

Pregnant Assessment Questions

Cascades Screen	Assessment Questions
Family Demographics <i>Listen and assess for</i> <ul style="list-style-type: none"> • Homelessness • Migrancy 	<p>Tell me a little bit about your living situation.</p>
Participant Demographics <i>Listen and assess for</i> <ul style="list-style-type: none"> • Foster Care (new/change in home past 6 mos.) – select on Assigned Risk Factors screen 	
Health Information <i>Listen and assess for</i> PG Induced Health Conditions <ul style="list-style-type: none"> • Gestational Diabetes • Gestational Diabetes (Hx) • Large for Gestational Age (Hx) • Nutrition Related Birth Defects (Hx) • Preeclampsia (Hx) • Pregnancy Induced Hypertension • Severe Nausea/Vomiting PG History <ul style="list-style-type: none"> • Low Birth Weight \leq 5 lb, 8 oz (Hx) • Preterm or Early Term Delivery \leq 38 weeks (Hx) • Spontaneous Abortion, Fetal Death (Hx), Neonatal Death (Hx) Health Conditions like: <ul style="list-style-type: none"> • Alcohol Use • Drug Use • Depression • Drug Nutrient Interactions • Food Allergy (severe diet impact) • Gastrointestinal Disorder • Hypertension/Prehypertension • Lactose Intolerance • Nicotine and Tobacco Use • Oral Health Condition • Other Medical Conditions (impacts nutritional status) • Recent Major Surgery, Physical Trauma, Burns 	<p>Introduction Statement: We ask everyone these questions and we keep your information private. These are to help me learn about you and your pregnancy. Would it be OK to ask you some questions?</p> <ul style="list-style-type: none"> • What questions or concerns do you have today? • What was your weight before you became pregnant? • When is your baby due? <ul style="list-style-type: none"> ○ When was the start of your last menstrual period? (If due date isn't known) • Are you having more than one baby? • When was the first time you had a visit with your health care provider for this pregnancy? (Date is required) • How many prenatal visits have you had with your health care provider? • Has your health care provider diagnosed any conditions with this pregnancy? • Did you have any health conditions or complications in your previous pregnancies? (For participants pregnant previously) • Are you willing to share information on past pregnancies? (Pregnancy History pop-up screen) • What diagnosed health or medical conditions do you have not related to pregnancy? • Are you taking any prescribed or over-the-counter medications? • Recently have you had little interest in doing things or felt down or depressed, isolated, or anxious? <ul style="list-style-type: none"> ○ If yes, say "Thank you for sharing. Have you discussed this with your health care provider?"

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	<p>If you would like I can provide you with resources and referrals.”</p> <ul style="list-style-type: none"> • Do you smoke, use any tobacco products, or nicotine gums or patches? <ul style="list-style-type: none"> ○ If yes, what products do you use? ○ If cigarettes, how many per day? • Do you currently use any drugs, including cannabis (marijuana)? • How often do you drink alcohol? When was the last time you drank? How many drinks do you typically have in one sitting? • (For participants previously pregnant) Are you currently breastfeeding?
Anthro/Lab	<ul style="list-style-type: none"> • Would you like to see a chart of your weight gain so far in the pregnancy? • How are you feeling about it? • What has your health care provider said about your iron?
<p>Family Assessment</p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Environmental Tobacco Smoke Exposure • Recipient of Abuse (past 6 months) – select on Assigned Risk Factors screen 	<p>The goal of the next few questions is to find out how I can support you and your family to connect you with any programs or referrals you might not be aware of. We ask all participants these questions.</p> <ul style="list-style-type: none"> • In the past few weeks, have you or your child been in an enclosed space (at home, in a car, at work or daycare, etc.) while someone smoked or vaped? • Do you feel safe and supported at home? (Follow with: We know relationships can be stressful and there are resources I can share with you.) • Do you have what you need to store and prepare food? • Do you have any limitations in preparing food? • Do you currently worry about running out of food and not having money to buy more? • Do you have a health care provider, if so, who? • Where did you hear about WIC? (Initial certification only)
<p>Dietary & Health</p> <p><i>Listen and assess for</i></p> <p>Nutrition concerns such as:</p> <ul style="list-style-type: none"> • Inadequate Iodine Supplementation (< 150 mcg) 	<p>Now I'd like to focus on your eating.</p> <ul style="list-style-type: none"> • What kind of foods do you typically eat? <ul style="list-style-type: none"> ○ How often do you eat throughout the day? • What types of beverages? • Are there any foods that you avoid?

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<ul style="list-style-type: none"> Inadequate Iron Supplementation (< 27 mg) Inappropriate or Excessive Supplements Pica Potentially Contaminated Foods Very Restrictive Diet 	<ul style="list-style-type: none"> Do you eat lunchmeat, hot dogs, runny eggs, unpasteurized foods, or raw fish? Do you eat any items, such as carpet fibers, paint chips, soil, or other items that are not food? What vitamins, supplements, remedies, or teas are you using? What have you heard about breastfeeding?
Eco-Social	Optional screen
Assigned Risk Factors <i>Assess for:</i> <ul style="list-style-type: none"> Breastfeeding Complications Developmental Delays Affecting Chewing/Swallowing Limited Skills for Proper Nutrition or to Make Feeding Decisions Breastfeeding Mother of Infant at Nutrition Risk (Priority 1, 2 or 4) 	If no other risk(s) apply select Not Meeting Dietary Guidelines

This institution is an equal opportunity provider.

Washington WIC doesn't discriminate.

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).



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