

1. My last pregnancy was less than 2 years ago. No Yes
2. I have been so sick since I found out I was pregnant that I have been losing weight. No Yes
3. I have had gestational diabetes during a past pregnancy. No Yes
4. I have or had in the past an eating disorder (bulimia, overeating, anorexia). No Yes
5. Are you a vegetarian or on any kind of special diet? No Yes _____
6. Do you have any food allergies? No Yes _____
7. Have you had weight-loss surgery? No Yes _____
8. Do you have any gastrointestinal disorders that affect your appetite / ability to digest food?
 No Yes _____
9. Have you recently had *unexplained* weight gain or weight loss? No Yes _____
10. How often do you use laxatives, stool softeners or antacids? _____
11. How many times a day do you eat regular meals _____ snacks _____
12. How many times per week do you eat at restaurants/fast-food places? _____
13. How many ounces of the following do you drink in a typical day? (Indicate with check mark/circle):
 Water _____ Coffee _____ Fruit juice _____ Sweet tea _____ Herbal tea _____
 Regular / diet soda _____ Kool-Aid®/punch/ fruit drinks _____ Energy drinks/ sport drinks _____
 Milk (skim, 1%/2%/whole) _____ Protein shakes/smoothies _____
14. How many servings of each of the following foods did you eat in the past 24 hours?
 Pasta _____ Bread _____ Cereal _____ Rice _____ Beans _____ Nuts _____
 Olive oil _____ Butter _____ Margarine _____ Milk (skim, 1%, 2%, whole) _____
 Starchy vegetables (corn, potatoes, peas) _____ Yogurt / cheese _____
 Leafy greens (spinach, greens, Romaine lettuce, etc.) _____ Vegetables (not corn, potatoes or peas) _____
 Fruit _____ Meat (beef/chicken/pork/veal) _____ Fish _____ Eggs _____
 Sweets/cookies/desserts _____ Snacks (potato chips, pretzels, crackers) _____
15. What kind of activity do you do on most days? Routine household chores/child care No exercise
 Sports _____ Walk / Run _____ MPH X _____ mins Dance Swim
 Exercise/gym _____ Bicycling _____ miles per hour Gardening (digging/weeding)
16. Do you have any nutritional concerns you would like to discuss with the midwife? _____

Provider Notes:
