## Required Follow-Up Questions

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

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.