

WASHINGTON STATE WIC POLICY AND PROCEDURE MANUAL



VOLUME 1, CHAPTER 11

Assessment Questions



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 Infant 0 < 6 Months Fully Breastfed – No Solids

 Infant 0 < 6 Months Fully Breastfed – Solids

 Infant 0 < 6 Months Partially Breastfed – No Solids

 Infant 0 < 6 Months Partially Breastfed – Solids

 Infant 0 < 6 Months Fully Formula Fed – No Solids

 Infant 0 < 6 Months Fully Formula Fed – Solids

 Infant 6 – 12 Months Fully Breastfed

 Infant 6 – 12 Months Partially Breastfed

 Infant 6 – 12 Months Fully Formula Fed

CHAPTER 11 ASSESSMENT QUESTIONS

Section 1 Assessment During WIC Certification

POLICY: Assessment During Certifications and Infant Health Assessments

1. The CPA shall assess the client's health and nutrition status by using the Washington State WIC Nutrition Program's Assessment Questions during the initial certification and subsequent certifications. The CPA shall also use the Assessment Questions for the mid-certification infant health assessment.
 - a. The CPA shall ask the client/caregiver the Assessment Questions.

Note: The assessment process is meant to be a conversation with the client/caregiver.
 - b. The CPA shall be allowed to ask the Assessment Questions in any order.
 - c. The CPA shall be allowed to "use his/her own voice" when asking the Assessment Questions, provided the intent of each question is not changed.
2. The Assessment Questions shall be used to assess a client's health, nutrition practices, cultural values, preferences and other pertinent areas in order to:
 - a. Identify nutrition risks for WIC eligibility, and
 - b. Personalize the client's nutrition education, counseling, referrals and food prescription.

Note: Staff ask questions to assess the pregnant woman's thoughts and intentions about breastfeeding during every pregnant woman's certification assessment. Refer to Volume 1, Chapter 13 – Basic Contact for more information about this requirement.
3. The CPA shall obtain answers to all the Assessment Questions to assure the assessment is complete and accurate, and to gather pertinent information from the client/caregiver to facilitate a nutrition discussion.
 - a. If a client/caregiver provides information earlier in the conversation that answers an Assessment Question that occurs later, the CPA is not required to ask the specific Assessment Question that has already been answered.
4. The CPA shall assign the appropriate nutrition risk ("Not Meeting Dietary Guidelines" or "Not Meeting Feeding Guidelines") when no other nutrition risks have been identified after obtaining answers to all the Assessment Questions and assessing anthropometric and hematological data. These risks are assigned as follows:
 - a. Not Meeting Dietary Guidelines – assigned to women and children 2 years and older.
 - b. Not Meeting Feeding Guidelines – assigned to infants 4 – 12 months of age and children 12 – 23 months of age.

CHAPTER 11 ASSESSMENT QUESTIONS

Section 1 Assessment During WIC Certification

PROCEDURE:

A. The CPA:

1. Asks the Assessment Questions to assure that a complete WIC assessment is done. The Assessment Questions are category specific and are programmed into Client Services. Copies of the Assessment Questions are located in the Appendix of this chapter.
 - a. The Assessment Questions are also available from the Washington WIC Web site in many languages.
2. Asks additional probing questions as appropriate. Additional probing questions are often needed in order to gather complete information about the client.
3. Identifies and documents all nutrition risks in the client's file in Client Services (CIMS). The CPA uses the state Nutrition Risk Criteria when determining risks for eligibility. Refer to Volume 1, Chapter 14 – Nutrition Risk Criteria for definitions of nutrition risk factors.
4. Documents one of the following risks if no nutrition risk is identified from the Assessment Questions, the anthropometric measurements or the hematological data:
 - a. “Not Meeting Dietary Guidelines” risk for women and children 2 years and older.
 - b. “Not Meeting Feeding Guidelines” risk for infants 4 – 12 months of age and children 12 – 23 months of age.
5. Documents additional notes about risks in Client Services when appropriate.
6. Documents other pertinent assessment information gathered when appropriate
 - a. It is not required to keep any paper forms or other documentation as part of the assessment once information has been documented into Client Services.
 - b. If a client name has been written on the Assessment Question form and the form is not going to be filed, the staff member shreds the form in order to maintain client confidentiality.

CHAPTER 11 ASSESSMENT QUESTIONS

Section 1 Assessment During WIC Certification

Information:

Federal guidelines require a complete assessment by the CPA using a standard process even though there is a “Not Meeting Dietary Guidelines” risk (a risk that is selected when no other nutrition risk criteria apply). The purpose of a complete assessment is to have a conversation to identify all the issues the client may have with regard to health and nutrition.

Information collected as part of the assessment is very beneficial in helping staff to learn about the client’s cultural values and preferences, food buying practices, food preparation abilities, meal time behaviors and other pertinent areas which may impact the client’s nutrition needs, food package prescription and referrals. Gathering complete information helps staff to provide the “right” information and needed support to guide the client towards positive health behavior changes.

For additional information about effective interviewing techniques (for example, using a non-judgmental approach, asking open-ended questions, active listening, etc.), refer to Volume 1, Chapter 8 – Interviewing Techniques.

It is recommended that new staff members use the Assessment Questions as written until they are familiar with the nutrition risk criteria and are comfortable asking the questions. Staff can then “use their own voice” when asking the questions provided they maintain the intent of each question.

CHAPTER 11 ASSESSMENT QUESTIONS**Section 1 Assessment During WIC Certification**

POLICY: Coordination of WIC and MSS Assessment Process

The CPA shall be allowed to use information gathered during the pregnant woman MSS assessment as part of the WIC assessment provided that the following conditions are met:

1. The staff person who gathered the MSS assessment information is the same person who is performing the pregnant woman WIC certification, and
2. The WIC and MSS assessments occur on the same day, and
3. The CPA asks (or obtains the answers to) the questions from the WIC Assessment Question form not asked during the MSS assessment.

The CPA assures all the WIC Assessment Question information is gathered and all appropriate nutrition risk factors are documented in the pregnant client's WIC computer file.

This practice shall only be allowed for pregnant clients. The MSS pregnant woman assessment questions are similar to the WIC Pregnant Woman Assessment Questions form with the exception of a few additional questions. The CPA shall assure that a complete WIC assessment has been done by asking the additional questions.

Information obtained through an MSS/First Steps visit can be useful in obtaining information for the WIC Assessment Questions for breastfeeding, postpartum and infant clients. Because the MSS/First Steps forms are not similar enough to the WIC Assessment Questions for these categories, the WIC Assessment Questions for these categories shall be used when determining certification.

PROCEDURE:

The CPA:

- A. Assures all the Pregnant Woman WIC Assessment Questions have been answered between the MSS assessment and the WIC certification.
- B. Assures all appropriate nutrition risks are selected in the woman's computer file.
- C. Documents additional information in the woman's file as appropriate.
- D. Assesses the woman's nutrition and referral needs based on the assessment conversation in addition to other information gathered during the assessment.
 - a. Provide appropriate education and referrals based on the client's needs.
- E. Prescribes the appropriate food package based on the client's needs.

CHAPTER 11 ASSESSMENT QUESTIONS

Section 1 Assessment During WIC Certification

Information:

Maternity Support Services (MSS) are preventive health services that supplement medical coverage for Medicaid eligible women who are pregnant or within 60 days post-pregnancy. The goal of MSS is to provide services as early in a pregnancy as possible in an effort to promote positive pregnancy and parenting outcomes. MSS services are provided by private and public agencies throughout Washington. Services include assessment, health education, intervention and counseling offered by a multi-disciplinary team of professionals and paraprofessionals who work closely with the woman to provide a comprehensive plan of care. Applicants can apply for First Steps, the umbrella agency for Maternity Support Services, by visiting their local Community Service Office (CSO).

First Steps is a program that helps low-income pregnant women get the health and social services they may need. After delivery, the baby will receive full medical coverage until his or her first birthday.

APPENDIX

PREGNANT WOMAN ASSESSMENT QUESTIONS

QUESTIONS		RISK/PURPOSE
<p>I am going to ask you some questions about your health and nutrition; then we will come back and address any concerns or questions that you may have.</p>		Rapport building
1.	<p>How is your pregnancy going?</p> <p>For this pregnancy, do you have any:</p> <ul style="list-style-type: none"> -Nausea and vomiting? -Heartburn? -Constipation? 	Rapport building Severe Nausea/ Vomiting
2.	<p>Have you seen a medical provider for this pregnancy?</p> <ul style="list-style-type: none"> • (If yes) When did you first see your medical provider? 	No Prenatal Care > 13 weeks
3.	<p>(If seen by a medical provider) Has your medical provider identified any health or medical concerns about your pregnancy, such as high blood pressure, anemia or gestational diabetes?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. • (If no) What concerns do you have about your pregnancy? 	Gestational Diabetes, Fetal Growth Restrict., Pregnancy Induced Hypertension (PIH), BF While Pregnant, Multiple Fetuses
4.	<p>How many times have you been pregnant in the past two years?</p> <ul style="list-style-type: none"> • Have you ever had any miscarriages? (If yes) How many? • Have you ever had any stillbirths or early infant deaths? 	Two Preg in Two Years, Spon. Ab, Fetal or Neonatal Loss (Hx)
5.	<p>(If any live births) Did your baby (babies) have any health or medical problems at birth?</p> <ul style="list-style-type: none"> • How much did your baby (babies) weigh at birth? • Were any born early? 	Nutr Related Birth Defects (Hx), LGA (Hx), LBW (Hx), Premature (Hx)
6.	<p>(If any past pregnancies) Did you have gestational diabetes with your past pregnancies?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	Gestational Diabetes (Hx)
7.	<p>Do you have any health problems or medical conditions not related to pregnancy?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	<Select appropriate medical risk(s)>
8.	<p>Have you had any recent major surgeries or serious injuries or burns?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. • Have you ever had a surgery that effects how you eat now? • (If yes) Tell me more. 	Recent Major Surgery, Trauma, Burns, Bariatric Surgery (dietary impact)
9.	<p>Are you taking any medications?</p> <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Nutrient Interactions
10.	<p>What vitamins or other dietary supplements do you take?</p> <ul style="list-style-type: none"> • How much do you take? • Do you take a prenatal vitamin? • (If no) Are you taking an iron supplement? 	Inadequate Vitamin/Mineral Supplementation, Inappropriate or Excessive Supplements

PREGNANT WOMAN ASSESSMENT QUESTIONS

QUESTIONS		RISK/PURPOSE		
11.	Do you have any problems with your teeth or gums that affect how you eat? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Severe Dental Problems		
12.	How has your appetite been? Are there foods you limit or avoid for any reason, including food allergies? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Very Restrictive Diet, Food Allergy, Lactose Intolerance		
13.	Do you: <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? -Eat sliced lunch meats or smoked meats? 	Potentially Contaminated Foods		
14.	Do you eat things such as ice, 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		
15.	Do you smoke? <ul style="list-style-type: none"> • (If yes) How much? 	Maternal Smoking		
16.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke		
17.	When was the last time you drank alcohol? <ul style="list-style-type: none"> • How much do you drink? How often? 	Alcohol Use		
18.	When was the last time you used drugs? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Use		
19.	Recently, have you felt sad or depressed? <ul style="list-style-type: none"> • (If yes) Tell me more. • (If yes) Are you being treated for depression? (i.e. medication, counseling) 	Depression		
20.	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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • ≤16 Years at Conception • 17 years at conception • Limited Skills for Proper Nutrition </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Foster Care (past 6 months) • Migrancy • Homelessness </td> </tr> </table>			<ul style="list-style-type: none"> • ≤16 Years at Conception • 17 years at conception • Limited Skills for Proper Nutrition 	<ul style="list-style-type: none"> • Foster Care (past 6 months) • Migrancy • Homelessness
<ul style="list-style-type: none"> • ≤16 Years at Conception • 17 years at conception • Limited Skills for Proper Nutrition 	<ul style="list-style-type: none"> • Foster Care (past 6 months) • Migrancy • Homelessness 			
<p>If no risks have been identified, assign: Not Meeting Dietary Guidelines</p>				
<p>It is a <u>requirement to ask every pregnant woman about her plans to breastfeed.</u> Following is a sample question that may be used at any time during the certification to begin the discussion about breastfeeding: <i>What have you heard about breastfeeding?</i></p>				

BREASTFEEDING WOMAN ASSESSMENT QUESTIONS

Question	Risk/purpose
I am going to ask you some questions about your health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
<i>(Answers to questions 1-3 are available on the infant Custom tab)</i>	Information only
1. How are you and the baby doing? <ul style="list-style-type: none"> • <i>How big was your baby at birth?</i> • <i>Was your baby born early?</i> 	Rapport building, LBW (This PG), LGA (This PG), Premature (This PG)
2. How is breastfeeding going? <ul style="list-style-type: none"> • (If concerns) Tell me more. 	Breastfeeding Complications, Breastfeeding Twins, Triplets
3. Did you have any health or medical concerns with this last pregnancy, such as gestational diabetes? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Gestational Diabetes (This PG), Multiple Fetuses (This PG)
4. How many times have you been pregnant in the past two years? <ul style="list-style-type: none"> • Have you had any miscarriages? (If yes) How many? • Have you had any stillbirths or early infant deaths? 	Two Preg./Two Years (This PG), Spon. Ab., Fetal or Neonatal Loss (This PG)
5. Have you had any recent surgeries, such as a C-section? <ul style="list-style-type: none"> • (If yes) Tell me more. • Have you ever had a surgery that effects how you eat now? • (If yes) Tell me more. • Have you had any recent serious injuries or burns? 	Recent Major Surgery, Trauma, Burns, Bariatric Surgery (dietary impact)
6. Do you have any health problems or medical conditions not related to pregnancy? <ul style="list-style-type: none"> • (If yes) Tell me more. 	<Select appropriate medical risk(s)>
7. Are you taking any medications? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Nutrient Interactions
8. What vitamins or other dietary supplements do you take? <ul style="list-style-type: none"> • How much do you take? • Are you taking a folic acid supplement? 	Inadequate Vitamin/Mineral Supplementation, Inappropriate or Excessive Supplements
9. Do you have any problems with your teeth or gums that affect how you eat? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Severe Dental Problems

BREASTFEEDING WOMAN ASSESSMENT QUESTIONS

QUESTIONS		RISK/PURPOSE
10.	How has your appetite been? Are there foods you limit or avoid for any reason, including food allergies? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Very Restrictive Diet Food Allergy, Lactose Intolerance
11.	Do you eat things such as ice, 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
12.	Do you smoke? <ul style="list-style-type: none"> • (If yes) How much? 	Maternal Smoking
13.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke
14.	When was the last time you drank alcohol? <ul style="list-style-type: none"> • How much do you drink? • How often? 	Alcohol Use
15.	When was the last time you used drugs? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Use
16.	Recently, have you felt sad or depressed? <ul style="list-style-type: none"> • (If yes) Tell me more. • (If yes) Are you being treated for depression? (i.e. medication, counseling) 	Depression
17.	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"> <li style="width: 50%;">• Breastfeeding a Priority 1 Infant <li style="width: 50%;">• Foster Care (past 6 months) <li style="width: 50%;">• Breastfeeding a Priority 2 Infant <li style="width: 50%;">• Limited Skills for Proper Nutrition <li style="width: 50%;">• Breastfeeding a Priority 4 Infant <li style="width: 50%;">• Migrancy <li style="width: 50%;">• ≤ 17 Yrs at Conception (This PG) <li style="width: 50%;">• Homelessness <li style="width: 50%;">• Nutrition Related Birth Defects (This PG) 		
If no risks have been identified, assign: Not Meeting Dietary Guidelines		

POSTPARTUM WOMAN ASSESSMENT QUESTIONS

Question	Risk/purpose
I am going to ask you some questions about your health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
<i>(Answers to questions 1-3 are available on the infant Custom tab)</i>	Information only
1. How are you and the baby doing? <ul style="list-style-type: none"> • <i>How big was your baby at birth?</i> • <i>Was your baby born early?</i> 	Rapport building, LBW (This PG), LGA (This PG), Premature (This PG)
2. Did you have any health or medical concerns with this last pregnancy, such as gestational diabetes? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Gestational Diabetes (This PG), Multiple Fetuses (This PG)
3. How many times have you been pregnant in the past two years? <ul style="list-style-type: none"> • Have you had any miscarriages? (If yes) How many? • Have you had any stillbirths or early infant deaths? 	Two Preg./Two Years (This PG), Spon. Ab., Fetal or Neonatal Loss (This PG)
4. Have you had any recent surgeries, such as a C-section? <ul style="list-style-type: none"> • (If yes) Tell me more. • Have you ever had a surgery that effects how you eat now? • (If yes) Tell me more. • Have you had any recent serious injuries or burns? 	Recent Major Surgery, Trauma, Burns, Bariatric Surgery (dietary impact)
5. Do you have any health problems or medical conditions not related to pregnancy? <ul style="list-style-type: none"> • (If yes) Tell me more. 	<Select appropriate medical risk(s)>
6. Are you taking any medications? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Nutrient Interactions
7. What vitamins or other dietary supplements do you take? <ul style="list-style-type: none"> • How much do you take? • Are you taking a folic acid supplement? 	Inadequate Vitamin/Mineral Supplementation, Inappropriate or Excessive Supplements
8. Do you have any problems with your teeth or gums that affect how you eat? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Severe Dental Problems
9. How has your appetite been? Are there foods you limit or avoid for any reason, including food allergies? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Very Restrictive Diet Food Allergy Lactose Intolerance

POSTPARTUM WOMAN ASSESSMENT QUESTIONS

Question		Risk/purpose		
10.	Do you eat things such as ice, 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		
11.	Do you smoke? <ul style="list-style-type: none"> • (If yes) How much? 	Maternal Smoking		
12.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke		
13.	When was the last time you drank alcohol? <ul style="list-style-type: none"> • How much do you drink? • How often? 	Alcohol Use		
14.	When was the last time you used drugs? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Use		
15.	Recently, have you felt sad or depressed? <ul style="list-style-type: none"> • (If yes) Tell me more. • (If yes) Are you being treated for depression? (i.e. medication, counseling) 	Depression		
16.	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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • ≤ 17 Yrs at Conception (This PG) • Nutrition Related Birth Defects (This PG) • Foster Care (past 6 months) </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Limited Skills for Proper Nutrition • Migrancy • Homelessness </td> </tr> </table>			<ul style="list-style-type: none"> • ≤ 17 Yrs at Conception (This PG) • Nutrition Related Birth Defects (This PG) • Foster Care (past 6 months) 	<ul style="list-style-type: none"> • Limited Skills for Proper Nutrition • Migrancy • Homelessness
<ul style="list-style-type: none"> • ≤ 17 Yrs at Conception (This PG) • Nutrition Related Birth Defects (This PG) • Foster Care (past 6 months) 	<ul style="list-style-type: none"> • Limited Skills for Proper Nutrition • Migrancy • Homelessness 			
<p>If no risks have been identified, assign: Not Meeting Dietary Guidelines</p>				

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

CHILD ASSESSMENT QUESTIONS

Question		Risk/purpose
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) 		

INFANT 0 < 6 MONTHS FULLY BREASTFED – NO SOLIDS ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby’s health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much? • Is your baby getting a vitamin D supplement?	Inappropriate or Excessive Supplements, Inadequate Vitamin/Mineral Supplementation
5. Tell me how breastfeeding is going. • How do you know when your baby is hungry? And when he/she is full? • How often does your baby breastfeed in 24 hours? • How long does your baby nurse on each side? • How many poopy or wet diapers does your baby have in 24 hours?	Not Supporting Development/ Feeding Relationship, Breastfeeding Complications, Limited Frequency of Breastfeeding (≤ 6 months), Very Restrictive Feeding
6. Is your baby given breastmilk in a bottle? (If yes) How long do you store breastmilk? a. (If yes) What do you do with breastmilk left in the bottle after a feeding? b. (If yes) When you are out with your baby for the day, how do you store breastmilk?	Unsafe Handling/Storage of Breastmilk/Formula
7. Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup
8. What else do you give your baby to drink? How much? (Evaluate for cow’s milk, goat’s milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-Containing Drinks
9. Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup

INFANT 0 < 6 MONTHS FULLY BREASTFED – NO SOLIDS ASSESSMENT QUESTIONS

	QUESTION	RISK/PURPOSE		
10.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice?	Potentially Contaminated Foods		
We ask everyone the following questions, they have to do with health and safety.		Transition		
11.	Does anyone smoke inside your home? • (If yes) Tell me more.	Secondhand Smoke		
12.	Is there anyone in your life who is hurting you or your baby? • (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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk • Pri 2-Infant of WIC Eligible Mom (< 6 Months) </td> </tr> </table>			<ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions 	<ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk • Pri 2-Infant of WIC Eligible Mom (< 6 Months)
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If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)				

INFANT 0 < 6 MONTHS FULLY BREASTFED – SOLIDS ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby’s health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much? • Is your baby getting a vitamin D supplement?	Inappropriate or Excessive Supplements, Inadequate Vitamin/Mineral Supplementation
5. Tell me how breastfeeding is going. • How do you know when your baby is hungry? When he/she is full? • How often does your baby breastfeed in 24 hours? • How long does your baby nurse on each side?	Not Supporting Development/ Feeding Relationship, Breastfeeding Complications, Limited Frequency of Breastfeeding (\leq 6 months), Very Restrictive Feeding
6. Is your baby given breastmilk in a bottle? (If yes) How long do you store breastmilk? a. (If yes) What do you do with breastmilk left in the bottle after a feeding? b. (If yes) When you are out with your baby for the day, how do you store breastmilk?	Unsafe Handling/Storage of Breastmilk/Formula
7. Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup
8. What else do you give your baby to drink? How much? (Evaluate for cow’s milk, goat’s milk, sports drinks, sweetened drinks, etc....)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks
9. Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup

INFANT 0 < 6 MONTHS FULLY BREASTFED – SOLIDS ASSESSMENT QUESTIONS

QUESTION		RISK/PURPOSE		
10.	What solid foods does your baby eat? <ul style="list-style-type: none"> • How much? • Have you given your baby finger foods? (peas, cut up bananas, Cheerios) • Does your baby eat grapes, raisins, nuts, popcorn, or chips? 	Early Introduction of Solids (< 4 months), Not Supporting Development/Feeding Relationship		
11.	Does your baby: <ul style="list-style-type: none"> -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice? -Eat hot dogs that haven't been heated? -Eat raw or runny eggs? 	Potentially Contaminated Foods		
12.	Do you limit any foods for your baby for any reason?	Very Restrictive Feeding, Food Allergy, Lactose Intolerance		
We ask everyone the following questions, they have to do with health and safety.		Transition		
13.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke		
14.	Is there anyone in your life who is hurting you or your baby? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Recipient of Abuse (past 6 months)		
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If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)				

INFANT 0 < 6 MONTHS PARTIALLY BREASTFED– NO SOLIDS ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby’s health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5. Tell me how feeding is going. • How do you know when your baby is hungry? When he/she is full? • How often does your baby breastfeed in 24 hours? How long does the baby nurse on each side? • How much formula does your baby drink in 24 hours? • Does your baby drink iron fortified formula? • <i>(If drinking less than 17 ounces of formula per day)</i> Is your baby getting a vitamin D supplement?	Not Supporting Development/ Feeding Relationship, Breastfeeding Complications, Limited Frequency of Breastfeeding (≤ 6 months), Inadequate Vitamin/Mineral Supplementation, Very Restrictive Feeding
6. Tell me how you prepare your baby’s formula. • How much water and how much formula do you use? • What type of water do you use to prepare the formula? (Evaluate for safe water supply)	Inappropriate Formula Dilution, Unsafe Handling/Storage of Breastmilk/Formula
7. Is your baby given breastmilk in a bottle? (If yes) How long do you store breastmilk? a. (If yes) What do you do with breastmilk left in the bottle after a feeding? b. (If yes) When you are out with your baby for the day, how do you store breastmilk? How long do you store formula after it is prepared? • What do you do with formula left in the bottle after a feeding? • If you are going out with your baby for the day, how do you prepare and store the formula?	Unsafe Handling/Storage of Breastmilk/Formula
8. Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup

INFANT 0 < 6 MONTHS PARTIALLY BREASTFED– NO SOLIDS ASSESSMENT QUESTIONS

QUESTION		RISK/PURPOSE		
9.	What else do you give your baby to drink? How much? (Evaluate for cow’s milk, goat’s milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks		
10.	Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup		
11.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice?	Potentially Contaminated Foods		
We ask everyone the following questions, they have to do with health and safety.		Transition		
12.	Does anyone smoke inside your home? • (If yes) Tell me more.	Secondhand Smoke		
13.	Is there anyone in your life who is hurting you or your baby? • (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> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk • Pri 2-Infant of WIC Eligible Mom (< 6 Months) </td> </tr> </table>			<ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions 	<ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk • Pri 2-Infant of WIC Eligible Mom (< 6 Months)
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If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)				

INFANT 0 < 6 MONTHS PARTIALLY BREASTFED – SOLIDS ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby's health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5. Tell me how feeding is going. • How do you know when your baby is hungry? When he/she is full? • How often does your baby breastfeed in 24 hours? How long does the baby nurse on each side? • How much formula does your baby drink in 24 hours? • Does your baby drink iron fortified formula? • <i>(If drinking less than 17 ounces of formula per day)</i> Is your baby getting a vitamin D supplement?	Not Supporting Development/ Feeding Relationship, Breastfeeding Complications, Limited Frequency of Breastfeeding (≤ 6 months), Inadequate Vitamin/Mineral Supplementation, Very Restrictive Feeding
6. Tell me how you prepare your baby's formula. • How much water and how much formula do you use? • What type of water do you use to prepare the formula? (Evaluate for safe water supply)	Inappropriate Formula Dilution, Unsafe Handling/Storage of Breastmilk/Formula
7. Is your baby given breastmilk in a bottle? (If yes) How long do you store breastmilk? a. (If yes) What do you do with breastmilk left in the bottle after a feeding? b. (If yes) When you are out with your baby for the day, how do you store breastmilk? How long do you store formula after it is prepared? • What do you do with formula left in the bottle after a feeding? • If you are going out with your baby for the day, how do you prepare and store the formula?	Unsafe Handling/Storage of Breastmilk/Formula
8. Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup

INFANT 0 < 6 MONTHS PARTIALLY BREASTFED – SOLIDS ASSESSMENT QUESTIONS

	QUESTION	RISK/PURPOSE		
9.	What else do you give your baby to drink? How much? (Evaluate for cow's milk, goat's milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks		
10.	Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup		
11.	What solid foods does your baby eat? • How much? • Have you given your baby finger foods? (peas, cut up bananas, Cheerios) • Does your baby eat grapes, raisins, nuts, popcorn, or chips?	Early Introduction of Solids (< 4 months), Not Supporting Development/Feeding Relationship		
12.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice? -Eat hot dogs that haven't been heated? -Eat raw or runny eggs?	Potentially Contaminated Foods		
13.	Do you limit any foods for your baby for any reason?	Very Restrictive Feeding Food Allergy, Lactose Intolerance		
We ask everyone the following questions, they have to do with health and safety.		Transition		
14.	Does anyone smoke inside your home? • (If yes) Tell me more.	Secondhand Smoke		
15.	Is there anyone in your life who is hurting you or your baby? • (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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk • Pri 2-Infant of WIC Eligible Mom (< 6 Months) </td> </tr> </table>			<ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions 	<ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk • Pri 2-Infant of WIC Eligible Mom (< 6 Months)
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If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)				

INFANT 0 < 6 MONTHS FULLY FORMULA FED – NO SOLIDS ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby's health and nutrition; then we will come back and address any concerns or questions that you may have.	
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5. Tell me how formula feeding is going. • How do you know when your baby is hungry? When he/she is full? • How much formula does your baby drink in 24 hours? • Does your baby drink iron fortified formula? • (If drinking less than 17 ounces of formula per day) Is your baby getting a vitamin D supplement? • In addition to what WIC provides, how many cans of formula do you buy each month?	Inadequate Vitamin/Mineral Supplementation, Very Restrictive Feeding
6. Tell me how you prepare your baby's formula. • How much water and how much formula do you use? • What type of water do you use to prepare the formula? (Evaluate for safe water supply)	Inappropriate Formula Dilution, Unsafe Handling/Storage of Breastmilk/Formula
7. How long do you store formula after it is prepared? • What do you do with formula left in the bottle after a feeding? • If you are going out with your baby for the day, how do you prepare and store the formula?	Unsafe Handling/Storage of Breastmilk/Formula
8. Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup
9. What else do you give your baby to drink? How much? (Evaluate for cow's milk, goat's milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks
10. Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup

INFANT 0 < 6 MONTHS FULLY FORMULA FED – NO SOLIDS ASSESSMENT QUESTIONS

QUESTION		RISK/PURPOSE		
11.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice?	Potentially Contaminated Foods		
We ask everyone the following questions, they have to do with health and safety.		Transition		
12.	Does anyone smoke inside your home? • (If yes) Tell me more.	Secondhand Smoke		
13.	Is there anyone in your life who is hurting you or your baby? • (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> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Caregiver with Limited Ability to Make Feeding Decisions • Migrancy • Homelessness • Pri 2-Infant of WIC Eligible Mom (< 6 Months) </td> </tr> </table>			<ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) 	<ul style="list-style-type: none"> • Caregiver with Limited Ability to Make Feeding Decisions • Migrancy • Homelessness • Pri 2-Infant of WIC Eligible Mom (< 6 Months)
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If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)				

INFANT 0 < 6 MONTHS FULLY FORMULA FED – SOLIDS ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby's health and nutrition; then we will come back and address any concerns or questions that you may have.	
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? <ul style="list-style-type: none"> • (If yes) Tell me more. 	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? <ul style="list-style-type: none"> • (If yes) What and how much? 	Inappropriate or Excessive Supplements
5. Tell me how formula feeding is going. <ul style="list-style-type: none"> • How do you know when your baby is hungry? When he/she is full? • How much formula does your baby drink in 24 hours? • Does your baby drink iron fortified formula? • <i>(If drinking less than 17 ounces of formula per day)</i> Is your baby getting a vitamin D supplement? • In addition to what WIC provides, how many cans of formula do you buy each month? 	Not Supporting Development/ Feeding Relationship, Inadequate Vitamin/Mineral Supplementation, Very Restrictive Feeding
6. Tell me how you prepare your baby's formula. <ul style="list-style-type: none"> • How much water and how much formula do you use? • What type of water do you use to prepare the formula? (Evaluate for safe water supply) 	Inappropriate Formula Dilution, Unsafe Handling/Storage of Breastmilk/Formula
7. How long do you store formula after it is prepared? <ul style="list-style-type: none"> • What do you do with formula left in the bottle after a feeding? • If you are going out with your baby for the day, how do you prepare and store the formula? 	Unsafe Handling/Storage of Breastmilk/Formula
8. Does your baby fall asleep with a bottle? <ul style="list-style-type: none"> • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle? 	Inappropriate Use of Bottle/Cup
9. What else do you give your baby to drink? How much? (Evaluate for cow's milk, goat's milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks

INFANT 0 < 6 MONTHS FULLY FORMULA FED – SOLIDS ASSESSMENT QUESTIONS

	QUESTION	RISK/PURPOSE		
10.	Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup		
11.	What solid foods does your baby eat? • How much? • Have you given your baby finger foods? (peas, cut up bananas, Cheerios) • Does your baby eat grapes, raisins, nuts, popcorn, or chips?	Early Introduction of Solids (< 4 months), Not Supporting Development/Feeding Relationship		
12.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice? -Eat hot dogs that haven't been heated? -Eat raw or runny eggs?	Potentially Contaminated Foods		
13.	Do you limit any foods for your baby for any reason?	Very Restrictive Feeding Food Allergy, Lactose Intolerance		
We ask everyone the following questions, they have to do with health and safety.		Transition		
14.	Does anyone smoke inside your home? • (If yes) Tell me more.	Secondhand Smoke		
15.	Is there anyone in your life who is hurting you or your baby? • (If yes) Tell me more.	Recipient of Abuse (past 6 months)		
Note: During the risk interview consider the following additional risks that are not included in the previous questions: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Caregiver with Limited Ability to Make Feeding Decisions • Migrancy • Homelessness • Pri 2-Infant of WIC Eligible Mom (< 6 Months) </td> </tr> </table>			<ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) 	<ul style="list-style-type: none"> • Caregiver with Limited Ability to Make Feeding Decisions • Migrancy • Homelessness • Pri 2-Infant of WIC Eligible Mom (< 6 Months)
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If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)				

INFANT 6 - 12 MONTHS FULLY BREASTFED ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby's health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much? • Is your baby getting a vitamin D supplement?	Inappropriate or Excessive Supplements Inadequate Vitamin/Mineral Supplementation
5. Does the water your baby drinks have fluoride? • (If no) Do you give your baby a fluoride supplement?	Inadequate Vitamin/Mineral Supplementation
6. Tell me how breastfeeding feeding is going. • How do you know when your baby is hungry? When he/she is full? • How often does your baby breastfeed in 24 hours? • How long does your baby nurse on each side?	Not Supporting Development/ Feeding Relationship, Breastfeeding Complications, Limited Frequency of Breastfeeding (≤ 6 months), Very Restrictive Feeding
7. Is your baby given breastmilk in a bottle? (If yes) How long do you store breastmilk? a. (If yes) What do you do with breastmilk left in the bottle after a feeding? b. (If yes) When you are out with your baby for the day, how do you store breastmilk?	Unsafe Handling/Storage of Breastmilk/Formula
8. Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup
9. What else do you give your baby to drink? How much? (Evaluate for cow's milk, goat's milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks
10. Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup

INFANT 6 - 12 MONTHS FULLY BREASTFED ASSESSMENT QUESTIONS

	QUESTION	RISK/PURPOSE		
11.	What solid foods does your baby eat? <ul style="list-style-type: none"> • How much? • Have you given your baby finger foods? (peas, cut up bananas, Cheerios) • Does your baby eat grapes, raisins, nuts, popcorn, or chips? 	Not Supporting Development/Feeding Relationship		
12.	Does your baby: <ul style="list-style-type: none"> -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice? -Eat hot dogs that haven't been heated? -Eat raw or runny eggs? 	Potentially Contaminated Foods		
13.	Do you limit any foods for your baby for any reason?	Very Restrictive Feeding, Food Allergy, Lactose Intolerance		
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 baby? <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> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions </td> <td style="vertical-align: top; padding-left: 20px;"> <ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk </td> </tr> </table>			<ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions 	<ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk
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If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)				

INFANT 6 – 12 MONTHS PARTIALLY BREASTFED ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby's health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5. Does the water your baby drinks have fluoride? • (If no) Do you give your baby a fluoride supplement?	Inadequate Vitamin/Mineral Supplementation
6. Tell me how feeding is going. • How do you know when your baby is hungry? When he/she is full? • How often does your baby breastfeed in 24 hours? How long does the baby nurse on each side? • How much formula does your baby drink in 24 hours? • Does your baby drink iron fortified formula? • <i>(If drinking less than 17 ounces of formula per day)</i> Is your baby getting a vitamin D supplement?	Not Supporting Development/ Feeding Relationship, Breastfeeding Complications, Limited Frequency of Breastfeeding (≤ 6 months), Inadequate Vitamin/Mineral Supplementation, Very Restrictive Feeding
7. Tell me how you prepare your baby's formula. • How much water and how much formula do you use? • What type of water do you use to prepare the formula? (Evaluate for safe water supply)	Inappropriate Formula Dilution, Unsafe Handling/Storage of Breastmilk/Formula
8. Is your baby given breastmilk in a bottle? (If yes) How long do you store breastmilk? a. (If yes) What do you do with breastmilk left in the bottle after a feeding? b. (If yes) When you are out with your baby for the day, how do you store breastmilk? How long do you store formula after it is prepared? • What do you do with formula left in the bottle after a feeding? • If you are going out with the baby for the day, how do you prepare and store the formula?	Unsafe Handling/Storage of Breastmilk/Formula

INFANT 6 – 12 MONTHS PARTIALLY BREASTFED ASSESSMENT QUESTIONS

QUESTIONS		RISK/PURPOSE		
9.	Does your baby fall asleep with a bottle? <ul style="list-style-type: none"> • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle? 	Inappropriate Use of Bottle/Cup		
10.	What else do you give your baby to drink? How much? (Evaluate for cow's milk, goat's milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks		
11.	Have you offered your baby a cup? <ul style="list-style-type: none"> • (If yes) What do you put in the cup? 	Inappropriate Use of Bottle/Cup		
12.	What solid foods does your baby eat? <ul style="list-style-type: none"> • How much? • Have you given your baby finger foods? (peas, cut up bananas, Cheerios) • Does your baby eat grapes, raisins, nuts, popcorn, or chips? 	Not Supporting Development/Feeding Relationship		
13.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice? -Eat hot dogs that haven't been heated? -Eat raw or runny eggs?	Potentially Contaminated Foods		
14.	Do you limit any foods for your baby for any reason?	Very Restrictive Feeding Food Allergy, Lactose Intolerance		
We ask everyone the following questions, they have to do with health and safety.		Transition		
15.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke		
16.	Is there anyone in your life who is hurting you or your baby? <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> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk </td> </tr> </table>			<ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions 	<ul style="list-style-type: none"> • Migrancy • Homelessness • Infant of Pri 1 BF Women at Nutr. Risk • Infant of Pri 2 BF Women at Nutr. Risk • Infant of Pri 4 BF Women at Nutr. Risk
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<p>If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)</p>				

INFANT 6 – 12 MONTHS FULLY FORMULA FED ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE
I am going to ask you some questions about your baby's health and nutrition; then we will come back and address any concerns or questions that you may have.	Rapport building
How is your baby doing?	Rapport building
1. Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2. Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3. Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4. Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5. Does the water your baby drinks have fluoride? • (If no) Do you give your baby a fluoride supplement?	Inadequate Vitamin/Mineral Supplementation
6. Tell me how formula feeding is going. • How do you know when your baby is hungry? When he/she is full? • How much formula does your baby drink in 24 hours? • Does your baby drink iron fortified formula? • <i>(If drinking less than 17 ounces of formula per day)</i> Is your baby getting a vitamin D supplement? • In addition to what WIC provides, how many cans of formula do you buy each month?	Not Supporting Development/ Feeding Relationship, Inadequate Vitamin/Mineral Supplementation, Very Restrictive Feeding
7. Tell me how you prepare your baby's formula. • How much water and how much formula do you use? • What type of water do you use to prepare the formula? (Evaluate for safe water supply)	Inappropriate Formula Dilution, Unsafe Handling/Storage of Breastmilk/Formula
8. How long do you store formula after it is prepared? • What do you do with formula left in the bottle after a feeding? • If you are going out with your baby for the day, how do you prepare and store the formula?	Unsafe Handling/Storage of Breastmilk/Formula
9. Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup
10. What else do you give your baby to drink? How much? (Evaluate for cow's milk, goat's milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks

INFANT 6 – 12 MONTHS FULLY FORMULA FED ASSESSMENT QUESTIONS

	QUESTION	RISK/PURPOSE		
11.	Have you offered your baby a cup? <ul style="list-style-type: none"> • (If yes) What do you put in the cup? 	Inappropriate Use of Bottle/Cup		
12.	What solid foods does your baby eat? <ul style="list-style-type: none"> • How much? • Have you given your baby finger foods? (peas, cut up bananas, Cheerios) • Does your baby eat grapes, raisins, nuts, popcorn, or chips? 	Not Supporting Development/Feeding Relationship		
13.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice? -Eat hot dogs that haven't been heated? -Eat raw or runny eggs?	Potentially Contaminated Foods		
14.	Do you limit any foods for your baby for any reason?	Very Restrictive Feeding Food Allergy, Lactose Intolerance		
We ask everyone the following questions, they have to do with health and safety.		Transition		
15.	Does anyone smoke inside your home? <ul style="list-style-type: none"> • (If yes) Tell me more. 	Secondhand Smoke		
16.	Is there anyone in your life who is hurting you or your baby? <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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Caregiver with Limited Ability to Make Feeding Decisions • Migrancy • Homelessness </td> </tr> </table>			<ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) 	<ul style="list-style-type: none"> • Caregiver with Limited Ability to Make Feeding Decisions • Migrancy • Homelessness
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If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)				