



**MID-CERTIFICATION: NUTRITION ASSESSMENT FOR BREASTFEEDING WOMEN  
(Fully & Mostly Breastfeeding)**

1. What concerns do you have or what changes have you noticed in your eating habits? <b>427</b>
<input type="checkbox"/> Eats well <input type="checkbox"/> Other/Comments
2. What concerns do you have or what changes have you noticed in your physical activity habits?
<input type="checkbox"/> About the same <input type="checkbox"/> Less active <input type="checkbox"/> More active <input type="checkbox"/> Other/Comments
3. Tell me about any health, dental, medical issues you are currently having. <b>[341-362], 381</b>
<input type="checkbox"/> None <input type="checkbox"/> Other/Comment
4. Tell me how you are doing with your goal.
<input type="checkbox"/> Accomplished <input type="checkbox"/> Not met <input type="checkbox"/> See notes
5. Optional documentation: Full name and WIC title of the person completing the nutrition assessment.