Women CTAD

Demographics

WIC ID:
Initial Cert Date:
Reinstate Cd:
LA/Site:
Last Action:
Termination Cd:
Date:
VOC Xfer:
Action Date:
Suspension Cd:
End Dt:
Part. Name L/F/M:
SSN:
Payee Name L/F/M:
SSN:
Address:
City/State/Zip:
Primary Phone:
Second Phone:
Email Addr:
Residence County:
Proxy Name:
Proxy Name:
Date of Birth:
WIC Condition:
Sex:
EDC:
AD Date:
TANF:
Household Size:
Residence Code:
Migrant:
Food Stamps:
Family Income:
Income/RES Init
Education:
Medicaid:
Income Code:
Referred from:
Marital Status:
Self Declared:
Referred to:
Foster Care:
Hispanic:
Is Race Observed or Declared:
RACE:
White:
Black/African Amer:
Amer Ind/Alaskan:
Asian:
Pacific Islander:
Source of drinking water?
Comments:

Behavior Input

In the three months before you became pregnant:

How many cigarettes did you smoke per day?:

How many alcoholic drinks did you have in an average week?

In the last 3 months of your pregnancy:

How many cigarettes did you smoke per day?:

How many alcoholic drinks did you have in an average week?

At this time:

How many cigarettes do you smoke per day?:

Have you tried to quit smoking?:

How many alcoholic drinks do you have in an average week?

Do you use snuff or smokeless tobacco daily?:

Are you currently in treatment for alcohol dependency?:

Lifestyles Input

HOUSEHOLD SMOKE

Does anyone in your household smoke inside the house?:

TV / PHYSICAL ACTIVITY

How many hours per day did you sit and watch television or videos yesterday? Hours

5 A DAY

VEGETABLES - On a typical day, how many servings of vegetables do you eat? Servings

FRUITS - On a typical day, how many servings of fruits do you eat? Servings

MULTIVITAMIN CONSUMPTION

In the month before you got pregnant with this baby, how many times a week did you take a multivitamin (a pill that contains many diffrent vitamins and minerals)? Times

In the last month of this pregnancy, have you taken any vitamins or minerals? Please include those that are prescribed by a doctor and those that are not. Y/N/U

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Health Surveillance

Hemoglob: Hematocr: Lead: Bld Work Date: Last Bld: By:

Ht: (In.) Wt: (LBS/OZS) Current BMI: Hgt/Wgt Date: By:

Pre-Preg Wt: Pre-preg BMI: Last:

This Preg: Medical Care: Last Medical Date: Medical Comments:

Total Weight Gain: Weeks Gestation: Dt Prenatal Care Beg: (mm/yyyy)

# of Infants This Pregnancy: Infant 1 Infant 2 Infant 3

Infant Sex/ Infant Condition:

Infant Birth Weight and Length:

During this pregnancy: Did you have any type of HIGH BLOOD PRESSURE?

Were you told by a doctor you had GESTATIONAL DIABETES?

Prev Preg: # of Prev Preg: # of Live Births: Note: Count multiple births as one pregnancy for all 3 fields

Parity: # of Preg > 20 weeks gest: Last Pregnancy > 20 weeks gest end date: mm/dd/yy

Curr: Comments Risk Codes

Curr: Comments

- Milk and milk products
- Meat and meat alternatives
- Cereal and grain group
- Fruit group
- Vegetable group
- Vitamin C source daily
- Vitamin A source daily

- Regular, excessive use of fat, sugar, or salt
- Use of > or = 2 caffeine-containing beverages per day
- Food or lactose intolerance
- Other patterns assessed by CPA to be undesirable
  Specify:
- Entirely deficient in at least one of the food groups
  Specify:

Recommended Number

Of Servings/Day				
PA	PT	B	NA	NT
4 3	4-5 3-4	4-5 3-4	3 2-3	4 2-3
6	6	6	6	6
2	2	2	2	2
3	3	3	3	3
2	2	2	1	1
1	1	1	3-4/Wk	

Nutrition Education

Is this a secondary or follow-up high risk contact? (Y/N):

Topics: Comments

Given By: Date:

Description:

Food Prescription

Current

Interval: Pick-up:

Food Prescription: Interval:

Month 1

Month 2

Month 3

Diagnosis

WIC53 Expiration Date: By:

Referred to:

Comments