

# Prenatal and Postpartum Nutrition Questionnaire

NAME: \_\_\_\_\_ DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

## 1. What would you like to discuss today?

\_\_\_\_\_  
\_\_\_\_\_

## 2. I have a: (check all that apply)

- Food allergy or special diet: \_\_\_\_\_
- Dental issue: \_\_\_\_\_
- Medical issue: \_\_\_\_\_
- Other, please list: \_\_\_\_\_
- None of the above

## 3. I currently take: (check all that apply)

- Medicine: \_\_\_\_\_
- Vitamins or minerals: \_\_\_\_\_
- Herbal teas or products: \_\_\_\_\_
- Other, please list: \_\_\_\_\_
- None of the above

## 4. In the past month, I have had: (check all that apply)

- Diarrhea
- Constipation
- Vomiting or nausea
- Other, please list: \_\_\_\_\_
- None of the above

## 5. I eat vegetables:

- 0 to 1 time a day
- 2 to 3 times a day
- 4 or more times a day

## 6. I eat fruit:

- 0 to 1 time a day
- 2 to 3 times a day
- 4 or more times a day

## 7. I sometimes eat non-food items: (e.g., dirt, clay, chalk, ashes, baking soda, large amounts of ice)

- Yes
- No

## 8. I sometimes eat raw or undercooked foods: (e.g., undercooked meats, eggs, fish, etc.)

- Yes
- No

## 9. Does anyone in your household smoke?

- Yes
- No

## 10. I drink: (check all that apply)

- Water
- Coffee
- 100% fruit juice
- Sugar-sweetened beverages (e.g., soda, sweet tea, lemonade, sports drinks, energy drinks)
- Milk, please list type: \_\_\_\_\_
- Alcohol
- Other, please list: \_\_\_\_\_

## 11. I eat out: (e.g., food not prepared at home)

- 0 to 1 time a week
- 2 to 3 times a week
- 4 or more times a week

## 12. I am physically active: (e.g., walking, running, swimming)

- Less than 30 minutes per day
- 30 to 60 minutes per day
- More than 60 minutes per day

## 13. One thing I would like to work on is:

- Breastfeeding my baby
- Eating more vegetables and fruits
- Being more active
- Drinking more water
- Limiting sugary drinks
- Preparing more meals at home
- Other, please list: \_\_\_\_\_

## 14. How do you feel about breastfeeding?

\_\_\_\_\_  
\_\_\_\_\_

## 15. Over the past 2 weeks, have you been feeling down, depressed or hopeless?

- Not at all
- More than half the days
- Several days
- Nearly everyday

## 16. Within the past six months, I worried that our food would run out before I had money to buy more.

- Never true
- Sometimes true
- Often true