**NOT BREASTFEEDING Nutrition Interview**

**Health Care Provider:** [ ]  No Health Care Provider

Do you give WIC permission to share <participant’s name>’s WIC information with this health care provider?[ ]  Yes [ ]  No

HEALTH/MEDICAL

**2a. How is it being a new mom?**

 *Listen, ask, and assess for*

* *Postpartum depression*
* *Struggles*
* *Successes*
* *Caregiver ability*

[ ]  361 – Depression

[ ]  902 – Primary Caregiver has Limited Ability to Make Feeding Decisions

**2b. What concerns do you or your doctor have about your health?**

 *Listen, ask, and assess for*

* *Medical conditions*
* *Family planning*

**2c. Any medical conditions, illnesses, or special needs?** [ ]  Conditions [ ]  No Conditions Medical Conditions (listed below)

**2d. Are you currently taking any medications?**

 *Listen, ask, and assess for*

* *Medications that compromise nutritional status*

[ ]  357 – Drug Nutrient Interactions

**2e. Was this your first pregnancy?** [ ]  Yes [ ]  No

(Not including most recent pregnancy)

\_\_\_\_# of previous pregnancies

\_\_\_\_# of live births

\_\_\_\_# of pregnancies past 20 weeks/5 months

**2f. Did you have any complications or special conditions with this pregnancy?** [ ]  Yes [ ]  No

[ ]  303 – History of Gestational Diabetes

[ ]  304 – History of Preeclampsia

[ ]  311a – History of Preterm Delivery

[ ]  311b – History of Early Term Delivery

[ ]  339 – History of Birth with Nutrition Related Congenital/Birth Defect

**2g. Do you ever have a hard time chewing or eating certain foods?**

 *Listen, ask, and assess for*

* *Routine oral health care*
* *Referral needed*
* *Tooth decay*
* *Tooth loss*
* *Impaired ability to eat*
* *Gingivitis*

[ ]  381 – Oral Health Conditions

*Starters/Prompts*

* Overall, how are you feeling having a new baby in the house?
* Tell me how things are going for you?
* What are the biggest challenges of being a new parent?

Nutrition Practices

**3a. Tell me what you like to eat and drink.**

 *Listen, ask, and assess for*

* *Drink to thirst*
* *Appetite*
* *Timing of meals*
* *Meals, snacks, beverages*
* *Eating pattern*
* *Frequency*
* *Eating problems*
* *Food preparation*
* *Food likes and dislikes*
* *Folic acid rich foods*
* *Pica*

**3b. What would you like to change about your eating?**

**3c. Is there anything you would like to eat more or less of?**

**3d. Do you take any vitamins, minerals, herbs or dietary supplements?**

*Listen, ask, and assess for*

* *Adequate folic acid intake*

**427 – Nutrition Practices**

[ ]  427a – Dietary Supplements with Potentially Harmful Consequences

 [ ]  427c – Compulsively Ingesting Non-Food Items (Pica)

**Other Nutrition Risks**

 [ ]  401 – Failure to Meet Dietary Guidelines for Americans

[ ]  427b – Consuming a Diet Very Low in Calories and/or Essential Nutrients

[ ]  427d – Inadequate Vitamin/Mineral Supplementation

[ ]  353 – Food Allergies (must list type)

**3e. Do you have problems with food preparation and/or storage?**

 *Listen, ask, and assess for*

* *Refrigeration*
* *Cooking equipment*
* *Adequate food*
* *Family table*
* *Safe water*

*Starters/Prompts*

* Meal planning and prep can be challenging. What have you found works best for you?
* What have you heard about nutrition that can help reduce your risk for diabetes in the future?

Life Style

**Current Nicotine and Tobacco Use**

**4a. Do you currently use any of the following: cigarettes, hookahs/pipes, e-cigarettes, vaping devices, smokeless tobacco, or nicotine replacement therapies?** [ ]  Yes [ ]  No

**4b. In the past seven days, have you been in an enclosed space (i.e. car, home, workplace) while someone used tobacco products?** [ ]  Yes [ ]  No

**Cigarette Smoking**

**4c. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day? (1 pack = 20 cigarettes)** \_\_\_\_Cigarettes/day

**4d. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (1 pack = 20 cigarettes)** \_\_\_\_Cigarettes/day

**4e. How many cigarettes do you smoke on an average day now?** \_\_\_\_Cigarettes/day

**Past Alcohol Use**

**4f. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?** \_\_\_\_Drinks/wk

**4g. In the last 3 months of your pregnancy, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?** \_\_\_Drinks/wk

**Current Alcohol Use**

**4h. Do you currently drink alcohol?** [ ]  Yes [ ]  No

**If yes, how much and how often?** \_\_\_Drinks/Day \_\_\_Drinks/Wk

[ ]  Binge drinking > = 4 drinks within 2 hours

**Current Drug Use**

**4i. Are you misusing any prescription medications, using marijuana in any form or using any illegal substances?**

* *Abuse of prescription medications*
* *Marijuana in any form (breastfeeding women only)*
* *Any illegal substances*

[ ]  372b – Substance Use

**4j. What are your plans for returning to your pre-pregnancy shape?**

 *Listen, ask, and assess for*

* *Physical activities*
* *Walking*
* *Playing with children*
* *Safe parks*
* *Access to fitness centers*
* *Activity frequency*
* *Food consumption changes*

*Starters/Prompts*

* What kinds of activities do you and your family do together?
* How are you doing?
* Do you wear seatbelts?

Social Environment

**5a. What else can I help you with?**

 *Listen, ask, and assess for*

* *Abuse/neglect in the last 6 months*
* *Limited ability to make appropriate feeding decisions or prepare foods*
* *Family planning*

[ ]  901 – Recipient of Abuse/Neglect [ ]  902 – Limited Ability to Make Feeding Decisions/Prepare Food

*Starters/Prompts*

* Tell me about what support you have to care for yourself and your new baby.
* Since your baby was born have you felt down, depressed or hopeless; if so - how often? (If response indicates "sometimes" or "often" refer to healthcare provider.).
* How do you take time for yourself?
* Is there anything we have not discussed today that you hoped we would?