**Prenatal Nutrition Assessment**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date: \_\_\_\_\_\_\_\_\_\_\_

Home Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exercise regularly [ ]  No [ ]  activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # a week: \_\_\_\_\_

Drinks 8 oz a day of: water # \_\_\_\_ milk # \_\_\_\_ juice # \_\_\_\_ soda # \_\_\_\_ other # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family eats together for: breakfast [ ]  lunch [ ]  supper [ ]  times per week # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special diet/restrictions/allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Changes in appetite/cravings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Takes a vitamin/mineral supplement [ ]  No [ ]  with iron [ ]  No [ ]  prescription [ ]  No [ ]

Trouble chewing or swallowing [ ]  No [ ]  Needs a dental home [ ]  No [ ]  Needs dental treatment [ ]  No [ ]

Food Groups Recommended # # servings eaten a day

 Servings a day 0 1-2 2-3 3-4 4-5 5-6

**Milk/dairy**

Cheese, yogurt, cottage cheese 4 (5 for teen) [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Custard, pudding, ice cream

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meat/protein**

Beef, poultry, pork, lamb, fish, egg 3 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Dried beans, peanut/nuts, soy

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vegetables/fruit** 4

Spinach/leafy greens, carrots, peas [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Avocado, tomato, squash

Corn, potato, sweet potato

Apple, banana, orange, peach

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breads/cereal** 4 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Whole grain breads, cereal, oatmeal

Pasta, rice, pancakes, muffin, rolls

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fats/oils/sugar/salt** 0 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Cake, pie, cookies, donuts, pastry

Candy, soda, fried foods

Chips, pretzels, pickles

Nutrition information provided [ ]  Referral to physician or dietician [ ]  Follow –up plan [ ]