

APPENDIX A

PRENATAL SURVEY

Note: Baseline survey was essentially the same as the prenatal survey except that it included items on background characteristics and did not include items regarding WIC experiences and satisfaction. Postpartum survey did not include items on breastfeeding attitudes and included items on infant feeding.

FIRST POSTTEST MATERNAL QUESTIONNAIRE

Start Date _____ Time: ____:____

INTRODUCTION:

Hello, my name is _____, with Abt Associates. How are you? [WAIT FOR RESPONSE, IF NEEDED, PROBE WITH FOLLOWING STATEMENT, How are you getting along with your pregnancy?] [IF RESPONDENT STATES A MISCARRIAGE OR ABORTION HAS OCCURRED, GO TO END3. IF RESPONDENT STATES THAT BABY HAS BEEN BORN, GO TO Q.G9. OTHERWISE, CONTINUE.]

As you may remember we are conducting a study on behalf of the Department of Agriculture, Food and Nutrition Services (FNS) about the WIC Program. It is time for your second interview. I would like to talk to you about your pregnancy, your health and eating habits and your experiences with the WIC clinic.

To thank you for this interview, I have a gift for you. [INTERVIEWER, IF INTERVIEW IS BY PHONE, SAY "I will send this gift after we have completed the interview today. You should receive it in about a week."]

Just as before, the information that you provide in this interview is strictly confidential. It will only be used for research purposes. Your participation is completely voluntary. Neither your participation, nor answers will affect your participation in the WIC Program or any other program. Your answers will not be discussed with the WIC staff.

The interview will take a little over thirty-five minutes to complete. As we go through the interview, you may chose not to answer any question. Feel free to ask me questions at any time too.

We really appreciate your time and help with this study. O.K, let's begin.

PERSONAL CHARACTERISTICS:

A1. First, I would like to verify the spelling of your first, last and middle name. How do you spell your first name? How do you spell your last name? And your middle name?

FIRST _____

LAST _____

MIDDLE NAME _____

A2. When is your baby due?

[INTERVIEWER: IF R DOES NOT KNOW DAY, ENTER 15. YOU MUST OBTAIN MONTH AND YEAR!]

| _____ | _____ | _____ |
MONTH DAY YEAR

A3. Where do you plan to deliver this baby?

HOSPITAL NAME: _____

REF 7

DK 8

A4. Since we last talked on [PRELOAD DATE], have you seen a doctor, nurse or nurse midwife about this pregnancy?

YES 1

NO 2 (GO TO A5)

REF 7 (GO TO A5)

A4.a How many times have you seen a doctor, nurse or nurse midwife about this pregnancy?

[INTERVIEWER: IF NECESSARY USE CALENDAR TO HELP GUIDE NUMBER OF TIMES, BUT DO NOT "SUGGEST" NUMBER]

| _____ | _____ | # OF TIMES

A5. Next, I would like to ask a few questions about the people who live with you. How many adults live with you now, not including yourself?

[INTERVIEWER: THIS DOES NOT INCLUDE ADULTS WHO TEMPORARILY "STAY" AT HOUSE OVER NIGHT, EVEN ON A REGULAR BASIS. ADULTS ARE 18 YEARS AND OLDER. IF R LIVES IN SHELTER ENTER 95. IF R IS HOMELESS, ENTER 96 REF = 97, DK = 98]

| _____ | _____ | # of ADULTS

A6. How many children live with you now?

[INTERVIEWER: THIS DOES NOT INCLUDE CHILDREN WHO TEMPORARILY "STAY" AT HOUSE OVER NIGHT, EVEN ON A REGULAR BASIS. CHILDREN ARE 17 YEARS AND YOUNGER REF = 97, DK = 98.]

| _____ | _____ | # of CHILDREN

[SHOWCARD]

A7. Currently, are you, single and never been married, married or living with a partner, divorced, separated or widowed?

- SINGLE, NEVER BEEN MARRIED 1
- MARRIED/LIVING WITH A PARTNER 2
- DIVORCED 3
- LEGALLY SEPARATED 4
- WIDOWED 5
- REF 7
- DK 8

A8. Next, I would like to ask you some questions about your sources of income. Are you currently working at a job for pay?
[IF R STATES SHE HAS MORE THAN ONE JOB USE THE TERM "these jobs". DO NOT PROBE FOR THIS INFORMATION.]

- YES 1
- NO 2 ■ (GO TO A9)
- REF 7 ■ (GO TO A9)
- DK 8 ■ (GO TO A9)

A8.a On average, how many hours a week do you work at (this job/these jobs)?
[INTERVIEWER: IF R HAS MORE THAN ONE JOB, THIS IS TOTAL NUMBER OF HOURS WORKED FOR ALL JOBS. REF = 97, DK = 98]

| _____ | _____ | HOURS

A9. Are you or anyone in your household currently receiving AFDC, welfare, general assistance or general relief?
[INTERVIEWER: HOUSEHOLD INCLUDES: A5 # OF ADULTS AND A6 # OF CHILDREN.]

- YES. 1
- NO 2
- REF 7
- DK 8

A10. Are you or anyone in your household currently receiving food stamps?
[INTERVIEWER: HOUSEHOLD INCLUDES: A5 # OF ADULTS AND A6 # OF CHILDREN.]

- YES 1
- NO 2
- REF 7

[SHOWCARD]

A11. Now I would like to ask you about your household's total income for last month, this would be (MONTH). This includes income for all people in your home including you. If you or someone in your household had a job, I would like you to include those earnings BEFORE taxes and other deductions were taken out. We're asking about gross pay, NOT, take-home pay. Please consider all sources of income, including jobs, social security, supplemental security, AFDC, food stamps, Unemployment Insurance, alimony, child support, etc. Tell me the number that is closest to your household's total income for (MONTH).

[INTERVIEWER--THIS IS BEFORE TAXES AND BEFORE ANY OTHER DEDUCTIONS. HOUSEHOLD INCLUDES: A5 # OF ADULTS AND A6 # OF CHILDREN. IF NECESSARY, READ: "Your answer to this question will in no way affect your eligibility for WIC. The WIC staff will never see your answers to this question or any other question".]

Less than \$250	01
\$ 251 - \$ 500	02
\$ 501 - \$ 750	03
\$ 751 - \$ 1,000	04
\$ 1,001 - \$ 1,250	05
\$ 1,251 - \$ 1,600	06
\$ 1,601 - \$ 2,500	07
\$ 2,501 - \$ 3,500	08
\$ 3,501 - \$ 5,000	09
Over \$ 5,000	10
REF	97
DK	98

EXPERIENCES WITH WIC/CLIENT SATISFACTION

B1. Now I'd like to talk about your experiences and satisfaction with WIC since [PRELOAD DATE]. Are you, personally, still receiving WIC benefits at [PRELOAD DELIVERY SITE NAME]?

- YES 1 (GO TO B2)
- NO 2
- REF 7 (GO TO B2)
- DK 8 (GO TO B2)

B1.a When did you stop receiving WIC benefits at [PRELOAD DELIVERY SITE NAME]?
[INTERVIEWER: IF R DOES NOT KNOW DAY ENTER 15, PROBE FOR MONTH AND YEAR. REF = 97, DK = 98]

| _____ | _____ | _____ |
MONTH DAY YEAR

B1.b Are you receiving WIC benefits at a different location now?

- YES 1
- NO 2 (GO TO B2)
- REF 7 (GO TO B2)
- DK 8 (GO TO B2)

B1.c Where are you receiving WIC benefits now? What is the name of the clinic? What is the street address?

Name _____

Address _____

B1.d When did you start receiving WIC benefits at this clinic?
[INTERVIEWER: IF R DOES NOT KNOW DAY ENTER 15, PROBE FOR MONTH AND YEAR. REF = 97, DK = 98]

| _____ | _____ | _____ |
MONTH DAY YEAR

As you know, there are many different reasons to go to the WIC clinic. Some of these include going in to pick up vouchers, to meet with a nutritionist or other staff member, to attend a class and to certify a child. We would like to know about all of your visits since [PRELOAD DATE].

[INTERVIEWER, ASK B2.E IF R HAS CHILDREN LIVING WITH HER NOW. FOR NUMBER OF TIMES, REF = 97 AND DK = 98.]

B2. In thinking about all of your contacts with WIC staff, have you...

	YES	NO	REF	DK	# of times?
B2.a Picked up (vouchers/coupons/checks)?	1	2	7	8	
B2.b Talked one-on-one with a nutritionist?	1	2	7	8	
B2.c Talked one-on-one with another WIC staff member about nutrition?	1	2	7	8	
B2.d Attended a class?	1	2	7	8	
[IF APPLICABLE] B2.e Certified/or recertified a child?	1	2	7	8	
B2.f Gone in for any other reason? (Why have you gone to the WIC clinic?)	1	2	7	8	

B3. How many times has someone else picked up your (vouchers/coupons/checks) for you?
[INTERVIEWER: REF = 97, DK = 98]

| _____ | _____ | # OF TIMES

B4. Have the WIC staff given you any of the following information or advice? Have they talked to you about...

	YES	NO	N/A	REF	DK
WIC FOODS/DIETARY ISSUES					
How to use WIC (coupons/vouchers/checks)?	1	2	3	7	8
Which foods you can get with WIC (coupons/vouchers/checks)?	1	2	3	7	8
The types and amounts of food you should eat while pregnant?	1	2	3	7	8
How to get more halite in your diet?	1	2	3	7	8
PRENATAL ISSUES					
The importance of seeing a doctor or nurse regularly when you are pregnant?	1	2	3	7	8
How much weight you should gain while pregnant?	1	2	3	7	8
How to stop or reduce problems you may have when you are pregnant? These problems could include such things as nausea, vomiting, heartburn and constipation.	1	2	3	7	8
Importance of talking to a doctor before taking any over-the-counter or prescription medication during pregnancy?	1	2	3	7	8
Effect of alcohol, smoking, caffeine and other drugs on the unborn baby?	1	2	3	7	8
The importance of taking prescribed vitamin and mineral pills while pregnant?	1	2	3	7	8
Which chewing gums to avoid while pregnant?	1	2	3	7	8
The benefits of breastfeeding?	1	2	3	7	8
POSTPARTUM AND INFANT FEEDING ISSUES					
What to eat while breastfeeding?	1	2	3	7	8
The importance of drinking a lot of fluids while breastfeeding?	1	2	3	7	8
The importance of glucose in your diet while breastfeeding?	1	2	3	7	8
Tips for dealing with typical breastfeeding problems such as sore nipples, babies who won't suck and planning breastfeeding around normal activities?	1	2	3	7	8
The importance of iron-fortified formula?	1	2	3	7	8
When to start feeding babies solid foods?	1	2	3	7	8
That you should not lay baby down with a bottle?	1	2	3	7	8
The breastfeeding support services available at WIC?	1	2	3	7	8
Any other issues? (Specify)	1	2	3	7	8

[SHOWCARD]

B5. Thinking about all of your experiences at WIC, since [PRELOAD DATE], please tell me whether you agree or disagree with the following statements. Do you strongly agree, agree, disagree or strongly disagree?

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
The staff was helpful	1	2	3	4	7	8
The staff made me wait too long	1	2	3	4	7	8
I was respected as an individual	1	2	3	4	7	8
Things were explained in a way that I could understand	1	2	3	4	7	8
The staff was warm and friendly	1	2	3	4	7	8
My questions were answered	1	2	3	4	7	8
I felt satisfied when I left the WIC clinic	1	2	3	4	7	8
I felt confused when I left the WIC clinic	1	2	3	4	7	8
Some of the advice I received from WIC was different than the advice my doctor gave me	1	2	3	4	7	8
The counselors helped me decide how to feed my baby	1	2	3	4	7	8
The information was tailored to my individual needs	1	2	3	4	7	8
The information was helpful	1	2	3	4	7	8

B6. Did you read all, most, some or none of the materials that were given to you by the WIC clinic?

- ALL 1
- MOST 2
- SOME 3
- NONE 4 (GO TO B7)
- DID NOT RECEIVE ANY HANDOUTS 5 (GO TO B7)
- REF 7 (GO TO B7)
- DK 8 (GO TO B7)

B6.a How useful were the pamphlets that you received from WIC for your own personal needs? Were they extremely useful, somewhat useful, useful, not very useful or completely useless?

- EXTREMELY USEFUL 1
- SOMEWHAT USEFUL 2
- USEFUL 3
- NOT VERY USEFUL 4
- COMPLETELY USELESS 5
- REF 7
- DK 8

B7. Was there anything you would have liked to discuss with a nutritionist or other WIC staff member but didn't?

- YES 1
- NO 2 (GO TO B8)
- REF 7 (GO TO B8)
- DK 8 (GO TO B8)

B7.a Please tell us what you would have liked to talk about. [VERBATIM IN ENGLISH]

B7.b Why didn't you talk about it? [VERBATIM IN ENGLISH]

B8. Did WIC staff refer you to any programs or services?

- YES 1
- NO 2 (GO TO B9)
- REF 7 (GO TO B9)
- DK 8 (GO TO B9)

B8.a To which programs or services were you referred? Where else?

[INTERVIEWER: CODE ALL THAT APPLY. IF R REFUSES OR DOESN'T KNOW THE PLACES SHE WAS REFERRED CODE 7 OR 8 IN FIRST ROW. ASK, " Did you go?" FOR EACH PLACE THEY STATE.]

REFERRAL	YES was referred	Did you go?				REF	DK
		YES	NO	REF	DK		
AFDC	1	1	2	7	8	7	8
AIDS TESTING, COUNSELING, TREATMENT	1	1	2	7	8		
COUNSELING FOR SMOKING, ALCOHOL, DRUGS	1	1	2	7	8		
DAY CARE/CHILD CARE	1	1	2	7	8		
DENTAL CARE	1	1	2	7	8		
EFNEP	1	1	2	7	8		
ENGLISH AS A SECOND LANGUAGE OR THE GED	1	1	2	7	8		
FAMILY COUNSELING AND CRISIS INTERVENTION	1	1	2	7	8		
FAMILY PLANNING	1	1	2	7	8		
FOOD PANTRY/FOOD BANK	1	1	2	7	8		
FOOD STAMPS	1	1	2	7	8		
HEAD START OR OTHER CHILD DEVELOPMENT PROGRAMS	1	1	2	7	8		
HOUSING ASSISTANCE	1	1	2	7	8		
IMMUNIZATIONS	1	1	2	7	8		
JOB TRAINING	1	1	2	7	8		
LA LECHE LEAGUE OR OTHER BREASTFEEDING SUPPORT PROGRAM	1	1	2	7	8		
LAMAZE OR OTHER CHILDBIRTH CLASS	1	1	2	7	8		
LEGAL AID	1	1	2	7	8		
MEDICAID	1	1	2	7	8		
MEDICAL DOCTOR FOR ROUTINE MEDICAL CARE	1	1	2	7	8		
NUTRITION COUNSELING OUTSIDE OF WIC	1	1	2	7	8		
PRENATAL CARE	1	1	2	7	8		
WELL BABY OR CHILD HEALTH CARE	1	1	2	7	8		
WIC REGISTERED DIETITIAN	1	1	2	7	8		
WIC REGISTERED NURSE	1	1	2	7	8		
OTHER (Specify)	1	1	2	7	8		

B9. Now I would like to know the top three things you like best about WIC. What is the first thing? The second? The third?

[INTERVIEWER: ENTER 98 FOR REMAINING BLANK ANSWERS.]

REASON #1:	_____	_____	CODE
REASON #2:	_____	_____	CODE
REASON #3:	_____	_____	CODE

NOTHING IN PARTICULAR	00
FREE FOOD/VOUCHERS	01
VOUCHERS ARE EASY TO USE	02
FREE FORMULA	03
EASY TO QUALIFY/RECEIVE WIC	04
PROXIES CAN GET VOUCHERS	05
CAN CHOOSE APPOINTMENT TIME	06
TALKING TO THE NUTRITIONIST	07
TALKING TO OTHER WIC STAFF	08
MAKES ME FEEL LIKE SOMEONE CARES	09
CHECKING MY WEIGHT/IRON	10
CHECKING CHILD'S WEIGHT/IRON	11
LEARN HOW TO PREPARE MEALS/RECIPES	12
LEARN ABOUT EATING HEALTHY	13
LEARN HOW TO PREPARE FORMULA	14
LEARN ABOUT BREASTFEEDING	15
LEARN WHEN BABY STARTS SOLID FOODS	16
PAMPHLETS	17
CLASSES (Which one?)	18
<hr/>	
VIDEOS (Which one?)	19
<hr/>	
OTHER (Specify)	20
<hr/>	
REF	97
DK	98

B10. Now I would like to know the top three things you dislike about WIC. What is the first? The second? The third?

[INTERVIEWER: ENTER 98 FOR REMAINING BLANK ANSWERS.]

REASON #1:	_____	_____	CODE
REASON #2:	_____	_____	CODE
REASON #3:	_____	_____	CODE

NOTHING IN PARTICULAR	00
QUALITY/TYPE OF THE WIC FOODS	01
TOO MUCH OR TOO LITTLE OF AN ITEM	02
AMOUNT OF FOOD ON EACH VOUCHER	03
STAFF ATTITUDES	04
STAFF KNOWLEDGE ABOUT NUTRITION	05
TOO LONG OF WAIT	06
STRICT APPOINTMENT SCHEDULES	07
LACK OF TRANSPORTATION	08
PAMPHLETS	09
CLASSES (Which one?)	10
<hr/>	
VIDEOS (Which one?)	11
<hr/>	
OTHER (Specify)	12
<hr/>	
REF	97
DK	98

[IF RESPONDENT HAS ATTENDED A CLASS, ASK B11-11.a ELSE GO TO B12]

B11. What topics were covered in the class(es) you attended? (What else?)
 [INTERVIEWER: CODE ALL THAT APPLY]

EATING HEALTHY DURING PREGNANCY	01
GETTING IRON INTO DIET/IRON RICH FOODS	02
STRETCHING THE FOOD DOLLAR	03
RECIPES/HOW TO PREPARE MEALS	04
SMOKING CESSATION	05
WEIGHT CONTROL DURING PREGNANCY	06
WEIGHT GAIN DURING PREGNANCY	07
BREASTFEEDING	08
SELF ESTEEM/PERSONAL GROWTH	09
CHILD DISCIPLINE/REARING	10
INFANT FEEDING	11
OTHER (Specify)	12
<hr/>	
REF	97
DK	98

B11.a In general how interesting was/were this/these class(es) to you? Was/were the class(es) very interesting, interesting, somewhat interesting, somewhat boring, boring or very boring? [INTERVIEWER, IF MORE THAN ONE CLASS WAS ATTENDED, PROBE WITH "On the whole..."]

- VERY INTERESTING 1
- INTERESTING 2
- SOMEWHAT INTERESTING 3
- SOMEWHAT BORING 4
- BORING 5
- VERY BORING 6
- REF 7
- DK 8

B12. Did you learn anything from WIC that you did not know before you visited the WIC office?

- YES 1
- NO 2 (GO TO B13)
- REF 7 (GO TO B13)

B12.a What did you learn from WIC that you did not know before you came in?
[VERBATIM IN ENGLISH]

B13. Do you have any suggestions on how WIC could improve the way they provide information on healthy eating?

- YES 1
- NO 2 (GO TO C1)
- REF 7 (GO TO C1)

B13.a How do you think WIC could improve the way they provide information on healthy eating?
[VERBATIM IN ENGLISH]

BEHAVIOR

[SHOWCARD]

C1. Next, I'd like to ask you a few questions about the foods you eat. I'm going to ask you how often you eat certain foods. When answering think about your *usual diet over the past four weeks*. For each food I mention, please tell me whether you ate it once or twice during the past four weeks, once or twice a week, three times a week, once a day, two times a day or three or more times a day. If you never ate or drank a food I mention, just tell me. Here is a showcard with the number of times listed. What about _____? How often did you eat/drink _____ in the last four weeks?

[INTERVIEWER: IT IS VITAL THAT WE OBTAIN ACCURATE DATA FOR THIS QUESTION. DO NOT "RUSH" THIS QUESTION. PROBE FOR PER DAY, PER WEEK.]

Food Item/ Food Group	Never (0 ×s)	1-2 ×s a month	1-2 ×s a week	3×s a week or more (not everyday)	1× a day	2 ×s a day	3 or more ×s a day	REF	DK
Milk	0	1	2	3	4	5	6	7	8
Cheese	0	1	2	3	4	5	6	7	8
Eggs	0	1	2	3	4	5	6	7	8
Tuna fish	0	1	2	3	4	5	6	7	8
Beef, pork, veal, chicken, or fish that is not fried This also does not include tuna fish.	0	1	2	3	4	5	6	7	8
Fried foods such as fried chicken, fish, pork, or french fries	0	1	2	3	4	5	6	7	8
Peanut butter	0	1	2	3	4	5	6	7	8
100% Fruit juice (not including Kool-aid or fruit drinks)	0	1	2	3	4	5	6	7	8
Regular (not diet) soda or pop, Kool-aid, Hawaiian Punch or other fruit drinks that are not 100% fruit juice	0	1	2	3	4	5	6	7	8
Fruit, fresh, frozen or canned	0	1	2	3	4	5	6	7	8
Vegetables, excluding beans, peas or lentils. These can be fresh, frozen, canned or dried.	0	1	2	3	4	5	6	7	8
Beans or peas (such as pinto, kidney, black-eye, white, etc) or lentils These can be fresh, frozen, canned or dried.	0	1	2	3	4	5	6	7	8
Any of the following breakfast cereals (READ LIST OF WIC CEREALS) This would be both hot and ready-to-eat cereals.	0	1	2	3	4	5	6	7	8
Cookies, cakes, or pastries	0	1	2	3	4	5	6	7	8
Candy of any type	0	1	2	3	4	5	6	7	8
Snacks such as chips, pretzels, packaged popcorn	0	1	2	3	4	5	6	7	8
Beer, wine or mixed drink	0	1	2	3	4	5	6	7	8

C2. Sometimes when women become pregnant, they change their eating habits. Next, I'd like to talk about whether your eating habits have changed since [PRELOAD DATE]. Would you say that your overall appetite has remained the same, increased, or decreased [PRELOAD DATE]?
 [INTERVIEWER: APPETITE IS DEFINED AS HOW MUCH SHE DESIRES TO EAT NOT HOW MUCH SHE ACTUALLY CONSUMES.]

- REMAINED THE SAME 1
- INCREASED 2
- DECREASED 3
- REF 7
- DK 8

C3. Are you taking any special iron pills for this pregnancy? This would be an iron only pill.
 [INTERVIEWER: WE ARE REFERRING TO A PILL SPECIFICALLY FOR IRON ONLY, NOT A PILL THAT CONTAINS BOTH VITAMINS AND IRON.]

- YES 1
- NO 2 (GO TO C4)
- REF 7 (GO TO C4)
- DK 8 (GO TO C4)

C3.a How often do you usually take these iron pills for this pregnancy? Do you take them every day, about three times a week, once a week or less than once a week?

- EVERY DAY 1
- 3 TIMES A WEEK 2
- ONCE A WEEK 3
- LESS THAN ONCE A WEEK 4
- REF 7
- DK 8

C4. Are you taking any special vitamin pills for this pregnancy?
 [INTERVIEWER: "SPECIAL" MEANS THAT R WAS NOT TAKING IT BEFORE SHE BECAME PREGNANT. THESE PILLS MAY OR MAY NOT INCLUDE IRON AND MAY OR MAY NOT BE PRESCRIBED BY A DOCTOR. PILLS ARE AKA "PRENATAL VITAMIN PILLS."]

- YES 1
- NO 2 (GO TO D1)
- REF 7 (GO TO D1)
- DK 8 (GO TO D1)

C4.a How often do you usually take these pills for this pregnancy? Do you take them every day, about three times a week, once a week or less than once a week?

- EVERY DAY 1
- 3 TIMES A WEEK 2
- ONCE A WEEK 3
- LESS THAN ONCE A WEEK 4
- REF 7
- DK 8

KNOWLEDGE

One of the most important goals of the WIC Program is to provide you with information about healthy eating habits for pregnancy. The next few questions are about your thoughts and opinions about eating during pregnancy.

D1. First, we would like to get an idea about how much you feel you already know about healthy eating habits for pregnancy. Would you say that you already know almost nothing, a little, some or a lot?

- ALMOST NOTHING 1
- A LITTLE 2
- SOME 3
- A LOT 4
- REF 7
- DK 8

D2. Have you learned about healthy eating habits during this pregnancy from any of the following?

	YES	NO	DK	NA
A doctor?	1	2	8	9
A nurse or midwife?	1	2	8	9
A health clinic?	1	2	8	9
Food stamp program?	1	2	8	9
Head Start?	1	2	8	9
Other programs you are in because you are pregnant?	1	2	8	9
School?	1	2	8	9
Church?	1	2	8	9
Any place else that I have not mentioned? (Specify)	1	2	8	9

D3. Have you gotten information about healthy eating during this pregnancy on your own, for example, from...

	YES	NO	REF	DK
A book that you read?	1	2	7	8
A magazine or newspaper article that you read?	1	2	7	8
A TV show or video you watched?	1	2	7	8
A special class or lecture you attended?	1	2	7	8
Or some other place I have not mentioned? (Specify)	1	2	7	8

D4. Next, I am going to read you a set of statements. We are interested in your opinion. Some of the statements are true and some are false. After I read each statement, please tell me whether you think the statement is true or false.

[INTERVIEWER: YOU CAN ONLY DEFINE THE TERMS IN THE INTERVIEWER INSTRUCTIONS, OTHERWISE ASK FOR BEST GUESS.]

	T	F	REF	DK
What you eat has nothing to do with whether you have anemia or low iron.	1	2	7	8
You should follow a strict schedule for feeding the baby when breastfeeding.	1	2	7	8
Alcohol, caffeine, and nicotine can pass from your blood into your breast milk and affect your baby.	1	2	7	8
It is ok for babies to drink regular or low-fat milk after the age of six months.	1	2	7	8
Breastfeeding for even one week is better for your baby than not breastfeeding at all.	1	2	7	8
Bread is a good source of vitamin C.	1	2	7	8
Breast milk can help protect babies from certain illnesses.	1	2	7	8
It is ok for babies to begin to eat solid foods, including cereal, at two months of age. This would include cereal in a bottle.	1	2	7	8
It is okay to lay a baby down with a bottle, as long as the bottle has milk or formula in it and not juice or soda. [INTERVIEWER: ALL INSTANCES OF BABY SLEEPING WITH A BOTTLE ARE INCLUDED, SUCH AS, NAPS IN A STROLLER OR PLAYPEN OR CAR SEAT, AS WELL AS NIGHTTIME SLEEPING IN CRIB.]	1	2	7	8
The food a woman eats during pregnancy can affect how healthy her new baby will be.	1	2	7	8
Breastfeeding mothers have to follow a special diet.	1	2	7	8
It is okay for a pregnant woman to take medicine without talking to a doctor as long as it is not a prescription drug. [FOR EXAMPLE, COUGH SYRUP, ASPIRIN]	1	2	7	8
Eating many small meals each day is better for your health than eating just one or two large meals.	1	2	7	8
If a woman is overweight, she should try to lose weight during pregnancy.	1	2	7	8
Giving a baby solid food helps him/her sleep through the night.	1	2	7	8
A mother who smokes only a few cigarettes a day throughout her pregnancy may harm her developing baby.	1	2	7	8
A baby should eat as many different types of food as soon as possible.	1	2	7	8
It is not safe to drink even one alcoholic drink (that is beer, wine, or liquor) while pregnant.	1	2	7	8

D5. Which of the following foods is the best source of iron?

- Broccoli 1
- Orange juice 2
- Pinto Beans 3
- Cheese 4
- REF 7
- DK 8

D6. Which of the following foods has the most calcium?

Tomatoes	1
Milk	2
Chicken	3
Whole wheat bread	4
REF	7
DK	8

D7. Which of the following foods is the best source of folic acid?

Spinach	1
Milk	2
Chicken	3
Grapefruit juice	4
REF	7
DK	8

ATTITUDES

E1. In general, would you say your health is excellent, very good, good, fair or poor?

EXCELLENT	1
VERY GOOD	2
GOOD	3
FAIR	4
POOR	5
REF	7
DK	8

E2. How healthy do you think your eating habits are? Are your eating habits very healthy, somewhat healthy, somewhat unhealthy or very unhealthy?

VERY HEALTHY	1
SOMEWHAT HEALTHY	2
SOMEWHAT UNHEALTHY	3
VERY UNHEALTHY	4
REF	7
DK	8

E3. Considering how far along you are in this pregnancy, how do you feel about the weight you have gained? Would you say you have gained too much, gained too little, gained the right amount or have you lost weight?

- GAINED TOO MUCH 1
- GAINED TOO LITTLE 2
- GAINED THE RIGHT AMOUNT 3
- LOST WEIGHT 4
- REF 7
- DK 8

[SHOWCARD]

E4. Next, I am going to read a list of statements aloud and would like to know whether you agree or disagree with each statement. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
If I take a vitamin pill in the morning, I don't have to worry about what I eat.	1	2	3	4	7	8
The food I eat has nothing to do with how well I feel.	1	2	3	4	7	8
My health depends on how well I take care of myself.	1	2	3	4	7	8
I've been eating the same way for years and, at this point, it would be very difficult for me to change.	1	2	3	4	7	8
Healthy eating is a matter of common sense.	1	2	3	4	7	8
I feel best physically when I eat nutritious foods.	1	2	3	4	7	8
If I do not eat well my health will suffer.	1	2	3	4	7	8
Sometimes I eat foods that I like but I know they aren't good for me.	1	2	3	4	7	8
Sometimes I eat what everybody else is eating even if I know it is not good for me.	1	2	3	4	7	8

[SHOWCARD]

E5. Certain situations make it hard to eat healthy. For each situation, please tell me whether you are definitely able to eat healthy, probably able to eat healthy, maybe, probably not or definitely not able to eat healthy. Here is a showcard with the response options listed. Are you able to eat healthy when...
 [INTERVIEWER: "DEFINITELY YES" MEANS THAT R WOULD DEFINITELY BE ABLE TO EAT HEALTHY WHEN SHE IS EATING OUT. TO HAVE "CRAVINGS" IS DEFINED AS "WHEN YOU REALLY WANT TO EAT A CERTAIN FOOD VERY, VERY MUCH; YOU CAN'T RESIST EATING THAT FOOD; YOU FEEL LIKE YOU MUST EAT IT; YOU HAVE TO HAVE IT".]

	Definitely Yes	Probably Yes	Maybe	Probably No	Definitely No	REF/NA	DK
You are eating out?	1	2	3	4	5	7	8
You have no time to plan and prepare meals?	1	2	3	4	5	7	8
You are feeling stressed?	1	2	3	4	5	7	8
You are bored?	1	2	3	4	5	7	8
You have not eaten all day and are starving?	1	2	3	4	5	7	8
Someone else prepares your meals?	1	2	3	4	5	7	8
There are a lot of non-nutritious foods in the house?	1	2	3	4	5	7	8
You have strong cravings for certain foods?	1	2	3	4	5	7	8

E6. Have you found it difficult to eat healthy during this pregnancy?

- YES 1
- NO 2 (GO TO E7)
- REF 7 (GO TO E7)
- DK 8 (GO TO E7)

E6.a Now I would like to know the three main reasons it has been difficult for you to eat healthy during pregnancy. What is the first reason? The second reason? The third reason?
 [INTERVIEWER: ENTER 98 FOR REMAINING BLANK ANSWERS]

REASON #1:	_____	_____	CODE
REASON #2:	_____	_____	CODE
REASON #3:	_____	_____	CODE

TIME CONSTRAINTS:

NO TIME TO MAKE MEALS 01
 POOR COOKING FACILITIES 02
 NO COOKING FACILITIES 03

FAMILY/LIVING CONSTRAINTS:

COOKING MEALS FOR LARGE FAMILY 04
 FAMILY DOESN'T EAT HEALTHY 05
 SOMEONE ELSE PREPARES MEALS 06
 NOT LIVING IN OWN HOME 07
 OTHER HOUSEHOLD CHORES 08
 HOUSEHOLD IS CHAOTIC 09
 NO MONEY FOR FOOD 10

PERSONAL CONSTRAINTS:

NO LIKE COOKING/SHOPPING 11
 DOESN'T KNOW HOW TO COOK 12
 EATS OUT A LOT 13
 LACKS TRANSPORT/STORE FAR AWAY 14
 DOESN'T CARE ABOUT EATING HEALTHY 15
 CRAVES JUNK FOOD 16
 HEALTHY FOOD DOESN'T TASTE GOOD 17
 NO KNOW WHAT "HEALTHY EATING" MEANS 18
 TOO EASY TO EAT UNHEALTHY 19
 HABIT EATING UNHEALTHY FOODS 20
 MORNING SICKNESS 21
 HAVE BEEN SICK LATELY 22
 FOOD AVERSIONS/CHANGES IN APPETITE 23
 OTHER (Specify) 24

REF 97
 DK 98

E7. Of all the vegetables you have ever eaten, which is the one you dislike most?

ASPARAGUS	01
BEANS (ANY KIND)	02
BEETS	03
BROCCOLI	04
BRUSSEL SPROUTS	05
CABBAGE	06
CARROTS	07
CAULIFLOWER	08
CORN	09
LEEKs	10
LETTUCE (ANY KIND)	11
MUSHROOMS	12
OKRA	13
OLIVES	14
PEAS (ANY KIND)	15
PEPPERS (ANY KIND)	16
SPINACH	17
SPROUTS	18
SQUASH (ANY KIND)	19
TOMATOES	20
ZUCCHINI	21
OTHER (Specify)	22
<hr/>	
REF	97
DK	98

ALCOHOL

[SHOWCARD]

F1. Now please look at this card and tell me, on average, about how many alcoholic drinks you have you had each week since [PRELOAD DATE]?

More than 8 drinks a week	01
6-8 drinks a week	02
3-5 drinks a week	03
2 drinks a week	04
1 drink a week	05
2-3 drinks a month	06
1 drink a month	07
Less than one drink a month	08
None	09
REF	97
DK	98

CIGARETTES

F2. Have you smoked cigarettes at all since [PRELOAD DATE]?

YES	1	
NO	2	■(GO TO F4)
REF	7	■(GO TO F4)

F2.a On the average, since [PRELOAD DATE], about how many cigarettes have you smoked per day, per week or per month?

[INTERVIEWER: IF ON-AGAIN, OFF-AGAIN SMOKER, PROBE FOR OVERALL AVERAGE.]

|____|____| # OF CIGARETTES

DAY 01
 WEEK 02
 MONTH 03
 REF 97
 DK 98

F3. Since [PRELOAD DATE], have you **stopped** smoking cigarettes for any period of time?

YES 1
 NO 2 (GO TO F4)
 REF 7 (GO TO F4)
 DK 8 (GO TO F4)

F3.a For how many days, weeks or months, since [PRELOAD DATE], have you stopped smoking cigarettes? [INTERVIEWER: THIS IS TOTAL NUMBER OF DAYS, WEEKS OR MONTHS. IF R IS ON-AGAIN, OFF-AGAIN SMOKER, ASK FOR TOTAL NUMBER.]

|____|____| # OF ...

DAYS 01
 WEEKS 02
 MONTHS 03
 REF 97
 DK 98

DRUGS

F4. Since [PRELOAD DATE], have you used any over-the-counter medication such as Tylenol, aspirin, cold or allergy medication?

YES 1
 NO 2 (GO TO G1)
 REF 7 (GO TO G1)
 DK 8 (GO TO G1)

F4.a How often did you ask your doctor about these medications before taking them? Did you ask him/her always, most of the time, sometimes, not very often or never?

ALWAYS 1
 MOST OF THE TIME 2
 SOMETIMES 3
 NOT VERY OFTEN 4
 NEVER 5
 REF 7
 DK 8

INFANT FEEDING ISSUES:

G1. Now I'd like to ask you some questions about feeding your baby. The last time we spoke, you were planning on [PRELOAD "breastfeeding" "formula feeding"] your baby. What are your current plans for feeding your baby? Are you planning to breastfeed only, breastfeed and formula feed or formula feed only? [INTERVIEWER: IF WOMAN IS UNDECIDED ATTEMPT TO FORCE A CHOICE BY ASKING, "If you **had** to choose today, how would you choose to feed your baby?]

- ONLY BREASTFEEDING 1 (GO TO G5)
- FORMULA AND BREASTFEEDING . 2 (GO TO G5)
- ONLY FORMULA FEEDING 3

G2. In making this decision, did you **consider** breastfeeding your baby?

- YES 1
- NO 2
- REF 7
- DK 8

G3. [IF "YES" TO G2, ASK, "Now I would like to know the top three reasons why are you choosing to formula-feed your baby rather than breastfeed your baby?" IF "NO" TO G2, ASK "Now I would like to know the top three reasons why you did not consider breastfeeding your baby?"] What is the first reason? The second reason? The third reason?
 [INTERVIEWER: ENTER 98 FOR REMAINING BLANK ANSWERS]

REASON #1:			CODE
REASON #2:			CODE
REASON #3:			CODE

TIME/SUPPORT CONSTRAINTS

RETURN TO WORK/SCHOOL	01
OTHER FAMILY RESPONSIBILITIES	02
LACK SUPPORT OF FAMILY/SPOUSE	03
FATHER/FAMILY CAN NOT HELP	04
WILL TAKE TOO MUCH TIME	05
NO PERSONAL TIME	06
TOO TIRED, RUN DOWN	07
RESTRICT LIFESTYLE	08
JUST NOT PRACTICAL	09
NOT POSSIBLE IN PUBLIC PLACES	10

PERSONAL EMOTIONAL REASONS

NO INTEREST	11
RESTRICTS TYPES OF CLOTHING	12
CAN NOT EAT THE FOODS I LIKE	13
EMBARRASSING	14
FEEL SOCIALLY UNCOMFORTABLE	15
I JUST DON'T WANT TO	16

PERSONAL PHYSICAL REASONS

BREASTS ARE TOO SMALL	17
NO HOW TO BREASTFEED CORRECTLY	18
NO HOW TO USE A BREAST PUMP	19
TROUBLE EXPRESSING MILK	20
LEAKING	21
DISFIGURE MY BREASTS	22
PAINFUL	23
ADVISED BY DOCTOR	24

BABY

BABY WILL HAVE HEALTH PROBLEMS	25
DON'T KNOW HOW TO HOLD BABY	26
TROUBLE SUCKING	27
BABY WILL BE FUSSY	28
BABY WILL NOT GET ENOUGH MILK	29
BABY WON'T WANT BREAST	30
EASIER TO FEED BABY WITH BOTTLE	31
OTHER (Specify)	32

REF	97
DK	98

G4. Has a doctor or nurse advised you not to breastfeed?

YES 1
 NO 2
 REF 7

[GO TO G6]

G5. How long do you plan to breastfeed?

| _____ | _____ | NUMBER OF ...

DAYS 01
 WEEKS 02
 MONTHS 03
 REF 97
 DK 98

G5.a Have you changed the length of time you were planning to breastfeed since the last time we talked?

YES 1
 NO 2 ■ (GO TO G6)
 REF 7 ■ (GO TO G6)
 DK 8 ■ (GO TO G6)

G5.b Why did you decide to change the amount of time you are going to breastfeed?
 [INTERVIEWER: TYPE IN EXACTLY WHAT R STATES. DO NOT ABBREVIATE.]

G6. Sometimes, people in your life can make it difficult for you to do the things you are trying to do. I'd like to know if there is anyone in your life who has or who might make it difficult for you to ...
 [INTERVIEWER: ASK "Cut down or quit drinking alcohol", ONLY IF R IS DRINKING (F1). ASK "Cut down or quit smoking" ONLY IF R IS CURRENTLY SMOKING (F2).

	YES	NO	REF	DK
Eat well during pregnancy?	1	2	7	8
Formula feed your baby?	1	2	7	8
Breastfeed your baby?	1	2	7	8
Cut down or quit drinking alcohol?*	1	2	7	8
Cut down or quit smoking?*	1	2	7	8

[SHOWCARD]

G7. How strongly do you agree or disagree with the following statements? Please tell me whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree or strongly disagree.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	REF	DK
Bottle feeding increases the chances that baby will have colic.	1	2	3	4	5	6	7	8
Breastfeeding is a very convenient method of feeding baby.	1	2	3	4	5	6	7	8
Breastfeeding helps protect baby against infection.	1	2	3	4	5	6	7	8
Breastfeeding helps mother feel closer to baby.	1	2	3	4	5	6	7	8
Breastfeeding helps mother lose weight.	1	2	3	4	5	6	7	8
Bottle feeding provides incomplete nourishment for baby (baby does not get all he really needs).	1	2	3	4	5	6	7	8
Bottle feeding makes it easier for father or other family members to be involved in feeding baby.	1	2	3	4	5	6	7	8
Breastfeeding is embarrassing for the mother.	1	2	3	4	5	6	7	8
Breastfeeding makes it difficult for mother to go out.	1	2	3	4	5	6	7	8
It is difficult to breastfeed successfully.	1	2	3	4	5	6	7	8
Bottle feeding makes it easier for mother to go to work or school.	1	2	3	4	5	6	7	8
Breast milk is the best nourishment for baby.	1	2	3	4	5	6	7	8
Bottle feeding is an expensive method of feeding.	1	2	3	4	5	6	7	8
Bottle feeding is a trouble free method of feeding.	1	2	3	4	5	6	7	8
Bottle feeding allows one to see exactly how much milk baby has had.	1	2	3	4	5	6	7	8
Breastfeeding requires mother to watch what she eats and drinks.	1	2	3	4	5	6	7	8

[SHOWCARD]

G8. We all consider different factors when making decisions. I'm going to read you a list of factors women often think about when making their decision how to feed their babies. For each item I mention, please tell me how important the item is in your decision on how to feed your baby. The response categories are extremely important, very important, somewhat important, somewhat unimportant, not very important, not important at all. How important is it that the feeding method you choose...

	Extremely Important	Very Important	Somewhat Important	Somewhat Unimportant	Not Very Important	Not Important at all	REF	DK
Is convenient?	1	2	3	4	5	6	7	8
Helps protect baby against infection?	1	2	3	4	5	6	7	8
Helps you feel closer to baby?	1	2	3	4	5	6	7	8
Helps you lose weight?	1	2	3	4	5	6	7	8
Provides complete nourishment for baby?	1	2	3	4	5	6	7	8
Allows baby's father or other family member to be involved in feeding baby?	1	2	3	4	5	6	7	8
Does not make you feel embarrassed?	1	2	3	4	5	6	7	8
Allows you to go out socially?	1	2	3	4	5	6	7	8
Makes it easy for your go to work or school?	1	2	3	4	5	6	7	8
Is trouble-free?	1	2	3	4	5	6	7	8
Is inexpensive?	1	2	3	4	5	6	7	8
Allows you to see exactly how much milk baby has had?	1	2	3	4	5	6	7	8
Decreases the chance of getting colic?	1	2	3	4	5	6	7	8
Does not require that you watch what you eat or drink?	1	2	3	4	5	6	7	8

APPENDIX B

WIC RECORD ABSTRACTION FORM



WIC RECORD ABSTRACTION

PERSONAL / HEALTH DATA	
A1. Race/ethnicity	A2. Pregravid weight

PRENATAL WIC CONTACTS						
B1. Date (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
B2. Type of contact Circle All That Apply	1 = Certification 2 = Followup 3 = Group 4 = Individual 5 = Newsletter 6 = Telephone 7 = Vouchers 8 = Other (Specify) _____ _____	1 = Certification 2 = Followup 3 = Group 4 = Individual 5 = Newsletter 6 = Telephone 7 = Vouchers 8 = Other (Specify) _____ _____	1 = Certification 2 = Followup 3 = Group 4 = Individual 5 = Newsletter 6 = Telephone 7 = Vouchers 8 = Other (Specify) _____ _____	1 = Certification 2 = Followup 3 = Group 4 = Individual 5 = Newsletter 6 = Telephone 7 = Vouchers 8 = Other (Specify) _____ _____	1 = Certification 2 = Followup 3 = Group 4 = Individual 5 = Newsletter 6 = Telephone 7 = Vouchers 8 = Other (Specify) _____ _____	1 = Certification 2 = Followup 3 = Group 4 = Individual 5 = Newsletter 6 = Telephone 7 = Vouchers 8 = Other (Specify) _____ _____
B3. Provider(s) Circle All That Apply	1 = RD 2 = Nutritionist 3 = Paraprof. 4 = Lactation Consultant 5 = RN 6 = Other (Specify) _____ _____	1 = RD 2 = Nutritionist 3 = Paraprof. 4 = Lactation Consultant 5 = RN 6 = Other (Specify) _____ _____	1 = RD 2 = Nutritionist 3 = Paraprof. 4 = Lactation Consultant 5 = RN 6 = Other (Specify) _____ _____	1 = RD 2 = Nutritionist 3 = Paraprof. 4 = Lactation Consultant 5 = RN 6 = Other (Specify) _____ _____	1 = RD 2 = Nutritionist 3 = Paraprof. 4 = Lactation Consultant 5 = RN 6 = Other (Specify) _____ _____	1 = RD 2 = Nutritionist 3 = Paraprof. 4 = Lactation Consultant 5 = RN 6 = Other (Specify) _____ _____
B4. Weight (lbs.) (*Date, if different than above)	NA _____ * / /	NA _____ * / /	NA _____ * / /	NA _____ * / /	NA _____ * / /	NA _____ * / /
B5. Hematocrit (hct) (*Date, if different than above)	% NA _____ * / /	% NA _____ * / /	% NA _____ * / /	% NA _____ * / /	% NA _____ * / /	% NA _____ * / /

Date (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
B6. Hemoglobin (hgb)	----- NA	----- NA	----- NA	----- NA	----- NA	----- NA
(*Date, if different than above)	* / /	* / /	* / /	* / /	* / /	* / /
B7. Nausea +/- vomiting						
B8. Heartburn						
B9. Constipation						

NUTRITION EDUCATION TOPICS COVERED						
B10. WIC PROGRAM FOODS						
B10a. Logistics of WIC voucher issuance and use						
B10b. Identification of WIC foods						
B10c. Supplemental nature of WIC food package						
B10d. Rationale for WIC foods (major nutrients)						
B10e. Other (Specify): _____						
B11. DIET AND PREGNANCY						
B11a. Foods/nutrients low in participant's diet						
B11b. Recommended weight gain (total lbs. and/or lbs. per week or trimester)						
B11c. Participant's relative rate of weight gain						
B11d. Managing common problems of pregnancy (N&V, heartburn, constipation)						
B11e. Importance of adequate iron intake for prevention of anemia						
B11f. Importance of regular prenatal care						
B11g. Prenatal vit. and minl. supplement recommendations						
B11h. CONTRAINDICATIONS DURING PREGNANCY						
B11i. Effects of smoking						
B11j. Effects of alcohol and drugs						
B11k. Effects of caffeine						
B11l. Importance of consulting doctor prior to taking over-the-counter or prescription drugs						
B11m. Other (Specify): _____						

NUTRITION EDUCATION TOPICS COVERED (CONTINUED)

Date (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
B12. BREASTFEEDING						
B12a. Infant feeding preference						
B12b. Benefits of breastfeeding						
B12c. Management of common breastfeeding problems (e.g. sore nipples, engorgement, milk supply)						
B12d. Breastfeeding techniques/positions						
B12e. Breastfeeding in the hospital						
B12f. Breastfeeding support services/programs (e.g. La Leche League)						
B12g. Breast pumps						
B12h. Combining breastfeeding and bottle feeding						
B12i. Returning to work or school while breastfeeding						
B12j. Infant growth spurts and increased breastfeeding demand						
B12k. Nipple confusion						
B12l. Importance of ample fluids						
B12m. Effects of alcohol and other drugs on breastfed infant						
B12n. Importance of consulting doctor before taking any over-the-counter or prescription drugs						
B12o. AIDS/HIV and contraindication of breastfeeding						
B12p. Other (Specify): _____						
B13. INFANT FEEDING PRACTICES						
B13a. Infant's rate of growth						
B13b. Formula preparation and storage						
B13c. Infant bottle syndrome						
B13d. Infant/toddler growth and development						
B13e. Introduction of solid foods - timing and pattern						
B13f. Introduction of cup						
B13g. Iron fortified formula - rationale and importance						
B13h. Other (Specify): _____						

REFERRALS

Date (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
B14a. AFDC						
B14b. AIDS testing, counseling, treatment						
B14c. Alcohol or drug cessation program						
B14d. Day care/child care						
B14e. Dentist						
B14f. EFNEP						
B14g. English as a second language or the GED						
B14h. Family counseling and crisis intervention						
B14i. Family planning/Planned Parenthood						
B14j. Food pantry/food bank						
B14k. Food Stamps						
B14l. Head Start or other child development program						
B14m. Healthy Start						
B14n. Housing assistance						
B14o. Immunizations						
B14p. Job training						
B14q. La Leche League or other breastfeeding support program						
B14r. Lamaze or other childbirth class						
B14s. Legal aid						
B14t. Medicaid						
B14u. Medical doctor for routine medical care						
B14v. Nutrition counseling (outside of WIC)						
B14w. Smoking cessation program						
B14x. Well baby clinic/child health care						
B14y. WIC RD/nutritionist						
B14z. WIC RN						
B14aa. Other (Specify): _____ _____						

<p>B15a. Additional Voucher Pick-ups</p>	<p>B15b. Dates of Additional Voucher Pick-ups</p> <p>1.) / / 4.) / /</p> <p>2.) / / 5.) / /</p> <p>3.) / / 6.) / /</p>
<p>B16a. Additional WIC Nutrition Education Contacts</p>	<p>B16b. Dates of Additional Nutrition Education Contacts</p> <p>1.) / / 4.) / /</p> <p>2.) / / 5.) / /</p> <p>3.) / / 6.) / /</p>
<p>B17a. WIC Termination Date</p> <p> / /</p>	<p>B17b. Reason for Termination (if terminated during pregnancy)</p> <p>1. Miscarriage/abortion</p> <p>2. Moving</p> <p>3. Transfer to other WIC Program</p> <p>4. Other (Specify) _____</p>

PRENATAL RISK FACTORS				
C1.	MATERNAL AGE		C9.	PROBLEMS WITH PREV. PREGS.
C1a.	Teen (younger than 17/18 years)		C9a.	Gestational hypertension (HTN)
C1b.	Older than 35 years		C9b.	Gestational diabetes (DM)
C2.	HEMATOLOGIC RISK		C9c.	Preeclampsia (toxemia)
C2a.	Low hemoglobin (hgb)		C10.	MEDICAL CONDS. (CURRENT PREG.)
C2b.	Low hematocrit (hct)		C10a.	Major infection, infect. disease. AIDS
C2c.	Anemia		C10b.	Surgery or fracture w/in past 3 months
C3.	PREGRAVID WEIGHT		C10c.	Metabolic disorder
C3a.	Underweight		C10d.	Cardiovascular disease
C3b.	Overweight		C10e.	Renal disease
C4.	PRENATAL WEIGHT GAIN		C10f.	Gastrointestinal disease
C4a.	Weight loss		C10g.	Preeclampsia (toxemia)
C4b.	Inadequate weight gain		C10h.	Congenital defect or birth injury
C4c.	Excessive weight gain		C10i.	Burn (2nd or 3rd degree)
C5.	INADEQUATE/INAPPROPRIATE DIET		C10j.	Nutrient deficiency syndrome
C5a.	Inadequate dietary intake		C10k.	Eating disorder (anorexia, bulimia)
C5b.	Not taking prenatal, iron, folacin suppl.		C10l.	Rx'd drugs that affect nutrient needs
C5c.	Pica		C10m.	Lead poisoning
C6.	SUBSTANCE ABUSE		C10n.	Allergy or food intolerance
C6a.	Smoking		C10o.	Prior long-term oral contraceptive use
C6b.	Alcohol		C10p.	Hypertension (HTN)
C6c.	Drugs		C10q.	Gestational diabetes (DM)
C7.	CONDS. AFFECTING DIETARY INTAKE		C10r.	Gestational hypertension (HTN)
C7a.	Mental retardation		C11.	PARITY
C7b.	Homelessness		C11a.	Short interconceptual period
C7c.	Migrant		C11b.	High parity (5 or more pregnancies)
C8.	NEG. OUTCOME OF PREV. PREG.		C11c.	Multiple births
C8a.	Low birthweight infant			OTHER RISK FACTORS:
C8b.	Small for gestational age infant		C12.	Breastfeeding
C8c.	Premature infant		C13.	Placenta previa/abruptio (current preg.)
C8d.	History of miscarriages, abortions		C14.	Prevent regression/regr. of nutr. status
C8e.	Stillbirth		C15.	Transfer, no known risk
C8f.	Infant death		C16.	Other (Specify): _____
C8g.	Infant born with congenital defects			

DELIVERY AND CERTIFICATION DATES

D1. Delivery date

/ / NA

D2. Postpartum Certification Date

/ /

POSTPARTUM WIC CONTACTS

E1. Date (mm/dd/yy)

/ / / / / / / /

E2. Type of contact

Circle All That Apply

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 = Certification
2 = Followup
3 = Group
4 = Individual
5 = Newsletter
6 = Telephone
7 = Vouchers
8 = Other
(Specify) | 1 = Certification
2 = Followup
3 = Group
4 = Individual
5 = Newsletter
6 = Telephone
7 = Vouchers
8 = Other
(Specify) | 1 = Certification
2 = Followup
3 = Group
4 = Individual
5 = Newsletter
6 = Telephone
7 = Vouchers
8 = Other
(Specify) | 1 = Certification
2 = Followup
3 = Group
4 = Individual
5 = Newsletter
6 = Telephone
7 = Vouchers
8 = Other
(Specify) | 1 = Certification
2 = Followup
3 = Group
4 = Individual
5 = Newsletter
6 = Telephone
7 = Vouchers
8 = Other
(Specify) | 1 = Certification
2 = Followup
3 = Group
4 = Individual
5 = Newsletter
6 = Telephone
7 = Vouchers
8 = Other
(Specify) | 1 = Certification
2 = Followup
3 = Group
4 = Individual
5 = Newsletter
6 = Telephone
7 = Vouchers
8 = Other
(Specify) |
|---|---|---|---|---|---|---|

E3. Provider(s)

Circle All That Apply

- | | | | | | | |
|--|--|--|--|--|--|--|
| 1 = RD
2 = Nutritionist
3 = Paraprof.
4 = Lactation
Consultant
5 = RN
6 = Other
(Specify) | 1 = RD
2 = Nutritionist
3 = Paraprof.
4 = Lactation
Consultant
5 = RN
6 = Other
(Specify) | 1 = RD
2 = Nutritionist
3 = Paraprof.
4 = Lactation
Consultant
5 = RN
6 = Other
(Specify) | 1 = RD
2 = Nutritionist
3 = Paraprof.
4 = Lactation
Consultant
5 = RN
6 = Other
(Specify) | 1 = RD
2 = Nutritionist
3 = Paraprof.
4 = Lactation
Consultant
5 = RN
6 = Other
(Specify) | 1 = RD
2 = Nutritionist
3 = Paraprof.
4 = Lactation
Consultant
5 = RN
6 = Other
(Specify) | 1 = RD
2 = Nutritionist
3 = Paraprof.
4 = Lactation
Consultant
5 = RN
6 = Other
(Specify) |
|--|--|--|--|--|--|--|

E4. Weight (lbs.)

NA NA NA NA NA NA

(*Date, if different than above)

* / / * / / * / / * / / * / / * / /

E5. Hematocrit (hct)

-----%
NA NA NA NA NA NA

(*Date, if different than above)

* / / * / / * / / * / / * / / * / /

E6. Hemoglobin (hgb)

NA NA NA NA NA NA

(*Date, if different than above)

* / / * / / * / / * / / * / / * / /

POSTPARTUM WIC CONTACTS

NUTRITION EDUCATION TOPICS COVERED

Date (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
E7. WIC PROGRAM FOODS						
E7a. Logistics of WIC voucher issuance/use						
E7b. Identification of WIC foods						
E7c. Supplemental nature of WIC food package						
E7d. Rationale for WIC foods (major nutrients)						
E7e. Other (Specify): _____ _____						
E8. MOTHER'S DIET/HEALTH						
E8a. Recommended healthy diet (general)						
E8b. Foods/nutrients low in participant's diet						
E8c. Participant's current weight relative to IBW standards						
E8d. Weight loss/weight control plan						
E8e. Need for iron supplementation for at least 2 months postpartum						
E8f. Smoking/effect of second hand smoking on baby						
E8g. Importance of postpartum checkup with doctor						
E8h. Other (Specify): _____ _____						
E9. INFANT FEEDING PRACTICES						
E9a. Infant's rate of growth						
E9b. Formula preparation and storage						
E9c. Infant bottle syndrome						
E9d. Infant/toddler growth and development						
E9e. Introduction of solid foods - timing and pattern						
E9f. Introduction of cup						
E9g. Iron fortified formula - rationale and importance						
E9h. Other (Specify): _____ _____						

NUTRITION EDUCATION TOPICS COVERED

Date (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
E10. BREASTFEEDING						
E10a. Benefits of breastfeeding						
E10b. Management of common breastfeeding problems (e.g. sore nipples, engorgement milk supply)						
E10c. Breastfeeding techniques/positions						
E10d. Breastfeeding support services/ programs (e.g. La Leache League)						
E10e. Breast pumps						
E10f. Combining breastfeeding and bottle feeding						
E10g. Returning to work or school while breastfeeding						
E10h. Infant growth spurts/ increased breastfeeding demand						
E10i. Nipple confusion						
E10j. Importance of ample fluids						
E10k. Effects of alcohol and other drugs on breastfed infant						
E10l. Importance of consulting doctor before taking any over-the-counter or prescription drugs						
E10m. Effects of smoking on infant						
E10n. Effects of caffeine on infant						
E10o. AIDS/HIV and contraindication of breastfeeding						
E10p. Other (Specify): _____						

REFERRALS

Date (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
E11a. AFDC						
E11b. AIDS testing, counseling, treatment						
E11c. Alcohol or drug cessation program						
E11d. Day care/child care						
E11e. Dentist						
E11f. EFNEP						
E11g. English as a second language or the GED						
E11h. Family counseling and crisis intervention						
E11i. Family planning/Planned Parenthood						
E11j. Food pantry/food bank						
E11k. Food Stamps						
E11l. Head Start or other child development program						
E11m. Housing assistance						
E11n. Immunizations						
E11o. Job training						
E11p. La Leche League or other breastfeeding support program						
E11r. Legal aid						
E11s. Medicaid						
E11t. Medical doctor for routine medical care						
E11u. Nutrition (outside of WIC)						
E11v. Smoking cessation program						
E11w. Well baby clinic/child health care						
E11x. WIC RD/nutritionist						
E11z. WIC RN						
E11aa. Other (Specify): _____ _____						

E12a. Additional Voucher\Pick-ups	E12b. Dates of Additional Voucher Pick-ups 1.) / / 4.) / / 2.) / / 5.) / / 3.) / / 6.) / /
E13a. Additional WIC Nutrition Education Contacts	E13b. Dates of Additional Nutrition Education Contacts 1.) / / 4.) / / 2.) / / 5.) / / 3.) / / 6.) / /
E14a. WIC Termination Date / /	E14b. Reason for Termination 1. Six months postpartum and not breastfeeding 2. 1 year postpartum 3. Low priority that program cannot certify 4. Moving 5. Transfer to another WIC Program 6. Other _____ _____

POSTPARTUM RISK FACTORS				
F1.	MATERNAL AGE		F8b.	Stillbirth or miscarriage (SAB)
F1a.	Teen (younger than 17/18 years)		F8c.	Complications of delivery
F1b.	Older than 35 years		F8d.	Fetal or infant death
F2.	HEMATOLOGIC RISK		F8e.	Infant born with congenital defects
F2a.	Low hemoglobin (hgb)		F9.	MEDICAL CONDS. (CURRENT PREG.)
F2b.	Low hematocrit (hct)		F9a.	Major infection, infect. disease, AIDS
F2c.	Anemia		F9b.	Surgery or fracture w/in past 3 months
F2d.	Blood transfusion		F9c.	Metabolic disorder
F3.	PREGRAVID or POSTPARTUM WEIGHT		F9d.	Cardiovascular disease
F3a.	Underweight		F9e.	Renal disease
F3b.	Overweight		F9f.	Gastrointestinal disease
F4.	PRENATAL WEIGHT GAIN		F9g.	Congenital birth defect or birth injury
F4a.	Weight loss		F9h.	Burn (2nd or 3rd degree)
F4b.	Inadequate weight gain		F9i.	Nutrient deficiency syndrome
F4c.	Excessive weight gain		F9j.	Eating disorder (anorexia, bulimia)
F5.	INADEQUATE/INAPPROPRIATE DIET		F9k.	Rx'd drugs that affect nutrient needs
F5a.	Inadequate dietary intake		F9l.	Lead poisoning
F5b.	Not taking iron suppl. 2 mo. postpartum		F9m.	Allergy or food intolerance
F5c.	Pica		F9n.	Hypertension
F6.	SUBSTANCE ABUSE		F10.	PARITY
F6a.	Smoking		F10a.	Short interconceptual period
F6b.	Alcohol		F10b.	High parity (5 or more pregnancies)
F6c.	Drugs		F10c.	Multiple births
F7.	CONDS. AFFECTING DIETARY INTAKE			OTHER RISK FACTORS:
F7a.	Mental retardation		F11.	Breastfeeding
F7b.	Homelessness		F12.	WIC eligible as pregnant woman
F7c.	Migrant		F13.	Prevent regression/regr. of nutr. status
F8.	NEGATIVE PREGNANCY OUTCOME		F14.	Transfer, no known risk
F8a.	Low birthweight, small for gest. age, or premature infant		F15.	Other (Specify): _____