



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES
WIC NUTRITION ASSESSMENT FOR WOMEN

PARTICIPANT NAME	DATE COMPLETED:
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COMPLETED BY ALL WOMEN

1. Are you following a special diet? Yes No [427.2]
 If yes, which of the following special diets are your following? (Select all that apply):
 Vegetarian Vegan Low calorie/weight loss Macrobiotic Food allergy
 Low Fat Low Carbohydrate Other: _____
 If yes, is there a medical condition related to this special diet? Yes No [341-362]

2. Do you routinely eat things that are non-food items? Yes No [427.3]
 If yes, select all that apply:
 Ashes Chalk Large quantities of ice and/or freezer frost
 Baking Soda Cigarettes Paint chips
 Burnt matches Clay Soil
 Carpet fibers Dust Starch (laundry or cornstarch) Other: _____

3. On a typical day, how many times do you usually eat fruit? 5 or more 4 3 2 1 None

4. On a typical day, how many times do you usually eat vegetables? 5 or more 4 3 2 1 None

5. What type of milk do you drink? (Select all that apply): [427.2]
 Milk (Cow) Goat Milk Rice Milk or Almond Milk Soy Milk Lactose Free Milk None
 Other _____
 What kind of milk do you drink? Fat-free (skim) Low-fat (1%) Reduced fat (2%) Whole Not Applicable
 On a typical day, how many times do you drink milk?
 4 cups or more/ Many times/day 3 cups/Three times/day 2 cups/ Twice/day 1 cup or less/Once/day or less

6. On a typical day, how many times do you drink juice, fruit/sports drinks, regular pop/soda, sweet tea and/or water with Kool-Aid or sugar? 4 or more 3 2 1 None
 On a typical day, how many times do you drink diet pop/soda and/or coffee/tea? 4 or more 3 2 1 None
On a typical day, how many times does your child drink plain water? 4 or more 3 2 1 None

7. What kind of physical activities do you do on most days? (Select all that apply)
 None Running Housework/cleaning Bike riding Playing with my children
 Walking Swimming Gardening/yard work Gym Other: _____

8. On a typical day, how many minutes do you spend doing these activities breathing hard or sweating?
 Less than 15 minutes 15 minutes 30 minutes 45 minutes
 60 minutes (1 hour) 90 minutes (1½ hours) or more Not Applicable

9. Have you visited a dentist within the past 12 months? Yes No [381]
 Do you have tooth decay, broken teeth, bleeding gums, missing teeth and/or misplaced teeth that make chewing difficult? Yes No

ANSWER THE FOLLOWING QUESTION IF YOU ARE CURRENTLY PREGNANT

10. Which of the following foods do you eat? (Select all that apply): [427.5]
 Fresh squeezed fruit or vegetable juices
 Unpasteurized (farm fresh) dairy products
 Soft cheeses such as Feta, Brie, Camembert, Blue-veined cheese, Queso Blanco, Queso Fresco
 Raw or undercooked meats, fish, chicken, turkey or eggs
 Raw sprouts (alfalfa, clover, bean, radish)
 Uncooked luncheon meats, deli meats, hot dogs
 None of these

Your CPA/Nutritionist will discuss your eating and activity habits and will ask more questions.