="list-style-type: none"> <li>○ PROBE for eating pattern, milk intake &amp; type, beverages/water</li> </ul> </li> <li>• How is your appetite?</li> <li>• What vitamins or supplements are you taking? 427A, 427D</li> <li>• Tell me about any special diet or diet restrictions you have. 427B</li> <li>• Do you have any cravings for or eat any non-food items? 427C</li> <li>• What cold meats, soft cheese, raw foods, or unpasteurized beverages do you eat? 427E</li> <li>• What have you heard about breastfeeding? 602</li> </ul>
<b>E</b>	<p><b>900’s Environmental/Other Factors</b></p> <ul style="list-style-type: none"> <li>• What are some physical activities that you enjoy?</li> <li>• What concerns do you have about your safety?             <ul style="list-style-type: none"> <li>○ PROBE for safety/abuse, drug/alcohol abuse 901, 902</li> </ul> </li> <li>• Do you feel your family could use support from other programs for housing, utilities, or food at this time?</li> <li>• Within the past 12 months, have you worried whether your food would run out before you got money to buy more?</li> <li>• Within the past 12 months, has the food you bought run out and you didn’t have money to get more?</li> </ul>