DIETARY QUESTIONNAIRE FOR WOMEN
Pennsylvania Department of Health -- WIC Program

Endorser’s Name: ___________________________ D.O.B.: ___________ F.I.D. #: _______________ Date: ____________

Please fill in the blanks and check all answers that apply.

1. Do you have any medical problems? □ No □ Yes
   Dental problems or cavities? □ No □ Yes
   Please list or describe:
   Do you take any medicine? □ No □ Yes
   Please list:
   Do you have any problems with your current pregnancy? □ No □ Yes □ Not applicable
   Please list or describe:
   Have you ever had problems with a previous pregnancy or delivery? □ No □ Yes
   Please list or describe:
   In the past few weeks, have you been feeling down or depressed, or lost interest in doing things you enjoy? □ No □ Yes

2. Do you have frequent problems with any of the following?
   □ Nausea  □ Vomiting  □ Diarrhea  □ Heartburn  □ Chewing food  □ Poor appetite  □ Gas  □ Cramps
   □ Constipation  □ None of these

3. Are you on a special diet such as Vegetarian, Low Carbohydrate, or Macrobiotic?
   □ No □ Yes □ If yes, describe:
   Do you feel you need to cut down on any of the following? □ No □ Yes □ If yes, which ones?
   □ Sugar  □ Calories  □ Salt  □ Fat  □ Carbohydrate  □ Other ________________________

4. Do you take any of these? □ No □ Yes □ If yes, which ones?
   □ Prenatal Vitamin  □ Multivitamin  □ Folic Acid  □ Vitamin D  □ Iron  □ Iodine  □ Herbal teas/supplements
   □ Other ________________________

5. Do you crave or eat any of the following? □ No □ Yes □ If yes, which ones?
   □ Laundry starch  □ Soil  □ Chalk  □ Paint chips  □ Cigarette ashes  □ Ice (in large quantities)
   □ Burnt matches  □ Clay  □ Carpet fibers  □ Cornstarch  □ Other ________________________

6. Do you eat any of these foods?
   □ Raw cookie dough or cake batter  □ Hot dogs, deli or lunch meats  □ Bean sprouts
   □ Raw or undercooked eggs, meat, or fish  □ Soft cheeses like feta or brie
   □ Milk, juice, or cider from a mill or farm (if unpasteurized)

7. Check which items you have at home that work:
   □ Running water  □ Stove  □ Refrigerator  □ Freezer  □ Microwave
   Do you have a thermometer in the refrigerator or freezer? □ No □ Yes
   If yes, what is the refrigerator temperature? ________  Freezer temperature? ________

8. Describe how you defrost foods: □ Under running water  □ In the refrigerator  □ On the counter  □ In the microwave
   Does everyone wash their hands before and after food preparation? □ No □ Yes
   Are different cutting boards used for fruits/vegetables and raw meats? □ No □ Yes

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9. Check how often you eat the foods listed below:

- Meats, chicken, fish: Daily Some days Never
- Grains (pasta, rice, bread, cereal, tortilla): Daily Some days Never
- Fruits: Daily Some days Never
- Eggs: Daily Some days Never
- Vegetables: Daily Some days Never
- Peanut butter: Daily Some days Never
- Cheese: Daily Some days Never
- Beans (pinto, kidney, etc.): Daily Some days Never

10. How many meals do you eat each day?  
- 1  
- 2  
- 3 or more  
- None

10. How many times a day do you eat snacks?  
- 1  
- 2  
- 3 or more  
- None

Check the foods that you eat for snacks:
- Cookies
- Crackers
- Chips
- Pretzels
- Cereal
- Cereal bars
- Cheeses
- Yogurt
- Fruit
- Pudding
- Vegetables
- Cereal bars
- Milk/dairy products
- Other ______________

11. Are you allergic to any foods? No Yes
Which foods?
- Fish/Seafood
- Peanuts/Nuts
- Eggs
- Wheat
- Soy
- Milk/dairy products
- Other ______________

12. How much milk do you drink each day? Less than 1 cup  
- 1 to 2 cups  
- 3 or more cups  
- Do not drink milk

Check what kinds of milk you drink:
- Cow’s milk: Whole  
- 2%  
- 1%  
- Skim  
- Lactose-free  
- Chocolate/Strawberry
- Goat’s milk
- Soy milk
- Almond milk
- Rice milk
- Other ______________

13. Check what beverages you drink:
- Soda or pop
- Kool-Aid
- 100% fruit juice
- Drinks in boxes, pouches, etc.
- Juice drinks (Hawaiian Punch, Hi-C, Sunny D, etc.)
- Tea
- Gatorade
- Energy drinks
- Coffee
- Water
- None of these
- Other ______________

14. How often do you eat at fast food places such as Burger King or McDonalds? 
- Every day
- A few times a week
- Once a week
- Once a month or less often

15. Other than work, how many hours per day do you watch TV or use the computer or the cell phone? 
- 1 or less
- 2
- 3
- 4 or more

16. How often do you get 30 minutes or more of physical activity (walking, running, playing with kids, etc.)? 
- Every day
- 3-5 days per week
- Once per week
- Seldom

17. Do you have a family history of weight problems? No Yes

18. Do you use any of the following? No Yes
- Cigarettes
- Alcohol (Beer, Wine, Liquor)
- Street Drugs:

How many per day? ____________________________
How much per day? ____________________________
What kinds and how often? ____________________________

Do you have a history of drug or alcohol abuse? ____________________________

19. Does anyone smoke in your home? No Yes

20. Do you ever have to choose between buying food and paying bills? A lot Sometimes Rarely Never

21. What questions do you have about nutrition or your diet? ____________________________

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