



Breastfeeding/Postpartum Women Application

Women, Infants, Children (WIC) Program, Alaska Department of Health & Social Services

Today's Date _____

1. Name (First, Middle, Last)	2. Birth Date	331 332 333
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3. If receiving Medicaid, please provide Medicaid number:

4. Is this person Hispanic or Latino? Yes No

5. Race (Check all that apply)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Current History

6. How are you doing after having your baby? Please tell us if you have any concerns?

7. What was the actual date your baby was born?

8. What was your baby's weight at birth?

What was the baby's length at birth?

9. At what Birthing Facility was the child born?

10. How many weeks did your pregnancy last?

11. When did your Prenatal care begin? (Month, Year)

12. How far apart were your last two pregnancies?

332

13. How many babies did you have during your last pregnancy?

335

14. How many times have you been pregnant? (Do not count this pregnancy)

15. How old are your children?

333

16. How much did you weigh before pregnancy?

17. Check if you had any of the problems during your recent pregnancy?

- | | | |
|-----------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Miscarried - How many? _____ 321 | <input type="checkbox"/> Baby born 3 or more weeks early 311 | <input type="checkbox"/> Genetic or birth defects 339 |
| <input type="checkbox"/> Stillbirth - How many? _____ 321 | <input type="checkbox"/> Baby, less than 5 pounds 9 oz at birth 312 | <input type="checkbox"/> C-section 359 |
| <input type="checkbox"/> More than one baby How many? _____ 335 | <input type="checkbox"/> Baby, 9 pounds or more at birth 337 | <input type="checkbox"/> History of Gestational Diabetes 303 |
| | <input type="checkbox"/> Baby died before 1 month old 321 | <input type="checkbox"/> History of Preeclampsia 304 |

18. List any medication, vitamin, prenatal vitamins, mineral or herbal supplement you are taking. If not daily, how often?

357
427.01
427.04

19. Please, tell us if you see a doctor, dietitian or health care provider for medical or emotional reason(s)
ex: hypertension, pre-hypertension, pre-diabetes, diabetes, anemia or gastrointestinal disorders.

201
302-304
341-349
351-363

Describe:

20. If you were in the hospital in the last 3 months, please tell us why.

359

Cigarette, Alcohol, Drug Usage

21. Do you smoke cigarettes, pipes or cigars?

Yes No If yes, How much a day?

371

22. Did you smoke in the last 3 months of your pregnancy?

Yes No If yes, How many a day?

23. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

Yes No

904

24. Do you use smokeless, chewing tobacco or iqmik?

Yes No If yes, How much a day?

25. Did you drink alcohol in the last 3 months of your pregnancy?

Yes No If yes, How many a week?

371

26. Do you drink, wine, beer, or other alcoholic beverages?

Yes No If yes, How many a day?
If yes, How many a week?

372

To Be Completed by Health Care Provider (HCP)

Medical date _____ Ht _____ Pre-Pregnancy Wt _____ (101,111) Weight Before Delivery _____ Current Wt _____ (133) Hgb/Hct _____ (201)
 Name of HCP verifying applicant lives in Alaska _____ ID Verified by: Visual Recognition _____ /Other _____ WIC
 Name of CPA reviewing WIC application _____ Certification Date _____

27. Check any drugs you are using during this pregnancy:

- Cocaine Crack Methamphetamine Marijuana Speed Other _____
 Crank Heroin Methadone None Stopped Using When? _____

Eating & Feeding

28. What concerns, if any, do you have about having enough food to feed your family?

29. How are you feeding your baby? Breastmilk Breastmilk+Formula Formula Only

30. **If breastfeeding**, what date did it begin? _____ When did breastfeeding end? _____

31. What was the reason that breastfeeding was stopped?

32. On a scale of 0 to 10, How confident are you about breastfeeding your baby? 0 1 2 3 4 5 6 7 8 9 10 Not Confident Very Confident

a. How long do you plan to breastfeed? _____

b. I breastfeed _____ times in 24 hours and each feeding lasts _____ minutes.

33. **If formula only**, did you ever breastfeed? Yes No If yes, how long? (i.e. days or weeks) _____

34. When did you introduce formula? _____

35. On a scale of 0 to 10, How well do you think you are eating? 0 1 2 3 4 5 6 7 8 9 10 Not Well Very Well

a. I usually eat _____ meals/day and _____ snacks/day.

b. I usually eat fruits: 1 cup/day or less 2 cups/day 3 cups/day or more

c. I usually eat vegetables: 1 cup/day or less 2 cups/day 3 cups/day or more

36. Check if you crave or eat _____

- Ashes Carpet Fibers Clay Soil
 Baking Soda Chalk Dust Starch (laundry or corn starch)
 Burnt Matches Cigarettes Paint Chips Large quantities of ice and/or freezer frost

37. Do you fast, binge, vomit to control your weight or follow a specific diet? Yes No

Describe: _____

38. Do you have any problems eating any type of food for any reason such as dental problems, food intolerances, food allergies or others? _____

Additional

39. Have you been screened or referred for lead poisoning? Yes No 211

40. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping? Yes No 801

41. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals? Yes No 801

42. Did a family member have a seasonal farming job with a temporary home in the last 24 months? Yes No 802

43. Are you in a relationship with anyone who pushes, hits or threatens you in any way? Yes No 901

44. How often do you feel down, depressed or hopeless? Never Sometimes Often Always 361

45. What type of milk you would like on your WIC check?

- Fresh/Refrigerated Boxed (UHT) Soy Dry Evaporated Lactose Reduced ³⁵⁵

46. What problems, if any do you have caring for yourself or your baby/children? _____ 902

47. Write the date of you last dental check-up: (Month, Year) _____ 381

48. What does your family do for fun? _____

49. How can WIC help your family today? _____