

PIMS 2.0 Release 3 Sample Screenshots for a Pregnant Woman category

WIC Overseas PIMS - [3010] Yokosuka, Japan

pims PARTICIPANT INFORMATION MANAGEMENT SYSTEM Version 2.0 About PIMS Thursday, November 09, 2006 You are logged in as: browseac

New Participant | Lookup Participant | Administrative Tools | Save

New Participant

New Participant Information:

Name: First Middle Last

FMP/SSN:

Date of Birth: (mm/dd/yyyy)

Gender:

Race: American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

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WIC Overseas PIMS - [3010] Yokosuka, Japan

pims PARTICIPANT INFORMATION MANAGEMENT SYSTEM Version 2.0 About PIMS Thursday, November 09, 2006 You are logged in as: browseac SAMPLE EXAMPLE 25 Years Visit Date: 11/09/2006

New Participant | Lookup Participant | Administrative Tools | Save

AA Data Entry Step 1/6 | Next | Participant Home | Visit Home | Residential | Geographical | Participant Type | Income | Nutritional Risk

Address

Mailing Address:

APO/FPO:

AA/AE/AP:

Zip Code:

Home Phone:

Unit/Work Phone:

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Participant Category

Category: Presumptive Eligibility

Marital Status:

Participant Type

Income Data Conditional Approval

Economic Unit:

Pay Amount Pay Frequency Pay Type Pay Source Documentation Source

Participant Education:

Primary Language:

Health-Care Providers

Medical Treatment Facility:

Primary Care Manager(PCM) or Care Team:

Host Nation Provider/Facility:

Prenatal Care Provider:



Sponsor Information

Name: First Middle Last

Relationship:

Pay Grade:

Address

Mailing Address:

APO/FPO:

AE/AP:

Zip Code:

Home Phone:

Unit/Work Phone:

Branch of Service:

Location of Assignment:

Date Expected to Return Overseas: / / (mm/dd/yyyy)



Non-Sponsor Information (Spouse)

Not Applicable

Name: First Middle Last

Relationship:

Address

Same as Sponsor

Mailing Address:

APO/FPO:

AE/AP:

Zip Code:

Home Phone:

Unit/Work Phone:



WIC Overseas Participation

Number of other family members currently in WIC Overseas: []
If you plan to use an authorized proxy to pick up your drafts, provide full name: []



Height/Weight Information

Height (inches): []
Weight (pounds): []
Pre-Pregnancy Weight (pounds): [] Pre-Pregnancy BMI: 0

Blood Work Information

Hematocrit (%): [0%] Date of Hematocrit: [] / [] / [] (mm/dd/yyyy)
Hemoglobin (g/dL): [0] Date of Hemoglobin: [] / [] / [] (mm/dd/yyyy)



CPA Data Entry Back Next Save Participant Home Visit Home Residential Categorical Participant Type Income Nutritional Risk

Current Pregnancy History

Number of previous pregnancies:

Number of previous live births (twins equal 1 birth):

Expected delivery date: / / (mm/dd/yyyy)

Weeks gestation:

Number of fetuses:

Prenatal Care

Date prenatal care began: / / (mm/dd/yyyy)

Prenatal care has not begun:

Weeks gestation before first prenatal care visit:

Number of prenatal care visits since conception:

Pregnancy History

Gestational diabetes Birth of a large for gestational age (LGA) infant

Premature delivery Currently breastfeeding

Low birth weight

Spontaneous abortions

Fetal death

Neonatal death

Birth with a nutrition related congenital or birth defect



CPA Data Entry Back Next Save Participant Home Visit Home Residential Categorical Participant Type Income Nutritional Risk

Tobacco, Alcohol, Drug Use

Do you smoke any tobacco products?

Do you drink any alcohol?

Participant uses illegal drugs?

Current Pregnancy Complications

Gestational diabetes Conception at or before 17 years of age

Pregnancy-induced hypertension Conception before 16 months postpartum

Weight loss of 2 or more pounds in 2nd or 3rd trimester

CPA determined low maternal weight gain High parity and young age

CPA determined high maternal weight gain

Fetal growth restriction (FGR)

Hyperemesis gravidarum

Do you plan to breastfeed?



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Risk Conditions:

<input type="checkbox"/> Asthma, persistent requiring daily medications	<input checked="" type="checkbox"/>	<input type="checkbox"/> Elevated blood lead levels >= 10 micrograms/dl (past year)	<input checked="" type="checkbox"/>
<input type="checkbox"/> Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/> Food allergies (not food intolerance)	<input checked="" type="checkbox"/>
<input type="checkbox"/> Celiac disease	<input checked="" type="checkbox"/>	<input type="checkbox"/> Foster care	<input checked="" type="checkbox"/>
<input type="checkbox"/> Central nervous system disorders	<input checked="" type="checkbox"/>	<input type="checkbox"/> Gastrointestinal disorders	<input checked="" type="checkbox"/>
<input type="checkbox"/> Dental problems	<input checked="" type="checkbox"/>	<input type="checkbox"/> Genetic and congenital disorders	<input checked="" type="checkbox"/>
<input type="checkbox"/> Depression	<input checked="" type="checkbox"/>	<input type="checkbox"/> Hypertension	<input checked="" type="checkbox"/>
<input type="checkbox"/> Developmental, sensory or motor disabilities interfering with the ability to eat	<input checked="" type="checkbox"/>	<input type="checkbox"/> Hypoglycemia	<input checked="" type="checkbox"/>
<input type="checkbox"/> Diabetes mellitus	<input checked="" type="checkbox"/>	<input type="checkbox"/> Inborn errors of metabolism	<input checked="" type="checkbox"/>
<input type="checkbox"/> Drug nutrient interactions	<input checked="" type="checkbox"/>	<input type="checkbox"/> Infectious diseases	<input checked="" type="checkbox"/>
<input type="checkbox"/> Eating disorders	<input checked="" type="checkbox"/>		

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Risk Conditions (cont)

<input type="checkbox"/> Lactosa intolerance	<input checked="" type="checkbox"/>	<input type="checkbox"/> Lupus erythematosus	<input checked="" type="checkbox"/>
<input type="checkbox"/> Limited ability to make feeding decisions or prepare food	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Nutrient deficiency diseases	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Recent major surgery, trauma, burns	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Recipient of abuse	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Renal disease	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Thyroid disorders	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Cardiorespiratory disease	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Cystic fibrosis	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Heart disease	<input checked="" type="checkbox"/>		

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24-Hour Food Recall: For each of the food groups, select the number of SERVINGS the participant has eaten in the past 24 hours

	0	1	2	3	4	5	6+
Number of servings of bread, cereal, rice, and pasta:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of vegetables:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of fruit and/or fruit juice:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of milk, yogurt or cheese:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of meat, poultry, fish, dry beans, eggs or nuts:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nutrition Practices: Check all that apply

- Excessive fats, oils and sweets
- Consuming dietary supplements w/potentially harmful consequences
- Very low caloric and/or essential nutrient intake
- Pica
- Inadequate vitamin/mineral supplementation recognized as essential by public health policy
- Ingestion of foods potentially contaminated with pathogenic microorganisms

CPA determines diet fails to meet Dietary Guidelines for Americans

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Nutritional Analysis Results

Visit Date: Thursday, November 09, 2006 SAMPLE T EXAMPLE
FMP/SSN: 30-000-00-0006

Nutritional Eligibility

Nutritionally Eligible: No

Priority:

Documented By: barmseqc

Nutritional Risk Findings

Assigned Food Package

Food Package Selection

Recommended Package: PBF2

Last Issued Food Package: <NONE>

Would you like to: Proceed with last issued food package Choose alternative food package

PBD0
PBD2
PBD4
PBF0
PBF2
PBF4
SPBCLJ
SPBCLJ35
SPBPLJ
SPBPLJ9
SPBRLJ
SPBRLJ28

Certification Dates

Certification Start Date: 11/09/2006

Suggested End Certification Date: 05/04/2007

Actual End Certification Date: 5 / 4 / 2007 (mm/dd/yyyy)

Certification Dates

Certification Date: 11/09/2006

Recertification Date: 05/04/2007

Issue Drafts For: 1 Month

Draft Information

Fast Month

First Day of Use: 11 / 9 / 2006 (mm/dd/yyyy)

Last Day of Use: 12 / 9 / 2006 (mm/dd/yyyy)

Food Package: PBF2



Nutrition Education / Visit Notes

Participant Type: Pregnant Women (up to 6 weeks postpartum)

Empty text area for notes



Referral Programs

- Breastfeeding program
- Health care provider
- Chaplain
- Immunizations
- Community center
- Legal
- Dentist
- Smoking cessation
- Exceptional family member program (EFMP)
- Substance abuse
- Family advocacy
- Financial planning

Other Program:



Print Visit Reports

Participant Name: SAMPLE T EXAMPLE

Print Participant Profile Report Print Visit Report Print Visit Report



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WIC Overseas Participant Profile Report

Visit Date Thursday, November 09, 2006	SAMPLE T EXAMPLE FMP/SSN: 30000-00-0000	
Encounter Type: New Certification	Certification Dates: 11/09/2006 - 05/04/2007	
WIC Overseas Site ID: 3010 Yokosuka, Japan		
Participant Category: Pregnant	Economic Unit: 4	
Gender: Female	Address: PSC 22 BOX 123 APO, AP, 00000	
DOB: 11/11/1980	Home Phone:	
Age: 25 Years 11 Months	Work Phone:	
Participant Type: Dependent of a member of the armed forces stationed overseas		
Sponsor Name: JOHN T EXAMPLE	Grade: E-5	DEROS: 12/12/2007
Non-Sponsor Name:	Home Phone: 222-2222	
Address: PSC 22 BOX 123 APO, AP, 00000	Work Phone: 233-3333	
Source of Health Care: MTF: USNH	Perinatal Care:	

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Printer name: \\nase-prinkscn\HP LaserJet 4100n - WICTEST
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Total pages: 2

Current Page No: 1 Total Page No: 1

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Draft Issuance

Draft Information	
Food Package:	PBF2
Number of Months Issued:	1
Re-Certification Date:	05/04/2007
First Month:	11/09/2006 - 12/06/2006
Second Month:	Not Applicable
Third Month:	Not Applicable

Draft Serial Numbers	
Draft 1	3010
Draft 2	3010
Draft 3	3010

Draft Serial Number Register



Map/Print

EXAMPLE, SAMPLE T	30XXX-XX-0000	11/09/2006	
OR		12/06/2006	3010072136
2	pk	milk (whole, 2% 1% 1/2% skim, UHT, lactose free)	
3	ps	milk (whole, 2% 1% 1/2% skim, UHT, lactose free)	
4	pd	cheese	
5	cp	eggs	
6	oz	fruits/vegetables/beans/soybeans	
7	jl	corn/border of high strength juice	
8	bl	bottles/cans single strength juice	
9	oz	dry beans	
10	oz	canned frozen fruit	
11	oz	for peanut butter	
EXAMPLE, SAMPLE T	30XXX-XX-0000	11/09/2006	