Certification: Postpartum
Mandatory Questions

WIC ID: _____ **Name:** _____

Cardholder: _____ **Today's date:** _____

Weight: ____ **Height:** ____ **Total prenatal weight gain:** _____ **Delivery date:** _____

Hgb/Hct: _____ **Twins or more:** ❑ Yes ❑ No

The format of the questions follows what is seen in TWIST.

Note: Bolded questions are mandatory TWIST questions

Health History

01 Tell me about your labor and delivery.

01.5 How would you describe your health?

03 For the pregnancy just completed, how many babies did you have? (335)

❑ One

❑ Two

❑ Three

❑ Four or more

07 Do you now or during your pregnancy did you have any health conditions or medical problems? (300+)

❑ No

❑ Yes (please describe)

09 Are you currently smoking cigarettes or vaping? (371)

❑ No ❑ Yes – referral made. What type and how often?

11 Do you drink 8 or more servings of alcohol/week or 4 or more servings/day? (372)

❑ No ❑ Yes – referral made, describe:

12 Have you used any drugs since delivery? (for non-BF, drugs other than marijuana; 372)

❑ No ❑ Yes - referral made, describe:

13 Do you have any concerns about your safety at home or in your relationships? (901)

❑ No

❑ Unable to ask

❑ Yes

Diet Assessment

01.1 Since having your baby, what meals, snacks, beverages do you typically have?

NE Provided:

Next Step:

Food Package Notes: (modifications, etc)

Quarterly NE Plan/Next Appointment Type: