

Adult & Adolescent	t
Nutrition Questionnaire (English)

Name:		
Date of Birth: _		Age
,	WIC.	☐ Pregnant

EA	I TEALINI GROW TEALINI LIVETEALINI	Nutrition Question		glish)			☐ Breastfeedi ☐ Non Breast	-
1.	Do you go for regular health check	k-ups? □ Yes □ No	regular o	dental c	check-ups? 🗆 Y	es 🗆 No		
2.	Check all that you have had in the ☐ diarrhea ☐ constipation ☐ vor ☐ special diet ☐ he				wing □ dental prob allergy or problem		□ none	
3.	Check all you take: ☐ medicine ☐ vitamins / minerals			•	ducts		□ none	
4.	Have you tried to control your weigh	ght by self-starvation,	fasting, vom	iting, oı	using laxatives?	☐ Yes	□No	
5.	What is your usual daily activity? (□ very active (run, heavy housework or y	•	e of the time (w	alk, do li	ght housework) 🛛	not active (r	no regular physical a	ctivity)
6.	Do you skip meals or have a limite	ed amount of food at m	neals becaus	se there	e is not enough m	oney to b	uy food? □ Yes	□ No
7.	Do you have a working stove, refr	igerator, and sink?	□ Yes □ No					
8.	Do you eat these or other non-foo dirt, clay, chalk, ashes, large amounts		cornstarch, or	baking s	soda? □Yes □	No		
9.	Do You Smoke? ☐ Yes ☐ No							
10	Meat, poultry, fish, beans, of Milk, yogurt, or cheese Fruits	pasta, tortillas		aily aily aily aily aily	□ Some days	□ Never □ Never □ Never □ Never □ Never □ Never		
11	. Check all that you drink: fat free milk 1% lowfat milk 2% reduced fat milk whole milk	☐ goat milk ☐ soy milk ☐ rice milk ☐ flavored milk drink	☐ 100% fruit☐ Gatorade®☐ Kool-Aid®☐ fruit drinks		☐ coffee ☐ soda ☐ tea ☐ energy drink	□ nutrit □ wate	, wine, liquor tion supplements er	
12	2. Do you eat fish more than 2 times	s a week?	☐ Yes	□ No				
13	B. Do you eat fast food meals more	than 2 times a week?	□ Yes	□ No				
14	I. Do you eat uncooked meat, unco	oked fish, or uncooked	d eggs?	□ Yes	□No			
15	5.Do you have any questions or con If yes, please describe	•		□ Yes	□No			
16	6. Please offer any suggestions on v	what WIC can do to be	etter serve v	ou and	your family.			

STOP HERE

Nutrition Education Flow Sheet (Adult & Adolescent)

		Primary Education	Secondary Nutrition	Secondary Nutrition	Inappropriate Nutrition Practices for Women	
√ Topics Discussed			Date:*Sign./Title:	Date: *Sign./Title:	WIC Risk 400: Inappropriate Nutrition Practices If yes, document how.	
	Reinforce Good Points in Diet					
	Nutritional Value of WIC Foods				Potentially Harmful Dietary Supplements. (3)	
Breastfeeding	Assessment of Latch & Positioning					
	Frequency/Duration/Encouragement				Restrictive Diet. (2, 4,6,10)	
	Supply & Demand / Supplementing				Resultative Blet.	
	Infant Growth Spurts					
В	Problems / Barriers (Specify)				Routine ingestion of nonfood items (pica). (8)	
	Iron Fortified Formula				(pica).	
	Formula Preparation					
Postpartum	Techniques of Bottle Feeding				Inadequate vitamin / mineral supplementation recognized as	
tpar	Weight Management				essential. ⁽³⁾	
Post	Exercise Benefits / Frequency				<u> </u>	
<u> </u>	Physical Activity / Play as a Family				Pregnant Women	
	Alternatives to TV / Video Time				Trognate Women	
	Meat / Meat Substitutes				Potentially unsafe food	
	Dairy / Milk / Milk Substitutes				consumption. (12,14)	
	Fruits / Vegetables					
ition	Bread / Cereal				Note: the number(s) after each statement	
lutri	Good Quality Snacks				correspond to the related nutrition questionnaire.	
General Nutrition	↑ Calcium Sources					
ene	Foods to Prevent Anemia				*Exit Counseling	
Ō	(Fe, Vit. C, Pro., Folic Acid) Adequate Fluid Intake					
	↓ Empty Calories & Sweet Drinks				Folic Acid importance	
	Nausea, Constipation, Heartburn				Risk of alcohol, tobacco, & drugs	
	*Exit Counseling				Continued breastfeeding as the	
	Other: (Specify)				preferred infant feeding method	
	Caron (openiy)				→ Up to date Immunizations	
Only use risk 401 – (Other Dietary Risk) if no other risk is identified. Failure to meet Dietary Guidelines						
<u>*</u> R	equired Documentation					
		Prima	ary Nutrition	Contact		

Primary Nutrition Contact		
Comments:		
*Plan / Goals:		
	*Sign./Title/Date:	