

Maternal Nutrition and Health Case Report Form During Pregnancy

SECTION 1 – PERSONAL INFORMATION

First Name	
Last Name	
Age at delivery	
Height (cm)	
Pre-pregnancy weight (kg)	
Weight gain during pregnancy (kg)	
Number of pregnancies (including current)	
Type of infant feeding in previous pregnancies (if applicable)	☐ Exclusive breastfeeding ☐ Mixed feeding ☐ Formula only

SECTION 2 – DIETARY HABITS (Average weekly intake)

Please indicate your average weekly intake during pregnancy for the following food categories

Food item	Frequency (times per week)	Additional Information
Fish		Type(s) of fish consumed:
White meat (e.g. chicken, turkey)		
Red meat (e.g. beef, lamb)		
Eggs		
Milk		Type: ☐ Whole ☐ Semi-skimmed ☐ Skimmed ☐ Plant-based (specify):
Dairy products (e.g. yogurt)		
Cheese		Type(s):
Nuts/seeds		Type(s):
Vegetables		
Fruit		

SECTION 3 – SUPPLEMENTATION

Are you currently taking any DHA/EPA or omega-3 supplements?

☐ Yes ☐ No

Name of supplement:

Duration of use (months):

Other supplements used during pregnancy:

☐ Folic acid

☐ Iron

☐ Multivitamin

☐ Vitamin D

☐ Other (specify):

SECTION 4 – MATERNAL HEALTH

Do you have or have you had any maternal medical conditions?

☐ Gestational diabetes

☐ Hypertension

☐ Thyroid disorders

☐ PCOS (Polycystic Ovary Syndrome)

☐ Autoimmune diseases

☐ Other (specify):

Are you taking any medications during pregnancy?

☐ Yes ☐ No

If yes, please list them: