

# WIC Health History for Breastfeeding and Postpartum Women

Name			
Age (39, 40, 66)	How many years of school completed?	How many times have you been pregnant? (39)	How many ended in a live birth?
What was your due date?	Date this pregnancy ended (43, 49)	Weight at delivery (11)	Date previous pregnancy ended (43)
Check one (22, 42, 45, 49) <input type="checkbox"/> live birth (birth weight ) _____ <input type="checkbox"/> stillbirth <input type="checkbox"/> miscarriage <input type="checkbox"/> abortion <input type="checkbox"/> infant death			
Prenatal doctor or clinic			Date of last doctor visit

Check Yes, No, or Don't Know to answer questions below.	Yes	No	Don't Know	DO NOT WRITE IN THIS PART
Did you have a C-section?				(93) Location of CPA?
Was this baby born with any health problems? <i>If Yes, please list:</i>				(23)
Did you have any problems with this pregnancy? <i>If Yes, please list:</i>				(44)
Do you have any problems now? <input type="checkbox"/> dental <input type="checkbox"/> diabetes <input type="checkbox"/> depression <input type="checkbox"/> high blood pressure <input type="checkbox"/> other <i>specify:</i> _____				(66, 93, 94)
Do you take supplements? <input type="checkbox"/> vitamins/prenatal vitamins <input type="checkbox"/> calcium <input type="checkbox"/> iron <input type="checkbox"/> herbs <i>Please list:</i> _____				(30)
Do you take any medicine? <i>Please list:</i> _____				(93)
Are you on a special diet? <input type="checkbox"/> from your doctor <input type="checkbox"/> your choice				(35, 91, 93)
Are you allergic to any foods? <i>If Yes, please list:</i> _____				(93) Wt. _____ (11, 14, 15)
Do you <b>eat</b> or <b>crave</b> any of the following things? Which ones? <input type="checkbox"/> paint chips <input type="checkbox"/> ice <input type="checkbox"/> coffee grounds <input type="checkbox"/> dirt/clay <input type="checkbox"/> printed paper <input type="checkbox"/> starch <input type="checkbox"/> other <i>specify:</i> _____				(30) Ht. _____ BMI _____ (14, 15)
Do you eat three times a day or more?				(35) Del. Wt. _____
Is there a working refrigerator and stove or microwave in your home?				Pre Preg. Wt. _____
Do you eat fish caught in Ohio lakes and rivers? How often?				Wt. gain during pregnancy _____ (11)
Do you smoke cigarettes, pipes or cigars? How many? _____ a day _____ a week				(B-46) Hgb/Hct _____ (20)
Did you smoke 3 months before this pregnancy? How many? _____ a day _____ a week				
Did you smoke in the last 3 months of this pregnancy? How many? _____ a day _____ a week				

