

Handout A

BREASTFEEDING/POSTPARTUM WOMAN NUTRITION QUESTIONS

Name: Mia Age: 18

Please circle or write your answers to the following questions:

1. When is your next doctor's appointment?

 Has your doctor talked to you about family planning/birth control?
Yes No

2. How is breastfeeding going for you? (Circle one)

(Not good) 1 2 3 4 5 (Great)

3. Which of these do you take?

Prenatal Vitamins Iron Pills Herbs Other Vitamins/Minerals
Laxatives

Over the Counter Medications (Tylenol, Aspirin, etc.) None

Other Medications _____ Home Remedies (list)

4. How do you feel about your weight now? Too little OK Too much

5. How many times a day do you eat? 2 Meals _____ Snacks

6. Are you on a special diet? Yes No If yes,
explain _____

7. Are there foods you limit or do not eat? Yes No If yes, which ones?

8. What do you eat/drink on most days?

Water Coffee Tea Regular Soda Diet Soda Gatorade Juice
Punch/Kool Aid Alcohol Beer Wine

- Fruits Vegetables
 - Milk (Skim /Low/at/Whole) Cheese Yogurt Cottage Cheese
 Pudding/Custard
 - Meat Chicken Turkey Fish Hotdogs Tofu Beans/Lentils
Peanut Butter Eggs Nuts
 - Breads Cereals Tortillas Rice Noodles Rolls Crackers
 - Candy Cookies Cakes Donuts Ice Cream Chips French Fries
 - Other (list)
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9. Which one or more of the following words describes how you feel?

Happy OK Tired Depressed Sad Stressed Angry
 Other _____

10. Do you ever run out of money or food stamps to buy food? Yes No

11. What nutrition and health questions do you have today?

For staff use only

Date: _____ WIC Staff

Name: _____

Participant WIC

ID#: _____ Height: 5'4" Weight: 135 Hgb 11