

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 | Save

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

Start | Inbox - Microsoft Outlook | WIC Overseas PIMS - | Document1 - Microsoft | 10:06 AM

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:



[New Participant](#)
[Lookup Participant](#)
[Administrative Tools](#)

[AA Data Entry Step 6/6](#)
[Back](#)
[Save](#)
[Participant Home](#)
[Visit Home](#)
 [Residential](#)
 [Categorical](#)
 [Participant Type](#)
 [Income](#)
 [Nutritional Risk](#)

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:

Start | Inboxes - Microsoft Outlook | WIC Overseas PIMS - ... | Document1 - Microsoft ... | 10:23 AM



[New Participant](#)
[Lookup Participant](#)
[Administrative Tools](#)

[CPA Data Entry](#)
[Next](#)
[Save](#)
[Participant Home](#)
[Visit Home](#)
 [Residential](#)
 [Categorical](#)
 [Participant Type](#)
 [Income](#)
 [Nutritional Risk](#)

Height/Weight Information

Height (inches):

Weight (pounds):

Pre-Pregnancy Weight (pounds):

Pre-Pregnancy BMI: 0

Blood Work Information

Hematocrit (%):

Date of Hematocrit:

Hemoglobin (g/dL):

Date of Hemoglobin:

Start | Inboxes - Microsoft Outlook | WIC Overseas PIMS - ... | Document1 - Microsoft ... | CPA Data Entry | 10:25 AM



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 []
Premature delivery []
Low birth weight []
Spontaneous abortions []
Fetal death []
Neonatal death []
Birth with a nutrition related congenital or birth defect []
Birth of a large for gestational age (LGA) infant []
Currently breastfeeding []



Tobacco, Alcohol, Drug Use

Do you smoke any tobacco products? []
Do you drink any alcohol? []
Participant uses illegal drugs? []

Current Pregnancy Complications

Gestational diabetes []
Pregnancy-induced hypertension []
Weight loss of 2 or more pounds in 2nd or 3rd trimester []
CPA determined low maternal weight gain []
CPA determined high maternal weight gain []
Fetal growth restriction (FGR) []
Hyperemesis gravidarum []
Conception at or before 17 years of age []
Conception before 16 months postpartum []
High parity and young age []

Do you plan to breastfeed? []



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"/>		



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"/>		

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
SPERLJ28

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 EMP/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:	

Current Page No: 1 Total Page No: 1

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Time sent: 11:00:47 AM 11/9/2006
Total pages: 2



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	
6-11.5/12	oz	fruits/vegetables/beans/soybeans	
13-14	oz	corn/borers of high strength juice	
15-16	oz	beverages/carbonated single strength juice	
17-18-19	oz	dry beans	
20	oz	canned frozen fruits	
21-22	oz	for peanut butter	
EXAMPLE, SAMPLE T	30XXX-XX-0000	11/09/2006	

Current Page No: 1

Total Page No: 1

Zoom Factor: 100%