

| Infant Assessment Questions (all ages) Tool | | | |
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| Assessment Questions | Risks | Probing Questions | Cascades |
| Family Demographics | | | |
| Tell me a little bit about your living situation. | <ul style="list-style-type: none"> Homelessness Migrancy | | Homeless/Incarcerated Status Migrant Status |
| Participant Demographics | | | |
| | <ul style="list-style-type: none"> Foster Care (new/change in home past 6 mos.) | When did you receive the child? Do you have the foster care letter? | Foster Child Foster Care Entry Date Proof of Foster Care |
| Health Information | | | |
| Introduction Statement: We ask everyone these questions and we keep your information private. These are to help me learn about your baby. Would it be OK to ask you some questions? | | | |
| What questions or concerns do you have today? | | Tell me more... | |
| What was your baby's birth length and weight? | | | Birth Length Birth Weight Multiple Gestation radio button Number of Infants field |
| At how many weeks was your baby born? | | | Weeks Gestation |
| Does your baby have any diagnosed health conditions or medical concerns? | Medical Health Conditions like: <ul style="list-style-type: none"> Food Allergy (severe diet impact) Gastrointestinal Disorder Genetic and Congenital Disorders Metabolic Disorder Neonatal Abstinence Syndrome (≤ 6 mos.) Oral Health Condition Other Medical Conditions (Impacts nutr. Status) | | Medical Health Conditions Assigned Risks |

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| | <ul style="list-style-type: none"> Recent Major Surgery, Physical Trauma, Burns | | |
| Is your baby taking any prescribed or over-the-counter medications? | <ul style="list-style-type: none"> Drug Nutrient Interactions | What (medical condition) is the medication for? How often? | Medical Health Conditions <ul style="list-style-type: none"> Add sticky note to document the name of the medication and how impacts nutrition |
| When was the last time your baby saw the health care provider? | | What concerns did the health care provider have? | Last Seen by Physician |
| Can we review your baby's immunization record? <i>(Required to ask and document status on the Immunization Status pop-up.)</i> | <ul style="list-style-type: none"> Immunizations | | Immunization status (bottom left side of screen) Referral (if needed) |
| How are you feeding your baby? | | Do you give your baby any formula? How much in 24 hours | Are you Breastfeeding? Yes/No Age Infant Stopped Breastfeeding |
| How is feeding going? | <ul style="list-style-type: none"> Breastfeeding Complications | Tell me more... | Complications mover box |
| Breastfeeding/Formula Feeding | | | |
| Breastfeeding | | | |
| How often are you providing your milk (breastmilk)? | <ul style="list-style-type: none"> Breast pump need/use | | Breastfeeding Frequency |
| Besides your milk (breastmilk), what else has your baby had? | | Such as, formula or supplemented with donated milk in the hospital, cultural supplementation i.e. water or tea, or glucose in the hospital | Do you give your baby any formula? Sticky notes |
| (If formula) How much in a 24-hour period? (if not answered above) | | | How much formula do you give your infant in 24-hour period? Amount oz field |

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| (0-4 infant) How many wet diapers does your baby have in 24 hours? | | | Number of Wet Diapers/24 hr. Period |
| (0-4) How many soiled (poopy) diapers does your baby have in 24 hours? | | | Number of Stools/24 hr. Period |
| Formula Feeding | | | |
| Did your baby ever receive your milk (breastmilk)? <ul style="list-style-type: none"> If yes, when was the last time your baby had your milk (breastmilk)? If no longer receiving your milk (breastmilk), tell me why your baby stopped? | | | Ever Breastfed? Yes/No/Unknown Reason Infant Stopped Breastfeeding |
| What age did you start feeding your baby formula? | | | Age Supplement Was Given Do you give your baby any formula? Yes/No |
| How much formula do you give in a 24-hour period? | | | How much formula do you give your infant in 24-hour period? Ounces |
| Besides formula, what else has your baby had? | <ul style="list-style-type: none"> Early Introduction of Solids (<6 months) | | Assigned Risks |
| (0-4 infant) How many wet diapers does your baby have in 24 hours? | | | Number of Wet Diapers/24 hr. Period |
| (0-4 infant) How many soiled (poopy) diapers does your baby have in 24 hours? | | | Number of Stools/24 hr. Period |

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| Anthro/Lab | | | |
| Would you like to see your baby's growth chart? Share growth chart or have a discussion about the chart if participant is interested. | Cascades: <ul style="list-style-type: none"> Plots growth when measurements are entered. Auto calculates growth-related risks | | <ul style="list-style-type: none"> Enter Length Enter Weight |
| What has your baby's health care provider said about their growth? | | | |
| How do you feel about your baby's growth? | | | |
| (>6 months) What has your health care provider said about your baby's iron? | <ul style="list-style-type: none"> Low Hematocrit/Hemoglobin | | Enter bloodwork (Hgb. or Hct.) if available Enter Collected by if different than WIC staff |
| Family Assessment | | | |
| The goal of the next few questions is to find out how I can support you and your family to connect you with any programs or referrals you might not be aware of. We ask all participants these questions. | | | |
| In the past few weeks, have you or your child been in an enclosed space (at home, in a car, at work or daycare, etc.) while someone smoked or vaped? | <ul style="list-style-type: none"> Environmental Tobacco Smoke Exposure | | Question #1 Response |
| Do you feel safe and supported at home? (Follow with: We know relationships can be stressful and there are resources I can share with you.) | <ul style="list-style-type: none"> Recipient of Abuse (past 6 months) – select on Assigned Risk Factors screen | | Question #2 response Assigned Risk Factors |

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| Do you have what you need to store and prepare food? | | | Question #3 response |
| Do you have any limitations in preparing food? | <ul style="list-style-type: none"> Limited Skills for Proper Nutrition | | Assigned Risk Factors Consider a sticky note |
| Do you currently worry about running out of food and not having money to buy more? | | | Question #4 response |
| Does your baby have a health care provider, if so, who? | | | #5, #6, #7 – Medical Provider |
| Where did you hear about WIC? (Initial certification only) | | | #8 dropdown |
| Dietary & Health | | | |
| (0-4 Mos.) You and your baby are learning a lot from each other. Some caregivers have questions about feeding times and amounts. | | | |
| (5-8 Mos.) Some caregivers have questions about changes to the way their baby is eating. Some common topics that come up are about tastes and textures and learning to drink from a cup. | | | |
| (9-11 Mos.) Some caregivers have questions about changes to the way their baby is eating. Some common topics that come up are about mealtimes, introducing family foods, drinking from a cup, and transitioning to milk. | | | |
| Tell me about your experience feeding your baby. | <ul style="list-style-type: none"> Limited Frequency of Breastfeeding (< 2 mos.) Very Restrictive Feeding Developmental Delays Affecting Chewing/Swallowing | Tell me what mealtimes look like. What do they enjoy eating? | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| (0-4 Mos.) What does your baby do to let you know they're hungry and full? | <ul style="list-style-type: none"> Not Supporting Development/Feeding Relationship | | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: |

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| | | | Open field |
| (5-8 Mos.) What have you heard about starting solid foods? | <ul style="list-style-type: none"> Early Introduction to Solids (< 6 mos.) | Tell me more... Gather information about: Is infant able to sit up? Where is the infant sitting when feeding? Are they using a spoon? Are they making their own food? Is the food removed from the jar? Heated first? | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| Do you offer your baby lunchmeat, hot dogs, runny eggs, unpasteurized foods, or raw fish? | <ul style="list-style-type: none"> Potentially Contaminated Foods | Does your baby receive donor breastmilk? Is honey in or added to any of their liquids or food? How are eggs cooked for your baby? Do you provide Mexican style cheese or other unpasteurized dairy products? Do you give unpasteurized fruit or vegetable juice? | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| What types of beverages? | <ul style="list-style-type: none"> Feeding Sugar-containing drinks | | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |

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| What are they drinking out of? What's your plan for offering a cup? | <ul style="list-style-type: none"> Inappropriate Use of Bottle/Cup | Is your child drinking out of an open top cup, sippy cup or bottle? | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| What vitamins, supplements, remedies, or teas do you give your baby? | <ul style="list-style-type: none"> Inappropriate or Excessive Supplements | | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| Does your baby take a vitamin D supplement? (Follow-up question if Vitamin D isn't mentioned) | <ul style="list-style-type: none"> Inadequate Vitamin D Supplementation (< 400 IU) | How often? What amount? | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| (≥ 6 Mos.) Does your baby take a Fluoride supplement? (Follow up question if Fluoride isn't mentioned) | <ul style="list-style-type: none"> Inadequate Fluoride Supplementation (≥ 6 mos.) | How often? What amount? | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| Breastfeeding | | | |
| Do you pump your milk? Tell me more about that. | | | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate |

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| | | | Nutrition Practice (top of screen) • Assigned Risk Factors Document Ppt response: Open field |
| How do you store your milk? | • Unsafe Handling/Storage of Breastmilk/Formula | | Document risk(s): • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors Document Ppt response: Open field |
| What do you do with leftover milk after a feeding? (If no to pumping) Do you anticipate that changing? | • Unsafe Handling/Storage of Breastmilk/Formula | | Document risk(s): • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors Document Ppt response: Open field |
| Formula Feeding | | | |
| • What type of formula do you feed your baby | • Inappropriate Substitute for Breastmilk/Formula | | Document risk(s): • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors Document Ppt response: Open field |

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| <ul style="list-style-type: none"> Can you walk me through how you prepare your baby's formula? | <ul style="list-style-type: none"> Inappropriate Formula Dilution | | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| <ul style="list-style-type: none"> What type of water do you use? | <ul style="list-style-type: none"> Inappropriate Formula Dilution | | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| <ul style="list-style-type: none"> What do you do with formula after a feeding? | <ul style="list-style-type: none"> Unsafe Handling/Storage of Breastmilk/Formula | | Document risk(s): <ul style="list-style-type: none"> Participant's Inappropriate Nutrition Practice (top of screen) Assigned Risk Factors Document Ppt response: Open field |
| Eco-Social (Optional) | | | |
| Assigned Risk Factors | | | |
| If no other risk(s) apply select Not Meeting Feeding Guidelines | <i>Listen and assess for:</i> <ul style="list-style-type: none"> Breastfeeding Infant of Woman at Nutrition Risk (Priority 1, 2 or 4 to match priority) Caregiver with Limited Ability to Make Feeding Decisions | | Assigned Risk Factors |

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| | <ul style="list-style-type: none"> Maternal Substance Use (during pregnancy) Infant of WIC Eligible Mom (<6 months) <p>If no other risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)</p> | | |

This institution is an equal opportunity provider.

Washington WIC doesn't discriminate.

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).



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