

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 nd Trimester	3 rd 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 type="checkbox"/> Fewer than 3 servings/day			
	<input type="checkbox"/> 3 or more servings/day			
	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.	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:				

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

	Initial	2 nd Trimester	3 rd 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"/> 6 - 7 servings/day			
	<input type="checkbox"/> More than 7 servings/day			
	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."	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:				

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"/> 6 - 8 servings/day			
	<input type="checkbox"/> More than 8 servings/day			
	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	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 type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	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.	Advised patient to: <input type="checkbox"/> Choose whole grains at least half of the time.
Preferred whole grains:				

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"/> 2 or more servings/day			
	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.	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:			

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 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			
	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>	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:				

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 type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
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.	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:			

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

	Initial	2nd Trimester	3rd 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
	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.	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:				

9. Do you eat these extra foods?

	Initial	2nd Trimester	3rd 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 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:				

	Signature	Title	Date
1st Trimester			
2nd Trimester			
3rd Trimester			
Postpartum			