

# PERINATAL FOOD GROUP RECALL

To be completed by a CPSP Practitioner while reviewing *MyPlate for Moms*

## 1. On a typical day, how many servings of **vegetables** do you eat?

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

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

|  | Initial  | 2 <sup>nd</sup> Trimester  | 3 <sup>rd</sup> Trimester  | Postpartum   |
|--|--|--|--|--|
| 1 serving is:<br>• 1 oz. meat, fish, or poultry<br>• 1 egg<br>• ½ oz. or small handful of nuts<br>• 1 tablespoon peanut butter<br>• 2 tablespoons seeds, such as sunflower<br>• ¼ cup cooked dry beans, peas, lentils<br>• 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 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  |
|  | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 7 servings/day<br><input type="checkbox"/> Grill, broil, or bake instead of fry.<br><input type="checkbox"/> Take skin off poultry before/after cooking<br><input type="checkbox"/> Eat lean meat (15% fat or less)<br><input type="checkbox"/> Eat 12 oz. of fish per week. Choose water-packed and low-mercury fish, e.g. canned light tuna.<br><input type="checkbox"/> Limit high-fat meats like sausage, hot dogs, and bologna.<br><input type="checkbox"/> If patient is vegetarian, review STT Nut. "Vegetarian Eating." | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 7 servings/day<br><input type="checkbox"/> Grill, broil, or bake instead of fry.<br><input type="checkbox"/> Take skin off poultry before/after cooking<br><input type="checkbox"/> Eat lean meat (15% fat or less)<br><input type="checkbox"/> Eat 12 oz. of fish per week. Choose water-packed and low-mercury fish, e.g. canned light tuna.<br><input type="checkbox"/> Limit high-fat meats like sausage, hot dogs, and bologna.<br><input type="checkbox"/> If patient is vegetarian, review STT Nut. "Vegetarian Eating." | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 7 servings/day<br><input type="checkbox"/> Grill, broil, or bake instead of fry.<br><input type="checkbox"/> Take skin off poultry before/after cooking<br><input type="checkbox"/> Eat lean meat (15% fat or less)<br><input type="checkbox"/> Eat 12 oz. of fish per week. Choose water-packed and low-mercury fish, e.g. canned light tuna.<br><input type="checkbox"/> Limit high-fat meats like sausage, hot dogs, and bologna.<br><input type="checkbox"/> If patient is vegetarian, review STT Nut. "Vegetarian Eating." | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 7 servings/day<br><input type="checkbox"/> Grill, broil, or bake instead of fry.<br><input type="checkbox"/> Take skin off poultry before/after cooking<br><input type="checkbox"/> Eat lean meat (15% fat or less)<br><input type="checkbox"/> Eat 12 oz. of fish per week. Choose water-packed and low-mercury fish, e.g. canned light tuna.<br><input type="checkbox"/> Limit high-fat meats like sausage, hot dogs, and bologna.<br><input type="checkbox"/> If patient is vegetarian, review STT Nut. "Vegetarian Eating." |
| <b>Preferred protein foods:</b>  |  |  |  |  |

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

|  | Initial  | 2 <sup>nd</sup> Trimester  | 3 <sup>rd</sup> Trimester  | Postpartum   |
|--|--|--|--|--|
| 1 serving is:<br>• 1 slice of bread<br>• 1 cup dry cereal<br>• ½ cup cooked rice, pasta, or hot cereal<br>• 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 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  |
|  | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 6-8 servings/day<br><input type="checkbox"/> Avoid highly sweetened cereals | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 6-8 servings/day<br><input type="checkbox"/> Avoid highly sweetened cereals | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 6-8 servings/day<br><input type="checkbox"/> Avoid highly sweetened cereals | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 6-8 servings/day<br><input type="checkbox"/> Avoid highly sweetened cereals |

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

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

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

|   | Initial   | 2 <sup>nd</sup> Trimester   | 3 <sup>rd</sup> Trimester   | Postpartum  |
|---|---|---|---|---|
| 1 serving is:<br>• 1 cup or piece of fruit<br>• ½ cup 100% fruit juice<br>• 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 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   |
|   | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 2 or more servings/day<br><input type="checkbox"/> Eat a variety of fresh, frozen, or canned fruits each day.<br><input type="checkbox"/> Choose fresh, frozen, and canned fruits without sugars.<br><input type="checkbox"/> Limit fruit juice. | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 2 or more servings/day<br><input type="checkbox"/> Eat a variety of fresh, frozen, or canned fruits each day.<br><input type="checkbox"/> Choose fresh, frozen, and canned fruits without sugars.<br><input type="checkbox"/> Limit fruit juice. | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 2 or more servings/day<br><input type="checkbox"/> Eat a variety of fresh, frozen, or canned fruits each day.<br><input type="checkbox"/> Choose fresh, frozen, and canned fruits without sugars.<br><input type="checkbox"/> Limit fruit juice. | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 2 or more servings/day<br><input type="checkbox"/> Eat a variety of fresh, frozen, or canned fruits each day.<br><input type="checkbox"/> Choose fresh, frozen, and canned fruits without sugars.<br><input type="checkbox"/> Limit fruit juice. |
|   | <b>Preferred fruits:</b>  |   |   |   |

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

|   | Initial   | 2 <sup>nd</sup> Trimester   | 3 <sup>rd</sup> Trimester   | Postpartum  |
|---|---|---|---|---|
| 1 serving is:<br>• 1 cup milk or yogurt<br>• 1½ to 2 oz. cheese<br>• 1 cup calcium fortified soy milk | <input type="checkbox"/> Never  | <input type="checkbox"/> Never  | <input type="checkbox"/> Never  | <input type="checkbox"/> Never  |
|   | <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"/> 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   |
|   | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 3 servings/day<br><input type="checkbox"/> Choose nonfat or low-fat (1%) milk<br><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> | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 3 servings/day<br><input type="checkbox"/> Choose nonfat or low-fat (1%) milk<br><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> | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 3 servings/day<br><input type="checkbox"/> Choose nonfat or low-fat (1%) milk<br><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> | <b>Advised patient to:</b><br><input type="checkbox"/> Aim for 3 servings/day<br><input type="checkbox"/> Choose nonfat or low-fat (1%) milk<br><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> |
| <b>Preferred milk foods:</b>  |   |   |   |   |

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

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

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

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

## 9. Do you eat these extra foods?

|                                  | Initial   | 2 <sup>nd</sup> Trimester   | 3 <sup>rd</sup> 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  |
|                                  | <b>Advised patient to:</b><br><input type="checkbox"/> Limit foods high in fat and sugar.<br><input type="checkbox"/> Choose low-fat or non-fat products.<br><input type="checkbox"/> Choose fruits, vegetables, nuts and seeds as snacks.<br><input type="checkbox"/> Other: | <b>Advised patient to:</b><br><input type="checkbox"/> Limit foods high in fat and sugar.<br><input type="checkbox"/> Choose low-fat or non-fat products.<br><input type="checkbox"/> Choose fruits, vegetables, nuts and seeds as snacks.<br><input type="checkbox"/> Other: | <b>Advised patient to:</b><br><input type="checkbox"/> Limit foods high in fat and sugar.<br><input type="checkbox"/> Choose low-fat or non-fat products.<br><input type="checkbox"/> Choose fruits, vegetables, nuts and seeds as snacks.<br><input type="checkbox"/> Other: | <b>Advised patient to:</b><br><input type="checkbox"/> Limit foods high in fat and sugar.<br><input type="checkbox"/> Choose low-fat or non-fat products.<br><input type="checkbox"/> Choose fruits, vegetables, nuts and seeds as snacks.<br><input type="checkbox"/> Other: |
| <b>Preferred healthy snacks:</b> |   |   |   |   |

|                           | Signature | Title | Date |
|---------------------------|-----------|-------|------|
| 1 <sup>st</sup> Trimester |           |       |      |
| 2 <sup>nd</sup> Trimester |           |       |      |
| 3 <sup>rd</sup> Trimester |           |       |      |
| Postpartum                |           |       |      |