



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
WIC AND NUTRITION SERVICES  
**WIC NUTRITION ASSESSMENT FOR WOMEN**

PARTICIPANT NAME	DATE COMPLETED:
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**COMPLETED BY ALL WOMEN**

1. Are you following a special diet? .....  Yes  No **[427.2]**  
 If yes, which of the following special diets are your following? (Select all that apply):  
 Vegetarian  Vegan  Low calorie/weight loss  Macrobiotic  Food allergy  
 Low Fat  Low Carbohydrate  Other: \_\_\_\_\_  
 If yes, is there a medical condition related to this special diet? .....  Yes  No **[341-362]**

2. Do you routinely eat things that are non-food items? .....  Yes  No **[427.3]**  
 If yes, select all that apply:  
 Ashes  Chalk  Large quantities of ice and/or freezer frost  
 Baking Soda  Cigarettes  Paint chips  
 Burnt matches  Clay  Soil  
 Carpet fibers  Dust  Starch (laundry or cornstarch)  Other: \_\_\_\_\_

3. On a typical day, how many times do you usually eat fruit?  5 or more  4  3  2  1  None

4. On a typical day, how many times do you usually eat vegetables?  5 or more  4  3  2  1  None

5. What type of milk do you drink? (Select all that apply): **[427.2]**  
 Milk (Cow)  Goat Milk  Rice Milk or Almond Milk  Soy Milk  Lactose Free Milk  None  
 Other \_\_\_\_\_  
 What kind of milk do you drink?  Fat-free (skim)  Low-fat (1%)  Reduced fat (2%)  Whole  Not Applicable  
 On a typical day, how many times do you drink milk?  
 4 cups or more/ Many times/day  3 cups/Three times/day  2 cups/ Twice/day  1 cup or less/ Once/day or less

6. On a typical day, how many times do you drink juice, fruit/sports drinks, regular pop/soda, sweet tea and/or water with Kool-Aid or sugar?  4 or more  3  2  1  None.  
 On a typical day, how many times do you drink diet pop/soda and/or coffee/tea?  4 or more  3  2  1  None  
 On a typical day, how many times do you drink plain water?  4 or more  3  2  1  None

7. What kind of physical activities do you do on most days? (Select all that apply)  
 None  Running  Housework/cleaning  Bike riding  Playing with my children  
 Walking  Swimming  Gardening/yard work  Gym  Other: \_\_\_\_\_

8. On a typical day, how many minutes do you spend doing these activities breathing hard or sweating?  
 Less than 15 minutes  15 minutes  30 minutes  45 minutes  
 60 minutes (1 hour)  90 minutes (1½ hours) or more  Not Applicable

9. Have you visited a dentist within the past 12 months? .....  Yes  No **[381]**  
 Do you have tooth decay, broken teeth, bleeding gums, missing teeth and/or misplaced teeth that make chewing difficult? .....  Yes  No

**ANSWER THE FOLLOWING QUESTION IF YOU ARE CURRENTLY PREGNANT.**

10. Which of the following foods do you eat? (Select all that apply): **[427.5]**  
 Fresh squeezed fruit or vegetable juices  
 Unpasteurized (farm fresh) dairy products  
 Soft cheeses such as Feta, Brie, Camembert, Blue-veined cheese, Queso Blanco, Queso Fresco  
 Raw or undercooked meats, fish, chicken, turkey or eggs  
 Raw sprouts (alfalfa, clover, bean, radish)  
 Uncooked luncheon meats, deli meats, hot dogs  
 None of these

**Your CPA/Nutritionist will discuss your eating and activity habits and will ask more questions.**