

Pregnant Woman

<p>A</p>	<p>100's Anthropometric = HT/WT, % tiles <i>(Anything related to weight gain, loss, growth)</i></p> <ul style="list-style-type: none"> • What has your doctor said about your weight? (If applicable) • What are your thoughts on your weight? <p>PROBE for participant's feelings on weight change.</p>
<p>B</p>	<p>200's Biochemical = Blood Tests <i>(Anything related to blood – anemia, lead)</i></p> <ul style="list-style-type: none"> • (If low Hgb) What has your doctor said about your iron? • (If low Hgb) What do you know about anemia?
<p>C</p>	<p>300's Clinical = Health/Medical Conditions <i>(Anything related to medical history, medical conditions, doctor access)</i></p> <ul style="list-style-type: none"> • What has your doctor said about your pregnancy? • Do you have any concerns in regards to your health? • How does this pregnancy compare to your previous ones? • Do you have any medical or nutrition conditions that you are currently being treated for such as food allergies, lactose intolerance, weight loss surgery, diabetes or hypertension? 301,302,342,343,345,353,358,others • What medications are you currently taking?357,others • Are you experiencing depression? Has a health care provider suggested treatment for depression for you? 361 • Do you use any street drugs? (asking this when asking about smoking/alcohol use seems to flow nicely) 372, 902
<p>D</p>	<p>400's Diet and Nutrition</p> <ul style="list-style-type: none"> • What makes you the most happy about your eating? PROBE for eating pattern, milk intake & type, beverages/water • How is your appetite? • What vitamins or supplements are you taking? 427D, 427A • Are you following a special diet or have any diet restrictions?427B • Do you have any cravings for or eat any non-food items? 427C • Are you eating any cold deli meats, soft cheese, raw foods, or unpasteurized beverages? 427E • What have you heard about breastfeeding?
<p>E</p>	<p>900's Environmental/Other Factors</p> <ul style="list-style-type: none"> • Are there times when anyone makes you feel unsafe? 901 • Do you feel your family could use support from other programs for housing or food at this time? • What are some physical activities that you enjoy?