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 ____________
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?
   ____________________________________________

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?

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?
   __________________________________________

2. Who is your child’s doctor?
   __________________________________________

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

4. How many hours a day does your child enjoy active play?
   □ 0-1 hours   □ 1 hour   □ 2 hours
   □ 3 hours   □ 4 hours   □ 5 hours
   □ 6 hours   □ 7 hours   □ 8 hours

5. How many hours did your child watch TV, DVD’s, or videos yesterday?
   □ 0-1 hours   □ 1 hour   □ 2 hours
   □ 3 hours   □ 4 hours   □ 5 hours
   □ 6 hours   □ 7 hours   □ 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?
   __________________________________________
   __________________________________________