

BREASTFEEDING WOMAN

VENA Nutrition Assessment Questions

(Without Probing Questions)

- **Health Goal 1: Receives ongoing preventive health care including early postpartum care.**
 1. Tell me where you go for medical and dental care. (381)

- **Health Goal 2: Achieves desirable postpartum weight or BMI.**
 2. Tell me any concerns you have about your current weight. (101, 111, 133, 358, 359, 361)
 3. How do you stay physically active? (no associated risk code)

- **Health Goal 3: Remains free from nutrition-or food-related illness, complications, or injury.**
 4. Tell me about any health or medical problems you had that were related to this most recent pregnancy. (201, 303, 311, 312, 321, 331, 332, 333, 335, 337, 339)
 5. Tell me about any health or medical problems (not related to your most recent pregnancy) you are currently being treated for or have been treated for in the past. (201, 341-349, 351-362, 427.1, 427.2, 427.4)
 6. Tell me about things you eat or crave that are not usually considered food (examples can include ashes, baking soda, burnt matches, carpet fibers, chalk, laundry starch, cornstarch, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil). (427.3)
 7. Tell me about a time when you have felt unsafe or threatened. (901)

- **Health Goal 4: Avoids alcohol, tobacco and illegal drugs.**
 8. Tell me what you think about the use of alcohol, tobacco or drugs during breastfeeding. (371, 372)
 9. How often are you exposed to second hand tobacco smoke (environmental tobacco smoke) inside your home? (371, 904)

➤ **Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.**

10. Tell me about any questions or concerns you have about your diet/eating habits. (427.2)

11. Tell me what makes it difficult to prepare and provide meals/food for your family? (427.2, 801, 802, 902)

➤ **Health Goal 6: Breastfeeds her infant(s) successfully.**

12. Tell me about any questions or concerns you have about breastfeeding. (601, 602)

NON-BREASTFEEDING POSTPARTUM WOMAN

VENA Assessment Questions

(Without Probing Questions)

➤ Health Goal 1: Receives ongoing preventive health care including early postpartum care.

1. Tell me where you go for medical and dental care. (381)

➤ Health Goal 2: Achieves desirable postpartum weight or BMI.

2. Tell me any concerns you have about your current weight. (101, 111, 133, 358, 359, 361)
3. How do you stay physically active? (no associated risk code)

➤ Health Goal 3: Remains free from nutrition-or food-related illness, complications, or injury.

4. Tell me about any health or medical problems you had that were related to this most recent pregnancy.(201,303, 311, 312, 321, 332, 333, 335, 337, 339)
5. Tell me about any health or medical problems (not related to your most recent pregnancy) you are currently being treated for or have been treated for in the past. (201, 341-349, 351-362, 427.1, 427.2, 427.4)
6. Tell me about things you eat or crave that are not usually considered food (examples can include ashes, baking soda, burnt matches, carpet fibers, chalk, laundry starch, cornstarch, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil). (427.3)
7. Tell me about a time when you have felt unsafe or threatened. (901)

➤ Health Goal 4: Avoids alcohol, tobacco and illegal drugs.

8. Tell me what you think about the use of alcohol, tobacco or drugs. (371, 372)
9. How often are you exposed to second hand tobacco smoke (environmental tobacco smoke) inside your home? (371, 904)

➤ **Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.**

10. Tell me about any questions or concerns you have about your diet/eating habits? (427.2)

11. Tell me what makes it difficult to prepare and provide meals/food for your family? (427.2, 801, 802, 902)

PREGNANT WOMAN

VENA Nutrition Assessment Questions

(Without Probing Questions)

- **Health Goal 1: Receives ongoing preventive health care including prenatal care.**
 1. Tell me where you go for medical and dental care. (334, 381)

- **Health Goal 2: Achieves a recommended maternal weight gain.**
 2. Tell me how you feel about weight gain in pregnancy? (101, 111, 131, 132, 133, 358, 361)
 3. How do you stay physically active? (no associated risk code)

- **Health Goal 3: Remains free from nutrition-or food-related illness, complications, or injury.**
 4. Tell me about any health or medical problems (not related to your pregnancy) you are currently being treated for or have been treated for in the past. (201, 341-349, 351-362, 427.1, 427.2, 427.4)
 5. Tell me about any health or medical problems you are having with this pregnancy or with past pregnancies. (201,301, 302, 303, 311, 312, 321, 335, 339, 341-349, 351-362, 427.1, 427.2, 427.4)
 6. Tell me about things you eat or crave that are not usually considered food (examples can include ashes, baking soda, burnt matches, carpet fibers, chalk, laundry starch, cornstarch, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil). (427.3)
 7. Tell me what you know about the dangers of food borne illness in pregnancy. (427.5)
 8. Tell me about a time when you have felt unsafe or threatened. (901)

- **Health Goal 4: Avoids alcohol, tobacco, and illegal drugs.**
 9. Tell me what you think about the use of alcohol, tobacco or illegal drugs in pregnancy.
 10. How often are you exposed to second hand tobacco smoke (environmental tobacco smoke) inside your home? (371, 904)

➤ **Health Goal 5: Consumes a variety of foods to meet energy and nutrient requirements.**

11. Tell me about any questions or concerns you have about your diet/eating habits during pregnancy. (427.2)

12. Tell me what makes it difficult to prepare and provide meals/food for your family? (427.2, 427.5, 801, 802, 902)

➤ **Health Goal 6: Makes an informed decision to breastfeed her infant.**

13. Tell me about any questions or concerns you have about feeding your baby. (338)

INFANT

VENA Nutrition Assessment Questions

(Without Probing Questions)

➤ **Health Goal 1: Receives ongoing preventive health care including screenings and immunizations.**

1. Tell me where you take your baby for regular well baby checkups. (381)

➤ **Health Goal 2: Achieves a normal growth pattern.**

2. Tell me how you feel about the way your baby is growing. (103, 114, 121, 134, 135, 141, 142, 151, 153)
3. Tell me what a typical day is like for your baby. (no associated risk)

➤ **Health Goal 3: Remains free from nutrition-or food-related illness, complications, or injury.**

4. Tell me about any health or medical problems your baby is currently being treated for or has been treated for in the past. (134, 201, 341-357, 359-360, 362, 382, 411.8, 411.10, 411.11, 701, 703)
5. Tell me what you know about food borne illnesses in infants (411.5)
6. Tell me about any medical or health problems you had during your pregnancy? (701, 703)
7. What makes it difficult to prepare and provide meals/food for your family? (801, 802, 902)
8. Tell me about a time when you felt your baby was unsafe or threatened. (901)
9. How often is your baby exposed to second hand smoke inside their home? (904)

➤ **Health Goal 4: Consumes breast milk and/or iron-fortified formula and other foods as developmentally appropriate to meet energy and nutrient requirements.**

10. Tell me what milk source you feed your baby: breastmilk, iron-fortified formula, both breastmilk and iron-fortified formula, neither? (411.1)
11. Describe a usual breastfeeding session with your baby. (411.2, 411.7, 411.8, 411.9, 603, 702)
12. What formula do you feed your baby? (411.1, 411.2, 411.6, 411.8, 411.9)
13. Tell me what foods and other fluids (other than breast milk or iron-fortified formula) you are feeding or have fed your baby. (411.3)

➤ **Health Goal 5: Establishes a trusting relationship with parent(s) that contributes to positive feeding experiences.**

14. Tell me how you think feeding is going. What questions or concerns do you have about feeding your baby? (411.4)

15. Tell me how breastfeeding is going. What questions or concerns do you have about breastfeeding your baby? (603, 702)

CHILD

VENA Nutrition Assessment Questions

(Without Probing Questions)

➤ **Health Goal 1: Receives ongoing preventive health care including screenings and immunizations**

1. Tell me where you take your child for well child checkups and dental care. (211,381)

➤ **Health Goal 2: Achieves a normal growth pattern.**

2. Tell me how you feel about the way your child is growing. (103, 114, 121, 135,141[less than 24 months of age],142 [less than 24 months of age], 113 [greater than 24 months of age], 151[<24 months of age])

3. Tell me what a typical day is like for your child. (no associated risk codes)

➤ **Health Goal 3: Remains free from nutrition-or food-related illness, complications or injury.**

4. Tell me about any health or medical problems your child is currently being treated for or has been treated for in the past. (134, 201, 211, 341-349, 351-357,359-362, 382, 425.5, 425.6, 425.7, 425.8, 425.9)

5. Tell me about things your child eats or craves that are not usually considered food (examples can include ashes, baking soda, burnt matches, carpet fibers, chalk, laundry starch, cornstarch, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil). (425.9)

6. Tell me what you know about food borne illnesses in children. (425.5)

7. Tell me what makes it difficult to prepare and provide meals/food for your family. (425.5, 425.6, 425.8, 801, 802, 902)

8. Tell me about a time when you felt your child was unsafe or threatened. (901)

9. How often is your child exposed to second hand smoke inside their home? (904)

➤ **Health Goal 4: Consumes a variety of foods to meet energy and nutrient requirements.**

10. Tell me about any questions or concerns you have about your child's eating habits. (425.1, 425.2, 425.3, 425.4, 425.6)

➤ **Health Goal 5: Achieves developmental milestones including self-feeding.**

11. Tell me about any concerns you have about your child's development. (425.3, 425.4)

12. Tell me what you know about foods that can cause choking in children. (425.4)