

# Prenatal Nutrition Questionnaire

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Expected date of delivery: \_\_\_\_\_

Do you receive WIC:  Yes  No SNAP:  Yes  No

1. Tell us about your appetite: \_\_\_\_\_
2. Do you consider yourself a healthy eater?  Yes  No
3. Have you been iron deficient in the past year?  Yes  No
4. How is food typically prepared? Check all that apply.  
 Baked  Fried  Microwaved  Grilled  Other: \_\_\_\_\_
5. How many meals do you eat per day? \_\_\_\_\_ Snacks? \_\_\_\_\_
6. How would you describe your food portions?  Small  Average  Large

**List what you usually eat for:**

| Breakfast | Lunch | Dinner | Snacks |
|-----------|-------|--------|--------|
|           |       |        |        |

7. What food do you especially like? \_\_\_\_\_
8. How many cups of the following beverages do you drink every day?  
Milk \_\_\_ 100% Fruit Juice \_\_\_ Water \_\_\_ Coffee \_\_\_ Energy Drinks \_\_\_ Soda \_\_\_ Kool-Aid \_\_\_  
Alcohol \_\_\_ Other \_\_\_ explain: \_\_\_\_\_
9. Do you take prenatal vitamins?  Yes  No If yes, what kind? \_\_\_\_\_  
Are the vitamins prescribed?  Yes  No
10. Are there any foods that you should not eat for medical, religious or personal reasons?  Yes  No  
If yes, what? \_\_\_\_\_
11. Do you have any allergies or intolerances?  Yes  No If yes, explain: \_\_\_\_\_
12. Do you have any problems with the following:  
 Heartburn  Constipation  Diarrhea  Nausea  Vomiting
13. Are you on a special diet?  Yes  No If yes, describe: \_\_\_\_\_
14. Do you crave things that are not food, such as ice, dirt or clay?  Yes  No
15. Do you plan to breastfeed your baby?  Yes  No
16. Have you had nutrition counseling?  Yes  No  
Are you interested in meeting with a nutritionist?  Yes  No

**How many times a day do you eat?**

- Milk, cheese, yogurt 0 1 2 3 4 +
- Meat, poultry, fish, eggs, peanut butter, dried peas/beans 0 1 2 3 4 +
- Bread, cereal, rice, grits, tortillas, cracker, muffins, bagels 0 1 2 3 4 +
- Fruits and vegetables (including 100% juice) 0 1 2 3 4 +
- Oil, butter, margarine, lard, fried foods 0 1 2 3 4 +
- Cookies, cakes, candy, gum, sodas, fruit drinks (like Kool-Aid) 0 1 2 3 4 +

**How many times a week do your eat?\***

- Carrots, broccoli, greens, winter squash, sweet potato 0 1 2 3 4 5 6 7 +
- Tomatoes, oranges, grapefruits (fruit, sauce or juice) 0 1 2 3 4 5 6 7 +

**\*Why do we ask these questions?** Fruits & vegetables that are dark green & orange, grain foods made with enriched flour or whole grains (like cereal, breads & pasta) and dried beans are high in folic. These are important for the development of your baby.

Please share any additional information on the back of page.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date