

# Welcome to WIC

Thank you for coming to WIC today. We want you to enjoy a healthy pregnancy and have a strong baby. Please help us serve you better by answering the following questions.

1. What is your expected delivery date?  
\_\_\_\_\_
2. What was your weight before becoming pregnant? \_\_\_\_\_
3. Are you expecting more than one baby at this birth?  
 Yes     No  
If yes, how many babies are you expecting? \_\_\_\_\_
4. How do you plan to feed your baby?  
 Breastfeed     Breastfeed & formula feed  
 Formula feed     Not sure yet
5. Where do you go for medical care?  
\_\_\_\_\_
6. Who is your doctor?  
\_\_\_\_\_
7. When was your first prenatal appointment?  
\_\_\_\_\_
8. Are you taking vitamins or minerals?  
 Yes     No  
If yes, what are they? (Please include any over-the-counter vitamins and minerals as well as those prescribed by a doctor.)  
\_\_\_\_\_
9. Were you taking multivitamins the month before you became pregnant?  
 Yes     No  
If yes, how many times a week do you take multivitamins? \_\_\_\_\_
10. Do you smoke now?  
 Yes     No
11. Did you smoke during the three months prior to becoming pregnant?  
 Yes     No
12. Does anyone else living in your household smoke **inside your home**? (Please don't include family members who smoke outside your home.)  
 Yes     No
13. Did you drink beer, wine, or liquor in the three months prior to becoming pregnant?  
 Yes     No  
If yes, about how many drinks per week did you have? \_\_\_\_\_
14. Do you currently drink beer, wine, or liquor?  
 Yes     No  
If yes, about how many drinks do you have each week? \_\_\_\_\_
15. Is there anything else you want us to know about your health or medical condition?  
\_\_\_\_\_  
\_\_\_\_\_

*continued on back*

**Please note:** Questions about past pregnancies can be sensitive. We apologize if these questions upset you. These questions are being asked because past pregnancies can impact your current pregnancy.

16. How many times have you been pregnant before this pregnancy?

Never been pregnant before

Number of pregnancies before this one \_\_\_\_\_

Number of past pregnancies that you delivered a live baby? \_\_\_\_\_

17. When did your last pregnancy end?

Month \_\_\_\_\_ Year \_\_\_\_\_



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TH:PRENATAL 09/08

# Welcome to WIC

Congratulations on your new baby! Thank you for coming to WIC today. We want your baby to grow strong and healthy. Please help us serve you better by answering the following questions.

First, please tell us about your new baby:

1. What is your baby's birthday?

\_\_\_\_\_

2. What did your baby weigh at birth?

\_\_\_\_\_

3. What was your baby's birth length?

\_\_\_\_\_

4. Where do you bring your baby for medical care?

\_\_\_\_\_

5. Who is your baby's doctor?

\_\_\_\_\_

6. When was your baby's last check-up?

\_\_\_\_\_

7. How are you feeding your baby?

\_\_\_\_\_

Now, please tell us about you and your pregnancy:

8. Where do you go to for medical care?

\_\_\_\_\_

9. Who is your doctor?

\_\_\_\_\_

10. When was your last check-up?

\_\_\_\_\_

11. What was your weight just before you delivered your baby?

\_\_\_\_\_

12. Did you have any health problems during your pregnancy?

Diabetes/High blood sugar

High blood pressure

Other: \_\_\_\_\_

No problems

13. Are you a smoker?

Yes       No

If yes, about how many cigarettes a day do you currently smoke? \_\_\_\_\_

If yes, about how many cigarettes a day did you smoke the last 3 months of your pregnancy? \_\_\_\_\_

14. Did you smoke in the past but successfully quit?

Yes       No

15. Does anyone else living in your household smoke **inside** your home?

Yes       No

*continued on back*

16. Do you drink or have you ever drunk beer, wine, or liquor?

Yes     No

If yes, about how many drinks a week did you consume during the last three months of your pregnancy? \_\_\_\_\_

If yes, about how many drinks a week do you currently consume? \_\_\_\_\_

17. Is there anything else you want us to know about you or your baby's health or medical condition?

\_\_\_\_\_

\_\_\_\_\_



# Welcome to WIC

Congratulations on your new baby! Thank you for coming to WIC today. We want your baby to grow strong and healthy. Please help us serve you better by answering the following questions.

First, please tell us about your new baby:

1. What is your baby's birthday?  
\_\_\_\_\_

2. What was the expected date of your baby's birth?  
\_\_\_\_\_

3. What did your baby weigh at birth? \_\_\_\_\_

4. What was your baby's birth length? \_\_\_\_\_

5. Where do you bring your baby for medical care?  
\_\_\_\_\_

6. Who is your baby's doctor?  
\_\_\_\_\_

7. When was your baby's last check-up?  
\_\_\_\_\_

8. How are you feeding your baby?  
\_\_\_\_\_

Now, please tell us about you and your pregnancy:

9. What was your weight before becoming pregnant?  
\_\_\_\_\_

10. What was your weight just before you delivered your baby? \_\_\_\_\_

11. Where do you go to for medical care?  
\_\_\_\_\_

12. Who is your doctor?  
\_\_\_\_\_

13. When was your last check-up?  
\_\_\_\_\_

14. Did you have any health problems during your pregnancy?

Diabetes/High blood sugar

High blood pressure

Other: \_\_\_\_\_

No problems

15. When was your first medical appointment for this pregnancy?  
\_\_\_\_\_

(date)

None

Can't remember

16. Did you do any of the following in the three months before you were pregnant?

Smoke cigarettes

If yes, how many cigarettes a day? \_\_\_\_\_

Drink beer, wine, or liquor

If yes, how many drinks a week? \_\_\_\_\_

Take a multivitamin

If yes, how many times a week? \_\_\_\_\_

continued on back

17. Are you a smoker?

Yes     No

If yes, about how many cigarettes a day do you currently smoke? \_\_\_\_\_

If yes, about how many cigarettes a day did you smoke the last 3 months of your pregnancy? \_\_\_\_\_

18. Did you smoke in the past but successfully quit?

Yes     No

19. Does anyone else living in your household smoke inside your home?

Yes     No

20. Do you drink or have you ever drunk beer, wine, or liquor?

Yes     No

If yes, about how many drinks a week did you consume during the last three months of your pregnancy? \_\_\_\_\_

If yes, about how many drinks a week do you currently consume? \_\_\_\_\_

21. Is there anything else you want us to know about you or your baby's health or medical condition?

\_\_\_\_\_  
\_\_\_\_\_

**Please note:** Questions about past pregnancies can be sensitive. We apologize if these questions upset you. These questions are being asked because past pregnancies can impact your current pregnancy.

22. How many times have you been pregnant before this pregnancy?

Never been pregnant before

Number of pregnancies before this one \_\_\_\_\_

Number of past pregnancies that you delivered a live baby? \_\_\_\_\_

23. When did your last pregnancy end?

Month \_\_\_\_\_ Year \_\_\_\_\_



# Welcome to WIC

Thank you for coming to WIC today. We want your child to continue to grow strong and healthy. Please help us serve you better by answering the following questions.

1. Where do you bring your child for medical care?

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2. Who is your child's doctor?

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3. When was your child's last check-up?

---

4. How many hours a day does your child enjoy active play?

- |                                    |                                  |                                  |
|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0-1 hours | <input type="checkbox"/> 1 hour  | <input type="checkbox"/> 2 hours |
| <input type="checkbox"/> 3 hours   | <input type="checkbox"/> 4 hours | <input type="checkbox"/> 5 hours |
| <input type="checkbox"/> 6 hours   | <input type="checkbox"/> 7 hours | <input type="checkbox"/> 8 hours |

5. How many hours did your child watch TV, DVD's, or videos yesterday?

- |                                    |                                  |                                  |
|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0-1 hours | <input type="checkbox"/> 1 hour  | <input type="checkbox"/> 2 hours |
| <input type="checkbox"/> 3 hours   | <input type="checkbox"/> 4 hours | <input type="checkbox"/> 5 hours |
| <input type="checkbox"/> 6 hours   | <input type="checkbox"/> 7 hours | <input type="checkbox"/> 8 hours |

6. Does anyone living in your household smoke **inside** the home?

- Yes       No

7. Is there anything else you want us to know about your child's health or medical condition?

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TH:CHILDREN 1-5 09/08