

CPSP Perinatal Dietary Assessment

Dietary Assessment	Care plan, interventions
On a typical day, how many servings of:	
<p>1. Vegetables do you eat? 1 serving is: 1 cup raw or cooked vegetables 2 cups raw leafy greens 1 cup 100% vegetable juice</p> <p>1 <input type="checkbox"/> Never <input type="checkbox"/> Less than 3 servings a day <input type="checkbox"/> 3 or more servings a day</p> <p>2 <input type="checkbox"/> Never <input type="checkbox"/> Less than 3 servings a day <input type="checkbox"/> 3 or more servings a day</p> <p>3 <input type="checkbox"/> Never <input type="checkbox"/> Less than 3 servings a day <input type="checkbox"/> 3 or more servings a day</p> <p>P <input type="checkbox"/> Never <input type="checkbox"/> Less than 3 servings a day <input type="checkbox"/> 3 or more servings a day</p>	<p>Preferred vegetables:</p> <p>Advised patient to:</p> <p><input type="checkbox"/> The more vegetables you eat, the better. Aim for at least 3 servings/day. <input type="checkbox"/> Choose some that are dark green or orange. <input type="checkbox"/> Choose fresh, frozen or canned with no added sauce. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> The more vegetables you eat, the better. Aim for at least 3 servings/day. <input type="checkbox"/> Choose some that are dark green or orange. <input type="checkbox"/> Choose fresh, frozen or canned with no added sauce. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> The more vegetables you eat, the better. Aim for at least 3 servings/day. <input type="checkbox"/> Choose some that are dark green or orange. <input type="checkbox"/> Choose fresh, frozen or canned with no added sauce. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> The more vegetables you eat, the better. Aim for at least 3 servings/day. <input type="checkbox"/> Choose some that are dark green or orange. <input type="checkbox"/> Choose fresh, frozen or canned with no added sauce. <input type="checkbox"/> Other:</p>
<p>2. Fruit do you eat? 1 serving is: 1 cup or piece of fruit 1 cup 100% fruit juice ½ cup dried fruit</p> <p>1 <input type="checkbox"/> Never <input type="checkbox"/> Less than 2 servings a day <input type="checkbox"/> 2 or more servings a day</p> <p>2 <input type="checkbox"/> Never <input type="checkbox"/> Less than 2 servings a day <input type="checkbox"/> 2 or more servings a day</p> <p>3 <input type="checkbox"/> Never <input type="checkbox"/> Less than 2 servings a day <input type="checkbox"/> 2 or more servings a day</p> <p>P <input type="checkbox"/> Never <input type="checkbox"/> Less than 2 servings a day <input type="checkbox"/> 2 or more servings a day</p>	<p>Preferred fruits:</p> <p>Advised patient to:</p> <p><input type="checkbox"/> Eat fruits of many colors. Aim for 2 or more servings/day. <input type="checkbox"/> Choose fresh, frozen or canned with no added sugar. <input type="checkbox"/> Choose 100% fruit juice. Limit to one small cup a day. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Eat fruits of many colors. Aim for 2 or more servings/day. <input type="checkbox"/> Choose fresh, frozen or canned with no added sugar. <input type="checkbox"/> Choose 100% fruit juice. Limit to one small cup a day. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Eat fruits of many colors. Aim for 2 or more servings/day. <input type="checkbox"/> Choose fresh, frozen or canned with no added sugar. <input type="checkbox"/> Choose 100% fruit juice. Limit to one small cup a day. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Eat fruits of many colors. Aim for 2 or more servings/day. <input type="checkbox"/> Choose fresh, frozen or canned with no added sugar. <input type="checkbox"/> Choose 100% fruit juice. Limit to one small cup a day. <input type="checkbox"/> Other:</p>

CPSP Perinatal Dietary Assessment

<p>3. Dairy foods do you eat? 1 serving is: 1 cup milk or yogurt 1 cup soy milk with added calcium 1½ oz. hard cheese 1/3 cup shredded cheese</p> <p>△₁ <input type="checkbox"/> Never <input type="checkbox"/> Less than 3 servings a day <input type="checkbox"/> 3 or more servings a day</p> <p>△₂ <input type="checkbox"/> Never <input type="checkbox"/> Less than 3 servings a day <input type="checkbox"/> 3 or more servings a day</p> <p>△₃ <input type="checkbox"/> Never <input type="checkbox"/> Less than 3 servings a day <input type="checkbox"/> 3 or more servings a day</p> <p>△_P <input type="checkbox"/> Never <input type="checkbox"/> Less than 3 servings a day <input type="checkbox"/> 3 or more servings a day</p>	<p>Preferred dairy foods:</p> <p>Advised patient to:</p> <p><input type="checkbox"/> Aim for 3 servings/day, 4 servings if a teen. <input type="checkbox"/> Choose milk or yogurt, nonfat or low-fat (1%). <input type="checkbox"/> Try low-fat cheeses. <input type="checkbox"/> Try soy milk with calcium. <input type="checkbox"/> If patient does not use milk products, refer to STT N <i>Do You Have Trouble with Milk Foods?</i> and <i>Foods Rich in Calcium</i> <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Aim for 3 servings/day, 4 servings if a teen. <input type="checkbox"/> Choose milk or yogurt, nonfat or low-fat (1%). <input type="checkbox"/> Try low-fat cheeses. <input type="checkbox"/> Try soy milk with calcium. <input type="checkbox"/> If patient does not use milk products, refer to STT N <i>Do You Have Trouble with Milk Foods?</i> and <i>Foods Rich in Calcium</i> <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Aim for 3 servings/day, 4 servings if a teen. <input type="checkbox"/> Choose milk or yogurt, nonfat or low-fat (1%). <input type="checkbox"/> Try low-fat cheeses. <input type="checkbox"/> Try soy milk with calcium. <input type="checkbox"/> If patient does not use milk products, refer to STT N <i>Do You Have Trouble with Milk Foods?</i> and <i>Foods Rich in Calcium</i> <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Aim for 3 servings/day, 4 servings if a teen. <input type="checkbox"/> Choose milk or yogurt, nonfat or low-fat (1%). <input type="checkbox"/> Try low-fat cheeses. <input type="checkbox"/> Try soy milk with calcium. <input type="checkbox"/> If patient does not use milk products, refer to STT N <i>Do You Have Trouble with Milk Foods?</i> and <i>Foods Rich in Calcium</i> <input type="checkbox"/> Other:</p>
<p>4. Protein foods do you eat? 1 serving is: 1 oz. meat, fish or poultry 1 egg ½ oz. or small handful nuts 1 tablespoon peanut butter ¼ cup cooked dry beans, peas, lentils ¼ cup tofu</p> <p>△₁ <input type="checkbox"/> Never <input type="checkbox"/> Less than 6 servings a day <input type="checkbox"/> 6 or more servings a day</p>	<p>Preferred protein foods:</p> <p>Advised patient to:</p> <p><input type="checkbox"/> Aim for 6 servings/day. <input type="checkbox"/> Eat beans and lentils instead of meat at some meals. <input type="checkbox"/> Eat lean meat (90% lean or higher). <input type="checkbox"/> Limit high-fat meats like sausage, hot dogs and bologna. <input type="checkbox"/> Grill, broil, or bake instead of frying. <input type="checkbox"/> Choose water-packed canned light tuna (not albacore). <input type="checkbox"/> If patient is vegetarian, review STT N <i>Vegetarian Eating</i>. <input type="checkbox"/> Other:</p>

CPSP Perinatal Dietary Assessment

<p><input type="checkbox"/> 2 <input type="checkbox"/> Never <input type="checkbox"/> Less than 6 servings a day <input type="checkbox"/> 6 or more servings a day</p> <p><input type="checkbox"/> 3 <input type="checkbox"/> Never <input type="checkbox"/> Less than 6 servings a day <input type="checkbox"/> 6 or more servings a day</p> <p><input type="checkbox"/> P <input type="checkbox"/> Never <input type="checkbox"/> Less than 6 servings a day <input type="checkbox"/> 6 or more servings a day</p>	<p><input type="checkbox"/> Aim for 6 servings/day. <input type="checkbox"/> Eat beans and lentils instead of meat at some meals. <input type="checkbox"/> Eat lean meat (90% lean or higher). <input type="checkbox"/> Limit high-fat meats like sausage, hot dogs and bologna. <input type="checkbox"/> Grill, broil, or bake instead of frying. <input type="checkbox"/> Choose water-packed canned light tuna (not albacore). <input type="checkbox"/> If patient is vegetarian, review STT N <i>Vegetarian Eating</i>. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Aim for 6 servings/day. <input type="checkbox"/> Eat beans and lentils instead of meat at some meals. <input type="checkbox"/> Eat lean meat (90% lean or higher). <input type="checkbox"/> Limit high-fat meats like sausage, hot dogs and bologna. <input type="checkbox"/> Grill, broil, or bake instead of frying. <input type="checkbox"/> Choose water-packed canned light tuna (not albacore). <input type="checkbox"/> If patient is vegetarian, review STT N <i>Vegetarian Eating</i>. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Aim for 6 servings/day. <input type="checkbox"/> Eat beans and lentils instead of meat at some meals. <input type="checkbox"/> Eat lean meat (90% lean or higher). <input type="checkbox"/> Limit high-fat meats like sausage, hot dogs and bologna. <input type="checkbox"/> Grill, broil, or bake instead of frying. <input type="checkbox"/> Choose water-packed canned light tuna (not albacore). <input type="checkbox"/> If patient is vegetarian, review STT N <i>Vegetarian Eating</i>. <input type="checkbox"/> Other:</p>
<p>5. Grain do you eat? 1 serving is: 1 slice bread or ½ bagel 1 cup dry cereal ½ cup cooked rice, pasta or hot cereal 3 cups popped corn 1 small (6") corn or flour tortilla</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> Never <input type="checkbox"/> Less than 6 servings a day <input type="checkbox"/> 6-8 servings a day <input type="checkbox"/> More than 8 servings a day</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> Never <input type="checkbox"/> Less than 6 servings a day <input type="checkbox"/> 6-8 servings a day <input type="checkbox"/> More than 8 servings a day</p> <p><input type="checkbox"/> 3 <input type="checkbox"/> Never <input type="checkbox"/> Less than 6 servings a day <input type="checkbox"/> 6-8 servings a day <input type="checkbox"/> More than 8 servings a day</p> <p><input type="checkbox"/> P <input type="checkbox"/> Never <input type="checkbox"/> Less than 6 servings a day <input type="checkbox"/> 6-8 servings a day <input type="checkbox"/> More than 8 servings a day</p>	<p>Preferred grains:</p> <p>Whole grains include: 100% whole wheat bread or pasta, whole wheat cereal or tortillas, brown rice, whole oats, whole corn (cornmeal, popcorn). Make sure that “whole” grains are among the first items in the ingredient list.</p> <p>Advised patient to:</p> <p><input type="checkbox"/> Aim for 6-8 servings/day. <input type="checkbox"/> Choose whole grains at least half the time. <input type="checkbox"/> Choose oatmeal, brown rice, corn tortillas and 100% whole wheat bread. <input type="checkbox"/> Avoid sugary cereals. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Aim for 6-8 servings/day. <input type="checkbox"/> Choose whole grains at least half the time. <input type="checkbox"/> Choose oatmeal, brown rice, corn tortillas and 100% whole wheat bread. <input type="checkbox"/> Avoid sugary cereals. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Aim for 6-8 servings/day. <input type="checkbox"/> Choose whole grains at least half the time. <input type="checkbox"/> Choose oatmeal, brown rice, corn tortillas and 100% whole wheat bread. <input type="checkbox"/> Avoid sugary cereals. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Aim for 6-8 servings/day. <input type="checkbox"/> Choose whole grains at least half the time. <input type="checkbox"/> Choose oatmeal, brown rice, corn tortillas and 100% whole wheat bread. <input type="checkbox"/> Avoid sugary cereals. <input type="checkbox"/> Other:</p>

CPSP Perinatal Dietary Assessment

<p>6. Do you eat solid fats such as lard, shortening, stick margarine or butter?</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p> <input type="checkbox"/> 2 <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p> <input type="checkbox"/> 3 <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p> <input type="checkbox"/> P <input type="checkbox"/> No <input type="checkbox"/> Yes </p>	<p>Preferred healthy plant oils:</p> <p>Advised patient to:</p> <p> <input type="checkbox"/> Use small amounts of healthy liquid oils such as canola or olive. <input type="checkbox"/> Avoid solid fats such as lard, shortening, stick margarine or butter. <input type="checkbox"/> Limit fried foods. <input type="checkbox"/> Other: </p> <p> <input type="checkbox"/> Use small amounts of healthy liquid oils such as canola or olive. <input type="checkbox"/> Avoid solid fats such as lard, shortening, stick margarine or butter. <input type="checkbox"/> Limit fried foods. <input type="checkbox"/> Other: </p> <p> <input type="checkbox"/> Use small amounts of healthy liquid oils such as canola or olive. <input type="checkbox"/> Avoid solid fats such as lard, shortening, stick margarine or butter. <input type="checkbox"/> Limit fried foods. <input type="checkbox"/> Other: </p> <p> <input type="checkbox"/> Use small amounts of healthy liquid oils such as canola or olive. <input type="checkbox"/> Avoid solid fats such as lard, shortening, stick margarine or butter. <input type="checkbox"/> Limit fried foods. <input type="checkbox"/> Other: </p>
<p>7. How many cups of these beverages do you drink-- soda, fruit punch, sport drinks or energy drinks?</p> <p> <input type="checkbox"/> 1 _____ cups </p> <p> <input type="checkbox"/> 2 _____ cups </p> <p> <input type="checkbox"/> 3 _____ cups </p> <p> <input type="checkbox"/> P _____ cups </p> <p>8. How many cups of these beverages do you drink? Coffee, tea, soda or energy drinks</p> <p> <input type="checkbox"/> 1 _____ cups </p>	<p>Preferred healthy beverages:</p> <p>Tip: Pregnant women need to drink more water.</p> <p>Advised patient to:</p> <p> <input type="checkbox"/> Drink plenty of water. <input type="checkbox"/> Avoid sugary drinks like soda, fruit punch, sport drinks or energy drinks. <input type="checkbox"/> Do not drink alcohol while pregnant. <input type="checkbox"/> Other: </p> <p> <input type="checkbox"/> Drink plenty of water. <input type="checkbox"/> Avoid sugary drinks like soda, fruit punch, sport drinks or energy drinks. <input type="checkbox"/> Do not drink alcohol while pregnant. <input type="checkbox"/> Other: </p> <p> <input type="checkbox"/> Drink plenty of water. <input type="checkbox"/> Avoid sugary drinks like soda, fruit punch, sport drinks or energy drinks. <input type="checkbox"/> Do not drink alcohol while pregnant. <input type="checkbox"/> Other: </p> <p> <input type="checkbox"/> Drink plenty of water. <input type="checkbox"/> Avoid sugary drinks like soda, fruit punch, sport drinks or energy drinks. <input type="checkbox"/> Consult medical provider if drinking alcohol while breastfeeding. <input type="checkbox"/> Other: </p> <p> <input type="checkbox"/> Limit coffee to one cup a day. <input type="checkbox"/> Other: </p>

CPSP Perinatal Dietary Assessment

<p>2 _____ cups</p> <p>3 _____ cups</p> <p>P _____ cups</p>	<p><input type="checkbox"/> Limit coffee to one cup a day. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Limit coffee to one cup a day. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Limit coffee to 2-3 cups a day if breastfeeding. <input type="checkbox"/> Other:</p>
<p>9. Do you eat these extra foods?</p> <p>1 Candy, chips, cake, cookies, donuts, muffins, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No Ice cream, frozen yogurt <input type="checkbox"/> Yes <input type="checkbox"/> No Sour cream, mayonnaise <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2 Candy, chips, cake, cookies, donuts, muffins, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No Ice cream, frozen yogurt <input type="checkbox"/> Yes <input type="checkbox"/> No Sour cream, mayonnaise <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 Candy, chips, cake, cookies, donuts, muffins, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No Ice cream, frozen yogurt <input type="checkbox"/> Yes <input type="checkbox"/> No Sour cream, mayonnaise <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>P Candy, chips, cake, cookies, donuts, muffins, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No Ice cream, frozen yogurt <input type="checkbox"/> Yes <input type="checkbox"/> No Sour cream, mayonnaise <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Preferred healthy snacks:</p> <p>Advised patient to:</p> <p><input type="checkbox"/> Limit foods high in fat and sugar. <input type="checkbox"/> Choose low-fat or non-fat products. <input type="checkbox"/> Choose fruits, vegetables, nuts and seeds as snacks. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Limit foods high in fat and sugar. <input type="checkbox"/> Choose low-fat or non-fat products. <input type="checkbox"/> Choose fruits, vegetables, nuts and seeds as snacks. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Limit foods high in fat and sugar. <input type="checkbox"/> Choose low-fat or non-fat products. <input type="checkbox"/> Choose fruits, vegetables, nuts and seeds as snacks. <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Limit foods high in fat and sugar. <input type="checkbox"/> Choose low-fat or non-fat products. <input type="checkbox"/> Choose fruits, vegetables, nuts and seeds as snacks. <input type="checkbox"/> Other:</p>

Completed by:

1 _____
Signature Title Date

Reviewed by medical provider if assessor is CPHW:

Signature Title Date

2 _____
Signature Title Date

3 _____
Signature Title Date

P _____
Signature Title Date