



Evalyasyon Sante Manman Maternal Health Assessment

Dat(yo): Non: Laj: Date(s): Name: Age:

Kesyon Istwa Sante Manman (tanpri ranpli tout kesyon ki sou bò sa a - kite bò dèyè a vid) Maternal Health History Questions (please complete all questions on this side - leave the backside blank)

Ki kote ou ale pou jwenn swen anvan/après akouchman? Non doktè a/klinik lan: Where do you go for prenatal/postpartum care? Doctor/clinic name:

Tcheke tout kondisyon ki lye ak gwosès ak akouchman ou genyen oswa ou te genyen nan tan pase: Check all pregnancy and delivery related conditions you have or had in the past:

- Dyabèt pandan gwosès Gestational diabetes
Tansyon wo High blood pressure
Pèt gwosès (Foskouch) Pregnancy loss
Tibebe fèt anvan lè (mwens pase 39 semèn) Early baby (less than 39 weeks)
Tibebe piti (5 liv 8 ons, oswa mwens) Small baby (5 pounds 8 ounces, or less)
Gwo tibebe (9 liv oswa plis) Large baby (9 pounds or more)
Bébé né avec un problème de santé Baby born with a health problem
Lòt: Other: Pa Aplikab N/A

Èske ou gen nenpòt pwoblèm medikal, maladi, alèji manje, oswa sa pa gen lontan depi ou te fè yon operasyon oswa te blese? Do you have any medical conditions, illness, food allergies, or a recent surgery or injury? Please describe:

Tanpri esplike: Do you have any medical conditions, illness, food allergies, or a recent surgery or injury? Please describe: Pa Aplikab N/A

Tanpri site medikaman oswa medikaman fèy w ap pran: Please list medications or herbs you take:

Pa Aplikab N/A

Èske ou menm oswa dantis ou gen nenpòt enkyetid konsènan dan? Do you or your dentist have any dental concerns? Wi Yes Non No Mwen pa gen yon dantis I don't have a dentist

Èske gen nenpòt moun nan fanmi w ki te teste pou plon? Has anyone in your family been tested for lead? Wi (nivo yo) Yes (levels) Non No Mwen pa konnen I don't know

Èske yo te trete w/y ap trete w pou depresyon oswa pou lòt pwoblèm sante mantal? Have you been/are you being treated for depression or other mental health concerns? Wi Yes Non No

Pandan de dènye semèn yo, chak kilè ou te santi nenpòt nan pwoblèm sa yo te nwi w? Over the past two weeks, how often have you been bothered by any of the following problems?

- Ti kras enterè oswa plezi nan fè kèk bagay: Little interest or pleasure in doing things: Pa ditou Not at all Plizyè jou Several days Plis pase mwatye nan jou yo More than half the days Prèske chak jou Nearly every day
Santi w tris, deprime, oswa san espwa: Feeling down, depressed, or hopeless: Pa ditou Not at all Plizyè jou Several days Plis pase mwatye nan jou yo More than half the days Prèske chak jou Nearly every day

Èske w ap viv nan yon kote tanporè (chèltè/abri, otèl, elatriye)? Do you live in a temporary place (shelter, hotel, etc.)? Wi Yes Non No

Èske ou te sibi vyolans fizik, vèbal, seksyèl, oswa te neglije? Have you been physically, verbally, sexually abused, or neglected? Wi Yes Non No

Èske genyen kèk fwa ou santi pèsòn pa fè w santi w an sekirite? Are there times when anyone makes you feel unsafe? Wi Yes Non No

Èske ou gen yon kote ki san danje pou ale? Do you have a safe place to go? Wi Yes Non No

Èske ou enkyete w pou manje w pa fini? Do you worry about running out of food? Wi Yes Non No

Èske w itilize bank alimantè/sant distribisyon manje lokal yo? Do you use local food banks/pantries? Wi Yes Non No

Ki kesyon oswa enkyetid ou genyen sou sante w, abitud manje w, ak alètman ou? What questions or concerns do you have about your health, eating habits, and breastfeeding?

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New Cert (date): _____ Recert (date): _____ HA (date): _____ Continue Goal

Location of WIC Program Application: _____

HT _____ WT _____ Hgb _____ (optional)

Nutrition, Breastfeeding, and Physical Activity Questions (to be completed by WIC staff member)

What does screen time look like for you? Time/day _____ Days/week _____

Tell me about the physical activities you enjoy: _____ Time/day _____ Days/week _____

Briefly describe what you eat and drink each day: _____

Targeted diet assessment may include:

- Vitamins, iron sources, enhancers, inhibitors
- Dairy/calcium/vitamin D
- Iodine/folic acid
- Whole grains/fiber
- Protein sources
- Fruits and vegetables
- Sugar sweetened drinks/foods
- Foods limited/refused/avoided
- Unsafe foods (including non-food items)
- Meals away from home/fast food
- Working kitchen appliances
- Religious or cultural diets
- Water source

Caregiver with limited feeding decision/inability to prepare foods:

Current/history of alcohol or substance abuse Mental illness, including severe depression
 Intellectual disability Physical disability Age ≤ 17 years N/A

(P) What do you know about breastfeeding or giving breast milk to your baby? _____

(P) Breastfeeding intention: Yes No Maybe

(B) Tell me about your experience offering breast milk to your baby so far: _____

Targeted breastfeeding assessment may include:

- Knowledge of appropriate feeding frequency and amount
- Latch difficulties
- Engorgement
- Pain or discomfort of breasts and/or nipples
- Pump needs/questions
- Referrals or follow ups needed

(B) What is your goal for breastfeeding or giving breastmilk to your baby? _____

Notes: