

## CPSP Virtual NEW *MyPlate* & *PFGR* Training Post-Test

Please circle the correct answer(s).

Name: _____
Clinic: _____
Phone: _____
Email: _____
Date Training Completed: _____

1. A pregnant individual's nutrition matters most during their pregnancy.
  - a. True
  - b. False
  
2. The latest diet intake tool approved in 2022 is the PFGR which stands for:
  - a. Prenatal Food Group Recall (PFGR)
  - b. Perinatal Food Group Response (PFGR)
  - c. Perinatal Food Group Recall (PFGR)
  - d. Postpartum Food Group Recall (PFGR)
  
3. Select all the nutrition tools and forms you will need:
  - a. USDA Food Intake Standard
  - b. MyPlate for Pregnant and New Parents including Breastfeeding & MyPlan for Pregnant and New Parents including Breastfeeding
  - c. PFGR
  - d. Dietary Guidelines for Americans 2020-2025
  
4. Responses that fall in the *shaded* box on the PFGR are a nutritional concern to address with the client.
  - a. True
  - b. False
  
5. The PFGR will need to be documented on the individualized care plan (ICP) as "inadequate diet" if client has problems in at least 3 or more food groups.
  - a. True
  - b. False

6. The new MyPlate tools include serving sizes.
  - a. True
  - b. False
  
7. This new *MyPlate* tool should be used to educate clients who *can* become pregnant. It focuses on preconception/interconception care.
  - a. *MyPlate for People with Gestational Diabetes*
  - b. *MyPlate for People Who May Become Pregnant*
  - c. *MyPlate for Pregnant and New Parents including Breastfeeding*
  - d. None of the above
  
8. Some of the new features of the *MyPlate* & *PFGR* tools are: (circle all that apply)
  - a. Hyperlinks are now included
  - b. QR Codes are now included
  - c. Phone numbers for program referrals are provided
  - d. A PFGR specifically for clients with gestational diabetes
  
9. On the PFGR, the clients' goals are now represented by "codes" which need to be carried over/documented on the PFGR Care Plan Summary.
  - a. True
  - b. False
  
10. The *MyPlan* page allows educators/CPHWs guide clients on setting healthy lifestyle or food group goals. A copy should be provided to clients.
  - a. True
  - b. False

**Please submit your completed test to LA County CPSP:  
Email: [cpsp@ph.lacounty.gov](mailto:cpsp@ph.lacounty.gov)**

<b>THIS SECTION TO BE COMPLETED BY LA COUNTY CPSP STAFF</b>
Score: ___ / 10 = _____ %
Passing: <input type="checkbox"/> YES <input type="checkbox"/> NO
Follow-up call completed: <input type="checkbox"/> YES