



Early/Head Start Pregnancy Nutrition Assessment

Region 7 Education Service Center, Kilgore, Texas 75662

Name _____ Signature _____

Center _____ Family Service Worker _____ Date _____

1. Are you taking Pre-Natal vitamins? Yes _____ No _____
2. Are you craving any non-food items such as clay, dirt, laundry soap? Yes _____ No _____
If yes, please explain: _____
Other food cravings: _____
3. Which of the following best describes your grocery shopping: 1-2 times per month _____ Once a week _____
Several times per week _____
4. Do you make a list of needed food items before grocery shopping? Yes _____ No _____
5. Are nutritious foods a priority for you when shopping? Yes _____ No _____
Most common foods you buy: _____
6. Have you been diagnosed with gestational diabetes? Yes _____ No _____
7. Do you need assistance with nutrition planning? Yes _____ No _____
8. Is your family on: WIC _____ SNAP _____ (Supplemental Nutrition Assistance Program)

Approximately how many servings do you eat from each of the following food groups in a single day? ***Enter the number of servings per day***

Dairy: Milk (What type of milk) _____ cheese, yogurt	_____	(0 1 2 3 4 5 6 7+)
Protein: Meat, poultry, fish, eggs, dried beans/peas, peanut butter	_____	(0 1 2 3 4 5 6 7+)
Grains: Bread, cereal, crackers, rice, pasta, tortillas, muffins, and rolls	_____	(0 1 2 3 4 5 6 7+)
Fruits: Apple, banana, peach, pear, or canned fruits	_____	(0 1 2 3 4 5 6 7+)
Fruit Juice: 100% juice	_____	(0 1 2 3 4 5 6 7+)
Vegetables: Cooked or raw	_____	(0 1 2 3 4 5 6 7+)
Fats: Oil, Margarine, butter, or lard	_____	(0 1 2 3 4 5 6 7+)
Sugars: Cookies, candy, cake, donuts, ice cream, sugary drinks	_____	(0 1 2 3 4 5 6 7+)
Fast Food: Burgers, pizza, Mexican food, fried chicken	_____	(0 1 2 3 4 5 6 7+)
Water (cups)	_____	(0 1 2 3 4 5 6 7+)

Region 7 Education Service Center is committed to student success by providing quality programs and services that meet or exceed our customers' expectations.