

PERINATAL FOOD GROUP RECALL**Andrade, Janet****ID# 12345**To be completed by a CPSP Practitioner while reviewing *MyPlate for Moms**Inadequate diet must be documented on the CPSP care plan if the client has problems in 2 or more food groups.***1. On a typical day, how many servings of vegetables do you eat?**

	Initial	2nd Trimester	3rd Trimester	Postpartum
1 serving is: • 1 cup raw or cooked vegetables • 2 cups raw leafy greens	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
	<input checked="" type="checkbox"/> Fewer than 3 servings/day	<input type="checkbox"/> Fewer than 3 servings/day	<input type="checkbox"/> Fewer than 3 servings/day	<input type="checkbox"/> Fewer than 3 servings/day
	<input type="checkbox"/> 3 or more servings/day	<input type="checkbox"/> 3 or more servings/day	<input type="checkbox"/> 3 or more servings/day	<input type="checkbox"/> 3 or more servings/day
	Advised patient to: <input checked="" type="checkbox"/> Aim for 3 or more servings/day <input type="checkbox"/> Eat a variety of fresh, frozen, or canned vegetables without added sauces or salt. <input checked="" type="checkbox"/> Choose some vegetables that are dark green or orange.	Advised patient to: <input type="checkbox"/> Aim for 3 or more servings/day <input type="checkbox"/> Eat a variety of fresh, frozen, or canned vegetables without added sauces or salt. <input type="checkbox"/> Choose some vegetables that are dark green or orange.	Advised patient to: <input type="checkbox"/> Aim for 3 or more servings/day <input type="checkbox"/> Eat a variety of fresh, frozen, or canned vegetables without added sauces or salt. <input type="checkbox"/> Choose some vegetables that are dark green or orange.	Advised patient to: <input type="checkbox"/> Aim for 3 or more servings/day <input type="checkbox"/> Eat a variety of fresh, frozen, or canned vegetables without added sauces or salt. <input type="checkbox"/> Choose some vegetables that are dark green or orange.
Preferred vegetables:	Cucumbers			

2. On a typical day, how many servings of meat and beans (protein foods) do you eat?

	Initial	2nd Trimester	3rd Trimester	Postpartum
1 serving is: • 1 oz. meat, fish, or poultry • 1 egg • ½ oz. or small handful of nuts • 1 tablespoon peanut butter • 2 tablespoons seeds, such as sunflower • ¼ cup cooked dry beans, peas, lentils • ¼ cup or 2 oz. tofu	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
	<input type="checkbox"/> Fewer than 6 servings/day	<input type="checkbox"/> Fewer than 6 servings/day	<input type="checkbox"/> Fewer than 6 servings/day	<input type="checkbox"/> Fewer than 6 servings/day
	<input checked="" type="checkbox"/> 6 - 7 servings/day	<input type="checkbox"/> 6 - 7 servings/day	<input type="checkbox"/> 6 - 7 servings/day	<input type="checkbox"/> 6 - 7 servings/day
	<input type="checkbox"/> More than 7 servings/day	<input type="checkbox"/> More than 7 servings/day	<input type="checkbox"/> More than 7 servings/day	<input type="checkbox"/> More than 7 servings/day
	Advised patient to: <input checked="" type="checkbox"/> Aim for 7 servings/day <input type="checkbox"/> Grill, broil, or bake instead of fry. <input type="checkbox"/> Take skin off poultry before/after cooking <input type="checkbox"/> Eat lean meat (15% fat or less) <input type="checkbox"/> Eat 12 oz. of fish per week. Choose water-packed and low-mercury fish, e.g. canned light tuna. <input type="checkbox"/> Limit high-fat meats like sausage, hot dogs, and bologna. <input type="checkbox"/> If patient is vegetarian, review STT Nut. "Vegetarian Eating."	Advised patient to: <input type="checkbox"/> Aim for 7 servings/day <input type="checkbox"/> Grill, broil, or bake instead of fry. <input type="checkbox"/> Take skin off poultry before/after cooking <input type="checkbox"/> Eat lean meat (15% fat or less) <input type="checkbox"/> Eat 12 oz. of fish per week. Choose water-packed and low-mercury fish, e.g. canned light tuna. <input type="checkbox"/> Limit high-fat meats like sausage, hot dogs, and bologna. <input type="checkbox"/> If patient is vegetarian, review STT Nut. "Vegetarian Eating."	Advised patient to: <input type="checkbox"/> Aim for 7 servings/day <input type="checkbox"/> Grill, broil, or bake instead of fry. <input type="checkbox"/> Take skin off poultry before/after cooking <input type="checkbox"/> Eat lean meat (15% fat or less) <input type="checkbox"/> Eat 12 oz. of fish per week. Choose water-packed and low-mercury fish, e.g. canned light tuna. <input type="checkbox"/> Limit high-fat meats like sausage, hot dogs, and bologna. <input type="checkbox"/> If patient is vegetarian, review STT Nut. "Vegetarian Eating."	Advised patient to: <input type="checkbox"/> Aim for 7 servings/day <input type="checkbox"/> Grill, broil, or bake instead of fry. <input type="checkbox"/> Take skin off poultry before/after cooking <input type="checkbox"/> Eat lean meat (15% fat or less) <input type="checkbox"/> Eat 12 oz. of fish per week. Choose water-packed and low-mercury fish, e.g. canned light tuna. <input type="checkbox"/> Limit high-fat meats like sausage, hot dogs, and bologna. <input type="checkbox"/> If patient is vegetarian, review STT Nut. "Vegetarian Eating."
Preferred protein foods:	Peanut butter			

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3. On a typical day, how many servings of **grains** do you eat?

	Initial	2 nd Trimester	3 rd Trimester	Postpartum
1 serving is: • 1 slice of bread • 1 cup dry cereal • ½ cup cooked rice, pasta, or hot cereal 1 small corn or ½ small flour tortilla	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
	<input type="checkbox"/> Fewer than 6 servings/day	<input type="checkbox"/> Fewer than 6 servings/day	<input type="checkbox"/> Fewer than 6 servings/day	<input type="checkbox"/> Fewer than 6 servings/day
	<input checked="" type="checkbox"/> 6 - 8 servings/day	<input type="checkbox"/> 6 - 8 servings/day	<input type="checkbox"/> 6 - 8 servings/day	<input type="checkbox"/> 6 - 8 servings/day
	<input type="checkbox"/> More than 8 servings/day	<input type="checkbox"/> More than 8 servings/day	<input type="checkbox"/> More than 8 servings/day	<input type="checkbox"/> More than 8 servings/day
	Advised patient to: <input checked="" type="checkbox"/> Aim for 6-8 servings/day <input type="checkbox"/> Avoid highly sweetened cereals	Advised patient to: <input type="checkbox"/> Aim for 6-8 servings/day <input type="checkbox"/> Avoid highly sweetened cereals	Advised patient to: <input type="checkbox"/> Aim for 6-8 servings/day <input type="checkbox"/> Avoid highly sweetened cereals	Advised patient to: <input type="checkbox"/> Aim for 6-8 servings/day <input type="checkbox"/> Avoid highly sweetened cereals

4. Do you eat **whole grains**?

	Initial	2 nd Trimester	3 rd Trimester	Postpartum
Whole grains include: • Whole grain bread, pasta, or tortillas • Brown rice, oatmeal (old-fashioned, not instant)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	Advised patient to: <input checked="" type="checkbox"/> Choose whole grains at least half of the time.	Advised patient to: <input type="checkbox"/> Choose whole grains at least half of the time.	Advised patient to: <input type="checkbox"/> Choose whole grains at least half of the time.	Advised patient to: <input type="checkbox"/> Choose whole grains at least half of the time.
Preferred whole grains:	Oatmeal			

5. On a typical day, how many servings of **fruit** do you eat?

	Initial	2 nd Trimester	3 rd Trimester	Postpartum
1 serving is: • 1 cup or piece of fruit • ½ cup 100% fruit juice • ½ cup dried fruit	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
	<input type="checkbox"/> Fewer than 2 servings/day	<input type="checkbox"/> Fewer than 2 servings/day	<input type="checkbox"/> Fewer than 2 servings/day	<input type="checkbox"/> Fewer than 2 servings/day
	<input checked="" type="checkbox"/> 2 or more servings/day	<input type="checkbox"/> 2 or more servings/day	<input type="checkbox"/> 2 or more servings/day	<input type="checkbox"/> 2 or more servings/day
	Advised patient to: <input checked="" type="checkbox"/> Aim for 2 or more servings/day <input type="checkbox"/> Eat a variety of fresh, frozen, or canned fruits each day. <input type="checkbox"/> Choose fresh, frozen, and canned fruits without sugars. <input checked="" type="checkbox"/> Limit fruit juice.	Advised patient to: <input type="checkbox"/> Aim for 2 or more servings/day <input type="checkbox"/> Eat a variety of fresh, frozen, or canned fruits each day. <input type="checkbox"/> Choose fresh, frozen, and canned fruits without sugars. <input type="checkbox"/> Limit fruit juice.	Advised patient to: <input type="checkbox"/> Aim for 2 or more servings/day <input type="checkbox"/> Eat a variety of fresh, frozen, or canned fruits each day. <input type="checkbox"/> Choose fresh, frozen, and canned fruits without sugars. <input type="checkbox"/> Limit fruit juice.	Advised patient to: <input type="checkbox"/> Aim for 2 or more servings/day <input type="checkbox"/> Eat a variety of fresh, frozen, or canned fruits each day. <input type="checkbox"/> Choose fresh, frozen, and canned fruits without sugars. <input type="checkbox"/> Limit fruit juice.
	Preferred fruits:	Frozen blueberries		

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6. On a typical day, how many servings of **milk** foods do you eat?

	Initial	2 nd Trimester	3 rd Trimester	Postpartum
1 serving is: • 1 cup milk or yogurt • 1½ to 2 oz. cheese • 1 cup calcium fortified soy milk	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
	<input checked="" type="checkbox"/> Fewer than 3 servings/day	<input type="checkbox"/> Fewer than 3 servings/day	<input type="checkbox"/> Fewer than 3 servings/day	<input type="checkbox"/> Fewer than 3 servings/day
	<input type="checkbox"/> 3 servings/day (4 servings for teens)	<input type="checkbox"/> 3 servings/day (4 servings for teens)	<input type="checkbox"/> 3 servings/day (4 servings for teens)	<input type="checkbox"/> 3 servings/day (4 servings for teens)
	<input type="checkbox"/> More than 3 servings/day	<input type="checkbox"/> More than 3 servings/day	<input type="checkbox"/> More than 3 servings/day	<input type="checkbox"/> More than 3 servings/day
	Advised patient to: <input checked="" type="checkbox"/> Aim for 3 servings/day <input checked="" type="checkbox"/> Choose nonfat or low-fat (1%) milk <input type="checkbox"/> If patient does not use milk products, refer to STT Nut. <i>Do You Have Trouble with Milk Foods? And Foods Rich in Calcium</i>	Advised patient to: <input type="checkbox"/> Aim for 3 servings/day <input type="checkbox"/> Choose nonfat or low-fat (1%) milk <input type="checkbox"/> If patient does not use milk products, refer to STT Nut. <i>Do You Have Trouble with Milk Foods? And Foods Rich in Calcium</i>	Advised patient to: <input type="checkbox"/> Aim for 3 servings/day <input type="checkbox"/> Choose nonfat or low-fat (1%) milk <input type="checkbox"/> If patient does not use milk products, refer to STT Nut. <i>Do You Have Trouble with Milk Foods? And Foods Rich in Calcium</i>	Advised patient to: <input type="checkbox"/> Aim for 3 servings/day <input type="checkbox"/> Choose nonfat or low-fat (1%) milk <input type="checkbox"/> If patient does not use milk products, refer to STT Nut. <i>Do You Have Trouble with Milk Foods? And Foods Rich in Calcium</i>
Preferred milk foods:	1% Milk			

7. Do you eat **solid fats** such as lard, stick margarine, butter, or shortening?

Initial	2 nd Trimester	3 rd Trimester	Postpartum
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Advised patient to: <input checked="" type="checkbox"/> Use liquid oils from plants for cooking and in dressings. <input type="checkbox"/> Aim for 2 tablespoons/day of oils like canola, olive, or corn oil or soft tub margarine. <input type="checkbox"/> Avoid fried foods. <input type="checkbox"/> Bake, broil, steam, or microwave.	Advised patient to: <input type="checkbox"/> Use liquid oils from plants for cooking and in dressings. <input type="checkbox"/> Aim for 2 tablespoons/day of oils like canola, olive, or corn oil or soft tub margarine. <input type="checkbox"/> Avoid fried foods. <input type="checkbox"/> Bake, broil, steam, or microwave.	Advised patient to: <input type="checkbox"/> Use liquid oils from plants for cooking and in dressings. <input type="checkbox"/> Aim for 2 tablespoons/day of oils like canola, olive, or corn oil or soft tub margarine. <input type="checkbox"/> Avoid fried foods. <input type="checkbox"/> Bake, broil, steam, or microwave.	Advised patient to: <input type="checkbox"/> Use liquid oils from plants for cooking and in dressings. <input type="checkbox"/> Aim for 2 tablespoons/day of oils like canola, olive, or corn oil or soft tub margarine. <input type="checkbox"/> Avoid fried foods. <input type="checkbox"/> Bake, broil, steam, or microwave.
Preferred healthy plant oils:			
Olive oil			

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8. How many cups of these beverages do you drink per day?

	Initial	2 nd Trimester	3 rd Trimester	Postpartum
Regular soda, fruit drinks, punch, or sports drinks	<u>0</u> cups	_____ cups	_____ cups	_____ cups
Caffeinated drinks like coffee, tea, soda, or energy drinks	<u>0</u> cups	_____ cups	_____ cups	_____ cups
	Advised patient to: <input checked="" type="checkbox"/> Avoid sugary drinks. <input type="checkbox"/> Aim for no more than 1 caffeinated drink/day. <input checked="" type="checkbox"/> Drink plenty of water.	Advised patient to: <input type="checkbox"/> Avoid sugary drinks. <input type="checkbox"/> Aim for no more than 1 caffeinated drink/day. <input type="checkbox"/> Drink plenty of water.	Advised patient to: <input type="checkbox"/> Avoid sugary drinks. <input type="checkbox"/> Aim for no more than 1 caffeinated drink/day. <input type="checkbox"/> Drink plenty of water.	Advised patient to: <input type="checkbox"/> Avoid sugary drinks. <input type="checkbox"/> Aim for no more than 1 caffeinated drink/day. <input type="checkbox"/> Drink plenty of water.
Preferred healthy beverages:	Water with fruit			

9. Do you eat these extra foods?

	Initial	2 nd Trimester	3 rd Trimester	Postpartum
Candy, chocolate, cookies, chips	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Donuts, muffins, pastries, cakes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Ice cream, frozen yogurt	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Sour cream, mayonnaise	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Advised patient to: <input checked="" 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:	Advised patient to: <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:	Advised patient to: <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:	Advised patient to: <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:
Preferred healthy snacks:	String cheese			

	Signature	Title	Date
1 st Trimester	<i>Melanie Sanders</i>	CPHW	4/30/17
2 nd Trimester			
3 rd Trimester			
Postpartum			

Select one diet assessment

SAMPLE

86. Diet intake assessment completed:

0-13 Weeks:

Perinatal Food Group Recall (PFGR)
 24-hour Perinatal Dietary Recall
 Perinatal Food Frequency Questionnaire (PFFQ)

Diet adequate as assessed?: Yes No

Intervention/Referral:
 Reviewed/discussed STT NUTR: MyPlate for Moms
 My Nutrition Plan for Moms
 Referred to CalFresh _____
 Referred to WIC 4/30/17
 Referred to food bank _____
 Referred to registered dietitian/date: _____
 Notified provider/date: _____

14-27 Weeks:

Perinatal Food Group Recall (PFGR)
 24-hour Perinatal Dietary Recall
 Perinatal Food Frequency Questionnaire (PFFQ)

Diet adequate as assessed?: Yes No

Intervention/Referral - Update:
 Reviewed/discussed STT NUTR: MyPlate for Moms
 My Nutrition Plan for Moms
 Referred to CalFresh _____
 Referred to WIC _____
 Referred to food bank _____
 Referred to registered dietitian/date: _____
 Notified provider/date: _____

28-40 Weeks:

Perinatal Food Group Recall (PFGR)
 24-hour Perinatal Dietary Recall
 Perinatal Food Frequency Questionnaire (PFFQ)

Diet adequate as assessed?: Yes No

Intervention/Referral - Update:
 Reviewed/discussed STT NUTR: MyPlate for Moms
 My Nutrition Plan for Moms
 Referred to CalFresh _____
 Referred to WIC _____
 Referred to food bank _____
 Referred to registered dietitian/date: _____
 Notified provider to/date: _____

"No" is selected when there are problems in 2 or more food groups on the PFGR.

Coping Skills

87. Are you currently having problems/concerns with any of the following?

	0-13 Weeks	14-27 Weeks	28-40 Weeks
Divorce/separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illness (cancer, abnormal Pap smear, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation/parole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protective Services/DCFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Intervention/Referral:
 Reviewed/discussed: STT PSY: Financial Concerns
 Legal/Advocacy Concerns New Immigrant
 Emotional or Mental Health Concerns
 Referred to legal assistance (free or low cost): _____
 Referred to social worker/date: _____
 Referred to home visitation program/date: _____
 Referred to/date: _____

88. What things in your life do you feel good about?
having a baby

89. What things in your life would you like to change?
nothing

90. Who do you turn to for emotional support?
 FOB/partner Family member Friend
 Other: _____

91. What do you do when you are upset?
listen to music

92. What do you do when you and your partner have disagreements?
try to talk about it

Intervention/Referral:
 Reviewed/discussed: _____
 Referred to provider/date: _____
 Referred to social worker/date: _____
 Referred to/date: _____

Client Name/ID:

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SAMPLE

P.2

Provider Signature: *Jim*, M.D. Date: 5/2/17

Client Strengths: *attending all prenatal appointments*

"Inadequate diet" is documented on the Care Plan Summary when there are problems in 2 or more food groups

Prenatal Individualized Care Plan Summary

#	Problem/Risk/Concern	Client Goal	Updates & Outcomes
86	<i>Inadequate diet</i>	<i>eat recommended servings of all food groups. ↑ eating a variety of fresh, frozen & canned veggies</i>	<div style="border-bottom: 1px solid black; padding: 2px;"><i>2 Patient has ↑ veggies & fruit. Still low in dairy</i></div> <div style="border-bottom: 1px solid black; padding: 2px;"><i>3 eating all recommended food group servings</i></div> <div style="padding: 2px;"><i>P high in grains. recommended patient ↓ grains.</i></div>
<i>1/24/17</i> 26	<i>No car seat @ 2nd trimester</i>	<i>Obtain & install car seat</i>	<div style="border-bottom: 1px solid black; padding: 2px;"><i>2 in progress</i></div> <div style="border-bottom: 1px solid black; padding: 2px;"><i>3 obtained car seat as gift. Installed - resolved</i></div> <div style="padding: 2px;"><i>P - resolved</i></div>
<i>9/19/17</i> 93	<i>PHQ 9 score of 7. in 3rd trimester</i>	<i>reduce stress & feelings of sadness. Notify provider if symptoms worsen</i>	<div style="border-bottom: 1px solid black; padding: 2px;"><i>2 N/A</i></div> <div style="border-bottom: 1px solid black; padding: 2px;"><i>3 in progress</i></div> <div style="padding: 2px;"><i>P Patient's tales she is feeling better. PHQ 9 score = 3 @ postpartum</i></div>
			<div style="border-bottom: 1px solid black; padding: 2px;"><i>2</i></div> <div style="border-bottom: 1px solid black; padding: 2px;"><i>3</i></div> <div style="padding: 2px;"><i>P</i></div>
			<div style="border-bottom: 1px solid black; padding: 2px;"><i>2</i></div> <div style="border-bottom: 1px solid black; padding: 2px;"><i>3</i></div> <div style="padding: 2px;"><i>P</i></div>

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