

EHS Nutrition Assessment Record for Pregnant Women

Woman's Name: _____ Classroom: _____

Birthdate: _____ EDD: _____

Assessment Date	
Hgb/Hct : (Most Recent)	Weeks Gestation at Hgb Measurement:
Planning to Breastfeed	Yes No
Breastfeeding Education Scheduled	Yes No
Pregnancy Weight Gain	High Low WNL

<input type="checkbox"/> WIC Participant Due for Recert: _____	<input type="checkbox"/> <u>Not</u> WIC Participant Due for Follow-Up _____	<input type="checkbox"/> Referred to RD
Goal: _____ _____ _____		
Comments: _____ _____ _____		
WIC Staff: _____ Date: _____		
<input type="checkbox"/> WIC Participant Due for Recert: _____	<input type="checkbox"/> <u>Not</u> WIC Participant Due for Follow-Up _____	<input type="checkbox"/> Referred to RD
Goal: _____ _____ _____		
Comments: _____ _____ _____		
WIC Staff: _____ Date: _____		

For Data Entry Person Only: Nutrition Assess: P = Nutrition Assessment Complete
 N=Not on WIC
Normal Hgb values:
 up to 12 weeks gestation-11.0 or higher
 13-24 weeks gestation-10.5 or higher
 25 weeks and above-11.0 or higher