

## SAMPLE Pregnant Umbrella Health Questions (*Certification Visit*)

### **Tell me about any past pregnancies and babies you had.**

1\* How many times have you been pregnant before this pregnancy?

If "0" previous pregnancies, the rest of this question and questions 2, 3, 4 and 5 are disabled.

2\* When did your last pregnancy end?

3\* Did you have any health problems with your previous pregnancy (ies)?

4\* Did your babies have any health problems at birth?

5\* Were any of your babies born:

\* < 5½ pounds

\* ≤ 37 weeks gestation

\* ≥ 9 pounds

### **Tell me about your doctor and any concerns with this pregnancy.**

6 Do you have a regular doctor or a clinic?

7 Do you or your doctor have any concerns about you or your pregnancy?

### **What about any medication use, medical conditions, and concerns with constipation, diarrhea, nausea or vomiting?**

8 Do you have any problems with heartburn, nausea, vomiting or constipation/diarrhea?

9\* Are you currently taking any medications?

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

### **Are you feeling under stress and have you had any problems with depression?**

11\* How do you rate your current stress level?

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

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

13 How many times have you seen the dentist in last 2 years?

14\* Do you have any 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?**

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

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

Since you have been pregnant have you smoked?

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

Since you have been pregnant have you drank any beer, wine or liquor?

18\* In the past year, have you used any street drugs?

## SAMPLE Pregnant Umbrella Diet Questions (*Certification Visit*)

### **Do you have any concerns with your weight gain?**

1 Do you have any concerns about your weight gain with this pregnancy?

### **Tell me about your day-to-day eating habits and about the kinds of foods and beverages that you like to eat and drink.**

2\* Are you following a special diet?

3 How would you describe your appetite?

4 How many times a day do you usually eat?

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

6 Do you eat any meals away from home?

7\* Tell me about the foods you eat.

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

10\* Do you regularly eat things that are not food?

### **Are you using city water or well water?**

9\* What is your main source of drinking water?

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

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

In the past month, have you taken any vitamins, minerals, herbs or herbal supplements?

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

12 Did your family have any problems getting enough food last month?

13 Does your family participate in any food programs?

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

14 Is physical activity part of your regular routine?

15 How many hours did you spend watching television or videos yesterday?

### **Tell me about any breastfeeding experience you have had. What are your thoughts for this pregnancy?**

16\* Have you breastfed before?

If "No" or "Currently Breastfeeding", questions 17 and 18 are disabled.

17 How long did you breastfeed?

18 Why did you stop?

19 What do you think about breastfeeding this baby?

If no, question 20 is disabled.

20 How long do you plan to breastfeed your baby?