



Required Follow-Up Questions

1. What concerns related to breastfeeding do you have? (Select all that apply.) **[602]**

- No concerns
- Milk Production (lack of milk production, engorgement, etc.)
- Anatomical Breast issues (recurrent plugged ducts, mastitis, flat/inverted nipples, tenderness, etc).
- Other/Comments:

2. Tell me about any changes in your eating habits since delivery. (Select all that apply.)

- No changes
- Improvements
- Concerns
- Other/Comments:

3. Tell me about the minerals or herbal supplements you take. (Select all that apply.) **[427.1] [427.4]**

- None
- Prenatal/Multi Vitamin
- Calcium
- Folic Acid
- Iron
- Iodine
- Herbal
- Other/Comments:

4. What concerns do you have about providing, preparing and/or storing food for your family? (Select all that apply.) **[902]**

- No concerns
- Insufficient food sources
- Food preparation (New ideas/doesn't know how to cook)
- Inadequate kitchen appliances
- Other/Comments:

5. What health or medical issues do you currently have or have had? **[341-362]**

6. How would you like to improve your eating and/or physical activity habits? Reminder: Establish a new goal or follow-up on a previous goal.

7. Optional Documentation:

Full name and WIC title of person completing the nutrition assessment.