

SAMPLE Postpartum Umbrella Health Questions (*Certification Visit*)

Were you on WIC during your pregnancy? If no, tell me about your past pregnancies.

1 Were you on WIC during your pregnancy?

If yes, question #2 & 3 will disable. Also the first part of questions 17 and 18 will disable.

2* Before this pregnancy, how many times have you been pregnant?

If "0" previous pregnancies, the rest of this question and question 3 will disable.

3* When did the pregnancy before this one end? (include miscarriages, abortions, stillbirths)?

Tell me about your doctor, your next appointment, and if you had any problems with your baby or this pregnancy?

4 Do you have a regular doctor or a clinic?

5 Have you gone in for your postpartum checkup yet?

6* What was your baby's birth weight?

In the case of a miscarriage, this question may be skipped or select "unknown".

7* Was your baby born early or have any health problems at birth?

8* Did you have any problems with this pregnancy and/or have a C-section?

Tell me about any medication use and medical conditions and previous problems with depression.

9* Are you currently taking any medications?

10* Do you currently have any medical conditions, illnesses, or disabilities?

11 Have you had problems with depression or received counseling or medications for mental health concerns?

Are you feeling under stress or having any trouble with sleeping, your appetite, or enjoying or caring for your baby?

12 Do you have any trouble with sleeping, your appetite, or enjoying or caring for baby?

13* How do you rate your current stress level?

Do you or your dentist have any concerns about your teeth?

14 How many times have you seen the dentist in the last year?

15* Do you have any cavities or problems with your teeth?

Did you smoke or drink before or during this pregnancy? Tell me more about that...

Does anyone living in your household smoke inside the home?

16 Does anyone living in your household smoke inside the home?

17* In the 3 months before you were pregnant, did you smoke?

In the last 3 months of your pregnancy did you smoke?

Do you currently smoke?

The first question will disable if "mother was on WIC prenatally" is selected in question 1.

18* In the 3 months before you were pregnant did you drink any beer, wine, or liquor?

In the last 3 months of pregnancy did you drink beer, wine or liquor?

Are you currently drinking any beer, wine, or liquor?

The first question will disable if "mother was on WIC prenatally" is selected in question 1.

19* Are you using any street drugs?

SAMPLE Postpartum Umbrella Diet Questions (*Certification Visit*)

How is breastfeeding going? What are your plans/goals with Breastfeeding?

1* How is breastfeeding going?

If the participant is not breastfeeding, questions 2, 3 and 4 will be disabled.

2 How long do you plan to breastfeed your baby?

3 Will you be going back to work or school?

4 Do you plan to express your breastmilk?

What would you like your weight to be? Tell me about your day-to-day eating habits and about the kinds of foods and beverages that you like to eat and drink.

5 What would you like your weight to be?

6* Are you following a special diet?

7 How would you describe your appetite?

8 How many times a day do you usually eat?

9 What working appliances and equipment do you have to prepare food?

10 Do you eat any meals away from home?

11 Tell me about the foods you eat.

12 Other than milk, what beverages do you drink regularly?

Are you using city water or well water?

13 What is your main source of drinking water?

Did you take any vitamins or herbs before or during this pregnancy? Can you explain...?

14* Are you taking any vitamins, minerals, herbs or herbal supplements?

In the month before you got pregnant, how many times a week did you take a multivitamin or folic acid?

Did your family have any problems getting enough food last month? Are you using any food programs?

15 Did you or your family have any problems getting enough food last month?

16 Does your family participate in any food programs?

Tell me about the physical activity you do on a regular basis.

17 Is physical activity part of your regular routine?

18 How many hours did you spend watching television, videos, or spend free time on the computer?