Pregnant Assessment Questions (AQ) Tool

Assessment Question	Risk(s)	Probing Question	Cascades
Family Demographics			
Tell me a little bit about your living situation	• Homelessness • Migrancy		Homeless/Incarcerated Status Migrant Status
Participant Demographics			
	• Foster Care (new/change in home past 6 mos.)		Assigned Risk Factors
Health Information			
<u>Introduction Statement</u>: **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?**			
What questions or concerns do you have today?		Tell me more…	
What was your weight before you became pregnant?		If unsure, ask: • What is your usual weight? • How much did you weigh when you found out you were pregnant? • How do your clothes fit compared to when you aren't pregnant, or when you're at your usual weight?	Pre-Pregnancy Weight
When is your baby due? • When was the start of your last menstrual period? (If due date isn't known)			Expected Delivery Date Last Menstrual Period
Are you having more than one baby?	Auto assigned: • Pregnant with Multiples	Identify, if twins, triplets, etc.	Number of Fetuses this Pregnancy
When was the first time you had a visit with your health care provider for this pregnancy? (Date is required)		If unsure, ask: • Do you know what month? Were there any holidays or special occasion that you remember?	First Prenatal Healthcare Visit Date

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		• Try to obtain an estimate date.	
How many prenatal visits have you had with your health care provider? (Number is required)			Number of Prenatal Healthcare Visits
Has your health care provider diagnosed any conditions with this pregnancy?	• Fetal Growth Restriction • Gestational Diabetes • Hypertension/Prehypertension • Severe Nausea/Vomiting	Tell me more…	Pregnancy Induced Health Conditions
Did you have any health conditions or complications in your previous pregnancies? (For participants pregnant previously)	• Gestational Diabetes (Hx) • Large for Gestational Age (Hx) • Nutrition Related Birth Defects (Hx) • Preeclampsia (Hx)	Did the health care provider diagnose the condition? Were any medications, vitamins or minerals, or special diet practices prescribed?	Pregnancy Induced Health Conditions
Are you willing to share information on past pregnancies? (Pregnancy History pop-up screen)	Auto-assigned based on information entered: • Preterm or Early Term Delivery ≤ 38 weeks (Hx) • Low Birth Weight < 5 #, 8 oz (Hx) • Spontaneous Abortion • Fetal Death (Hx) • Neonatal Death (Hx)		Pregnancy History (button at bottom right corner of screen) Pregnancy History Details
What diagnosed health or medical conditions do you have not related to pregnancy?	Health Conditions like: • Asthma (using daily meds) • Diabetes Mellitus • Eating Disorder • Food allergy (severe diet impact) • Lactose Intolerance • Oral Health Conditions • Other Medical Conditions (impact nutr. status)	Tell me more? How does this impact your eating? How does this impact your health?	Health Conditions-consider attaching a sticky note

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	• Recent Major Surgery, Physical Trauma, Burns		
Are you taking any prescribed or over-the-counter medications?	• Drug Nutrient Interactions	How often? What medical condition is the medication for?	Health Conditions • Add sticky note to document the name of the medication and how impacts nutrition
Recently have you had little interest in doing things or felt down or depressed, isolated, or anxious? • If yes, say "Thank you for sharing. Have you discussed this with your health care provider If you would like I can provide you with resources and referrals."	• Mental Health Condition		Health Conditions-consider attaching a sticky note
Do you smoke, use any tobacco products, or nicotine gums or patches? • **If yes, what products do you use?** • **If cigarettes, how many per day?**	• Nicotine and Tobacco Use (auto calculated)		Nicotine and Tobacco Products Used Cigarettes per Day
Do you currently use any drugs, including cannabis (marijuana)?	• Drug Use		Health Conditions-consider attaching a sticky note
How often do you drink alcohol? When was the last time you drank? How many drinks do you typically have in one sitting?	• Alcohol Use		Health Conditions-consider attaching a sticky note
(For participants previously pregnant) **Are you currently breastfeeding?**	• Breastfeeding While Pregnant	• Assess BF support to refer to Breastfeeding Peer Counselor (BFPC) program, if available • Assess for referral to Designated Breastfeeding Expert (DBE)	Currently Breastfeeding? (checkbox)

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		• Assess for breast pump need/use	
Anthro/Lab			
• **Would you like to see a chart of your weight gain so far in the pregnancy?** • How are you feeling about it?	Cascades: • Plots the weight when measurements are entered. • Auto calculates weight-related risks		Enter height and weight Prenatal Grids
• What has your health care provider said about your iron?	• Low Hematocrit/Hemoglobin (when blood work value is entered.)		Enter Hematocrit or Hemoglobin value
Have you had your lead level checked in the past 12 months? (If yes, ask the following questions): • Do you know the value? • What was the date of the test? • What did the health care provider say about the test?	• High Blood Lead Level - Adult ≥ 5.0		Enter Blood Lead Level value
Family Assessment			
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.			
• **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?**	• Environmental Tobacco Smoke Exposure		Question #1 response
• **Do you feel safe and supported at home?** **Optional: Do you feel safe and supported at home with your**	• Recipient of Abuse		Question #2 response Assigned Risk Factors

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significant other, family members or relatives? (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?**		Tell me more…	Question #3 response
• Do you have any limitations in preparing food?	• Limited Skills for Proper Nutrition or to Make Feeding Decisions	Tell me more…	Assigned Risk Factors Consider a sticky note
• Do you currently worry about running out of food and not having money to buy more?		Tell me more…	Question #4 response
• Do you have a health care provider, if so, who?			#5, 6, 7 - Medical Provider
Where did you hear about WIC? (Initial certification only)			#8 dropdown
Dietary and Health			
Now I'd like to focus on your eating.			
• **What kind of foods do you typically eat?** ○ **How often do you eat throughout the day?** **Optional way to ask following questions:** **Can you share what are some foods you are eating now or/and foods you are avoiding?** Then go to the question about non-food items: **Do you eat any non-food**		Tell me more…	**Document risk(s) at top of screen:** • Participant's Inappropriate Nutrition Practices **Document participant responses in open fields:** Optional to add a Sticky Notes

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items, like paint chips, soil, or other items that aren't food?			
• **What types of beverages?**		How much? How often?	**Document risk(s):** • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors **Document Ppt response:** Open field
• **Are there any foods that you avoid?**	• Very Restrictive Diet • Food Allergy	Tell me more… How does this impact you?	**Document risk(s):** • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors **Document Ppt response:** Open field
• **Do you eat lunchmeat, hot dogs, runny eggs, unpasteurized foods, or raw fish?**	• Potentially Contaminated Foods	Tell me more how about these foods are how they are prepared? Do you heat up the lunchmeat, before you eat it? How are your eggs cooked? How do you like your meat prepared? Rare? Medium? Other examples: shellfish, smoked seafood, meat spreads, soft cheeses (queso blanco, queso fresco), raw batters with egg, raw fruit or vegetable juices, raw sprouts, microgreens	**Document risk(s):** • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors **Document Ppt response:** Open field
• Do you eat any items, such as carpet fibers, paint chips, soil, or other items that are not food?	• Pica	How often do you eat this? Tell me more…	**Document risk(s):** • Participant's Inappropriate Nutrition Practice (top of screen)

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		Other examples: ashes, baking soda, foam rubber, chalk, cigarette/butts, foam rubber, paint chips, large quantities of ice	• Assigned Risk Factors **Document Participant response:** Open field
• **What vitamins, supplements, remedies, or teas are you using?**	• Inadequate Iodine Supplementation (< 159 mcg) • Inadequate Iron Supplementation (<27 mg) • Inappropriate or Excessive Supplements	How often do you take (or drink) them? What amount?	**Document risk(s):** • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors **Document Ppt response:** Open field
• **What have you heard about breastfeeding?**		Tell me more…	Open field
Eco-Social (Optional)			
Assigned Risk Factors			
	Listen and assess for: • Breastfeeding Complications • Developmental Delays Affecting Chewing/Swallowing • Limited Skills for Proper Nutrition or to Make Feeding Decisions **If no other risk(s) apply** select Not Meeting Dietary Guidelines	Tell me more…	Assigned Risk Factors

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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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