

CHILD ASSESSMENT QUESTIONS

Question	Risk/purpose	
I am going to ask you some questions about your child's health and nutrition; then we will come back and address any concerns or questions that you may have.		
	How is your child doing?	Rapport building
1.	Has your doctor identified any health problems or medical conditions for your child? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2.	Has your child had any recent major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3.	Is your child taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4.	Do you give vitamins or other dietary supplements to your child? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5.	Does the water your child drinks have fluoride? • (If no) Do you give your child a fluoride supplement?	Inadequate Vitamin/Mineral Supplementation
6.	Does your child have any problems with his/her teeth or gums, or unfilled cavities? • (If yes) Tell me more.	Severe Dental Problems
7.	What are your concerns about your child's eating? • How is your child's appetite? • Does your child feed her/himself? • What does your child do when hungry? And when full? • Does your child have any problems with choking or swallowing? • (If yes) Tell me more.	Not Supporting Development/ Feeding Relationship, Developmental Delays Affecting Chewing/Swallowing
8.	Does your child avoid or do you limit any foods (<i>for your child</i>) for any reason, including food allergies? • (If yes) Tell me more.	Very Restrictive Diet Food Allergy, Lactose Intolerance
9.	What type of milk does your child drink (soy, rice, goats milk, almond milk, non-dairy creamer)? • (If cow's milk) Is it non-fat, low-fat milk, or whole milk?	Reduced-fat or Non-fat Milk (12-23 months), Inappropriate Milk Substitutes
10.	What else does your child drink? (soda, sports drink, Kool Aid, sweetened tea) • How often?	Feeding Sugar-containing Drinks

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11.	Does your child use a bottle? A cup? <ul style="list-style-type: none"> • How often does your child drink from the bottle/cup? What is in the bottle/cup? • Does your child take a bottle/cup to bed? (If yes) What is in the bottle/cup? 	Inappropriate Use of Bottle/Cup
12.	Does your child: <ul style="list-style-type: none"> -Drink raw milk or fresh squeezed juice? -Eat soft cheeses such as feta, Brie, blue cheese, queso blanco, or queso fresco? -Eat rare or undercooked beef, pork, or poultry? -Eat raw seafood or hot dogs that haven't been heated? -Eat raw or runny eggs? 	Potentially Contaminated Foods
13.	Does your child eat things such as dirt, clay, paint chips, or starch? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Pica
We ask everyone the following questions, they have to do with health and safety.		Transition
14.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke
15.	Is there anyone in your life who is hurting you or your child(ren)? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Recipient of Abuse (past 6 months)
<p>Note: During the risk interview consider the following additional risks that are not included in the previous questions:</p> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Limited Ability to Make Feeding Decisions • Caregiver Alcohol/Drug Addiction • Migrancy • Homelessness 		
<p>If no risks have been identified, assign:</p> <ul style="list-style-type: none"> • Not Meeting Feeding Guidelines (12-23 months) • Not Meeting Dietary Guidelines (2-5 years) 		



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