

Brief Questions and Probes – Child and Pregnant

Participant Centered Conversation: What health, nutrition, or other topics would you like to be sure we talk about today?

Type	Child Nutrition Assessment	Type	Pregnant Nutrition Assessment
A	100's Anthropometric = HT/WT, % tiles <ul style="list-style-type: none"> What has your doctor said about your child's growth? How do you feel about your child's growth? PROBE for these topics depending on what is shared: <ul style="list-style-type: none"> <input type="checkbox"/> Family's feelings on growth/weight, Prematurity/Birth weight 	A	100's Anthropometric = HT/WT, % tiles <ul style="list-style-type: none"> How do you feel about how your body has changed during this pregnancy? What has your doctor discussed with you about weight gain in pregnancy?
B	200's Biochemical = Blood Tests <ul style="list-style-type: none"> (if low hgb) What has your doctor said about your child's iron? (If low hgb) What do you know about anemia? Has your child had a lead test? 	B	200's Biochemical = Blood Tests <ul style="list-style-type: none"> (If low) What has your doctor said about your iron? (If low) What do you know about anemia?
C	300's Clinical = Health/Medical Conditions <ul style="list-style-type: none"> What has your doctor said about your child's health? What concerns do you have in regards to your child's health? PROBE for these topics depending on what is shared: <ul style="list-style-type: none"> <input type="checkbox"/> Allergies-353 <input type="checkbox"/> Medical/Health Conditions-134,355,359,360,others <input type="checkbox"/> Immunizations <input type="checkbox"/> Oral/Dental Health-381 <input type="checkbox"/> Medications-357,others 	C	300's Clinical = Health/Medical Conditions <ul style="list-style-type: none"> What has your doctor said about your pregnancy? What concerns do you have in regards to your health? PROBE for these topics depending on what is shared: <ul style="list-style-type: none"> <input type="checkbox"/> Prenatal Care-334 <input type="checkbox"/> Nausea and Vomiting-301 <input type="checkbox"/> Medical/Health Conditions, Medication-302,342,343,345,357,358,others <input type="checkbox"/> Depression -361 <input type="checkbox"/> Allergies-353 <input type="checkbox"/> Oral/Dental Health-381 <input type="checkbox"/> Street drug use- 372, 901
D	400's Diet and Nutrition <ul style="list-style-type: none"> What is mealtime like for your family? How do you feel about your child's eating? Does your child eat non-food items?-425I PROBE for these topics depending on what is shared: <ul style="list-style-type: none"> <input type="checkbox"/> Supplements (Vit. D, iron, herbs)-425H,425G <input type="checkbox"/> Beverage intake/cup use-425C,425B,425A <input type="checkbox"/> Water source: Bottle, Tap, Well?-425H <input type="checkbox"/> Intake/foods: Picky eater? Textures? Portions? Number of meals?-425D,425F <input type="checkbox"/> Parent/Child Roles-425D <input type="checkbox"/> Food safety-425E 	D	400's Diet and Nutrition <ul style="list-style-type: none"> How do you feel about your eating? How is your appetite? Do you eat non-food items?427C PROBE for these topics depending on what participant shares: <ul style="list-style-type: none"> <input type="checkbox"/> Beverage/water, Milk intake & type <input type="checkbox"/> Diet restrictions-427B <input type="checkbox"/> Supplements (Prenatal vitamin, iron, iodine, herbs)-427D <input type="checkbox"/> Eating Patterns <input type="checkbox"/> Food safety-427E <input type="checkbox"/> Breastfeeding
E	900's Environmental/Other Factors <ul style="list-style-type: none"> What are some physical activities that your child enjoys? What are your concerns about your or your child's safety? PROBE for these topics depending on is shared: <ul style="list-style-type: none"> <input type="checkbox"/> Smoking: maternal OR in home-904 <input type="checkbox"/> Safety/Abuse-901 <input type="checkbox"/> Drug/Alcohol Abuse-902 <input type="checkbox"/> Foster Care-903 Do you feel your family could use support from other programs for housing, utilities, or food at this time? 	E	900's Environmental/Other Factors <ul style="list-style-type: none"> What are some physical activities that you enjoy? What are your concerns about your safety? What concerns do you have about drugs or alcohol? PROBE for these topics depending on what is shared: <ul style="list-style-type: none"> <input type="checkbox"/> Smoking: maternal or in home- 371,904 <input type="checkbox"/> Safety/Abuse-901 <input type="checkbox"/> Drug/Alcohol Abuse-372,902 Do you feel your family could use support from other programs for housing, utilities, or food at this time?