Pregnant Women Application

Women, Infants, Children (WIC) Program, Alaska Department of Health & Social Services

Today's Date _____

1. Name (First, Middle, Last)	2. Birth Date 331 332 333	3. Due Date

4. If receiving Medicaid, please provide Medicaid number:

5. Is this person Hispanic or Latino? ☐ Yes ☐ No

6. Race (Check all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

Current History

7. How is your pregnancy going? Please tell us if you have any concerns.

8. The date I started seeing a doctor for this pregnancy was? ☐ I have not started seeing a doctor for this pregnancy. 334 503

9. When was your last pregnancy? (Month, Year)

10. How many babies are you expecting? 332 335

11. How many times have you been pregnant? (Do not count this pregnancy)

12. How old are your children? 333

13. How much did you weigh before pregnancy?

14. Are you breastfeeding another child? ☐ Yes ☐ No 338

15. Check any problems you had with any of your pregnancies?

☐ Never pregnant before or didn't have problems	☐ Baby born 3 or more weeks early 311	☐ Genetic or birth defects 339
☐ Miscarried - How many? _____ 321	☐ Baby, less than 5 pounds 9 oz at birth 312	☐ C-section 359
☐ Stillbirth - How many? _____ 321	☐ Baby, 9 pounds or more at birth 337	☐ History of Gestational Diabetes 303
☐ Abortions - How many? _____	☐ Baby died before 1 month old 321	☐ History of Preeclampsia 304

16. Check if you are having any of the following problems with this pregnancy: 301 342

☐ Constipation ☐ Heartburn ☐ Nausea ☐ Vomiting

17. Did you take vitamins before your pregnancy? ☐ Yes ☐ No If yes, how often?

18. List any medication, vitamin, prenatal vitamins, mineral or herbal supplement you are taking. If not daily, how often? 357 427.01 427.04

19. Please, tell us if you see a doctor, dietitian or health care provider for medical or emotional reason(s) 201, 211 302 336 341-349 351-362
ex: fetal growth restriction, hypertension, prehypertension, gestational diabetes, diabetes, anemia or gastrointestinal disorders.

Describe:

20. If you were in the hospital in the last 3 months, please tell us why. 359

Cigarette, Alcohol, Drug Usage

21. Do you smoke cigarettes, pipes or cigars? ☐ Yes ☐ No If yes, How much a day? 371

22. Did you smoke before your pregnancy? ☐ Yes ☐ No If yes, How many a day?

23. Did you smoke cigarettes, pipes or cigars at any time during this pregnancy? ☐ Yes ☐ No 371

24. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? ☐ Yes ☐ No 904

25. Do you use smokeless, chewing tobacco or iqmik? ☐ Yes ☐ No If yes, How much a day?

26. Did you drink alcohol before your pregnancy? ☐ Yes ☐ No If yes, How many a week?

27. Did you drink wine, beer or other alcoholic beverages during this pregnancy? ☐ Yes ☐ No If yes, How many a day? If yes, How many a week? 372

To Be Completed by Health Care Provider (HCP)

Medical date_____ Ht_____ Pre-Pregnancy Wt _____ (101,111) Weight Before Delivery_____ Current Wt_____ (133) Hgb/Hct_____ (201)

Name of HCP verifying applicant lives in Alaska_____ **ID Verified by:** Visual Recognition_____ /Other_____ WIC

Name of CPA reviewing WIC application_____ Certification Date _____

28. Check any drugs you are using during this pregnancy: 372

☐ Cocaine ☐ Crack Methamphetamine ☐ Marijuana ☐ Speed ☐ Other
☐ Crank ☐ Heroin ☐ Methadone ☐ None ☐ Stopped Using When?

Eating & Feeding

29. What concerns, if any, do you have about having enough food to feed your family?

30. How do you plan to feed your baby? ☐ Breastmilk ☐ Breastmilk/Formula ☐ Formula ☐ Unsure
a. Have you breastfeed before? ☐ Yes ☐ No

31. On a scale of 0 to 10,
How ready do you feel about breastfeeding your baby? Not Ready ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Ready

32. On a scale of 0 to 10,
How well do you think you are eating? Not Well ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very Well

a. I usually eat _____ meals/day and _____ snacks/day.
b. I usually eat fruits: ☐ 1 cup/day or less ☐ 2 cups/day ☐ 3 cups/day or more
c. I usually eat vegetables: ☐ 1 cup/day or less ☐ 2 cups/day ☐ 3 cups/day or more

33. Check the box if you are eating any these foods. 427.05

☐ **Raw sprouts:** alfalfa, clover and radish
☐ **Raw or undercooked:** meat, chicken, turkey, fish, eggs
☐ **Uncooked** refrigerated smoked seafood
☐ **Unheated meats:** lunch meats, deli-style meat or chicken, fermented and dry sausage, raw hot dogs
☐ **Food with raw or undercooked eggs:** salad dressing, cookie and cake batter, sauces
☐ **Soft cheese made with unpasteurized milk:** feta, mexican-style (queso blanco fresco), brie, blue
☐ **Unpasteurized** milk or foods made with unpasteurized milk
☐ **Unpasteurized** fruit or vegetable juice

34. Check if you crave or eat any of the following: 427.03

☐ Ashes ☐ Carpet Fibers ☐ Clay ☐ Soil
☐ Baking Soda ☐ Chalk ☐ Dust ☐ Starch (laundry or cornstarch)
☐ Burnt Matches ☐ Cigarettes ☐ Paint Chips ☐ Large quantities of ice and/or freezer frost

35. Do you fast, binge, vomit to control your weight or follow a specific diet? ☐ Yes ☐ No 358 427.02

Describe:

36. Do you have any problems eating any type of food for any reason such as dental problems, food intolerances, food allergies or others? 353-355 381

Additional

37. Have you been screened or referred for lead poisoning? ☐ Yes ☐ No 211

38. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping? ☐ Yes ☐ No 801

39. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals? ☐ Yes ☐ No 801

40. Did a family member have a seasonal farming job with a temporary home in the last 24 months? ☐ Yes ☐ No 802

41. Are you in a relationship with anyone who pushes, hits or threatens you in any way? ☐ Yes ☐ No 901

42. How often do you feel down, depressed or hopeless? ☐ Never ☐ Sometimes ☐ Often ☐ Always 361

43. What type of milk you would like on your WIC check?
☐ Fresh/Refrigerated ☐ Boxed (UHT) ☐ Soy ☐ Dry ☐ Evaporated ☐ Lactose Reduced 355

44. What problems, if any do you have caring for yourself or your baby/children? 902

45. Write the date of you last dental check-up: (Month, Year) 381

46. What does your family do for fun?

47. How can WIC help your family today?

Thank You!

Revised: 5/24/19