

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