<table>
<thead>
<tr>
<th>Question</th>
<th>Risk/purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>How is your child doing?</td>
<td>Rapport building</td>
</tr>
</tbody>
</table>
| 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?  
  • (If no) Does your child take a Vitamin D supplement? | Inappropriate or Excessive Supplements  
  Inadequate Vitamin D Supplementation |
| 5. Does the water your child drinks have fluoride?  
  • (If no) Do you give your child a fluoride supplement? | Inadequate Fluoride 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 (for your child) for any reason, including food allergies?  
  • (If yes) Tell me more. | Very Restrictive Diet  
 Food Allergy (Severe Diet Impact), 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Risk/purpose</th>
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</table>
| 11. Does your child use a bottle? A cup?  
• 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:  
• 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?  
• (If yes) Tell me more. | Pica |
| 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 child(ren)?  
• (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:
- **Slow Weight Gain**
- Foster Care (past 6 months)
- Caregiver with Limited Ability to Make Feeding Decisions
- Caregiver Alcohol/Drug Addiction
- Migrancy
- Homelessness

**If no risks have been identified, assign:**
- Not Meeting Feeding Guidelines (12-23 months)
- Not Meeting Dietary Guidelines (2-5 years)

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

This institution is an equal opportunity provider.
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DOH 960-043 December 2010