

## Brief Questions and Probes – Infant and Postpartum

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

Type	Infant Nutrition Assessment	Type	Postpartum Nutrition Assessment
<b>A</b>	<b>100's Anthropometric = HT/WT, % tiles</b> <ul style="list-style-type: none"> <li>What has your doctor said about your baby's growth?</li> <li>How do you feel about your baby's growth?</li> </ul> <b>PROBE</b> for these topics depending on what is shared: <ul style="list-style-type: none"> <li><input type="checkbox"/> Family's feelings on growth/weight</li> <li><input type="checkbox"/> Prematurity/Birth weight</li> </ul>	<b>A</b>	<b>100's Anthropometric = HT/WT, % tiles</b> <ul style="list-style-type: none"> <li>How are you feeling about changes to your body since your pregnancy ended?</li> </ul>
<b>B</b>	<b>200's Biochemical = Blood Tests</b> <ul style="list-style-type: none"> <li>(If low hgb) What has your doctor said about your baby's iron?</li> <li>(If low hgb) What do you know about anemia?</li> <li>Has your baby had a lead test?</li> </ul>	<b>B</b>	<b>200's Biochemical = Blood Tests</b> <ul style="list-style-type: none"> <li>(If low hgb) What has your doctor said about your iron?</li> <li>(If low hgb) What do you know about anemia?</li> </ul>
<b>C</b>	<b>300's Clinical = Health/Medical Conditions</b> <ul style="list-style-type: none"> <li>What has your doctor said about your baby's health?</li> <li>What concerns do you have in regards to your baby's health?</li> </ul> <b>PROBE</b> for these topics depending on what is shared: <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergies- 353</li> <li><input type="checkbox"/> Medical/Health Conditions- 134,355,359,360,others</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Oral/Dental Health- 381</li> <li><input type="checkbox"/> Medications-357,others</li> </ul>	<b>C</b>	<b>300's Clinical = Health/Medical Conditions</b> <ul style="list-style-type: none"> <li>What concerns do you have in regards to your health?</li> </ul> <b>PROBE</b> for these topics depending on what participant shares: <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical/Health Conditions-342,343,345,358,others</li> <li><input type="checkbox"/> Recent surgery/Delivery-359</li> <li><input type="checkbox"/> Depression-361</li> <li><input type="checkbox"/> Medication-357,others</li> <li><input type="checkbox"/> Allergies-353</li> <li><input type="checkbox"/> Oral/dental health- 381</li> <li><input type="checkbox"/> Street drug use- 372, 901</li> </ul>
<b>D</b>	<b>400's Diet and Nutrition</b> <ul style="list-style-type: none"> <li>Tell me about your baby's feeding.</li> </ul> <b>PROBE</b> for these topics depending on what participant shares: <ul style="list-style-type: none"> <li><input type="checkbox"/> Supplements (Vit. D, iron, herbs)-411k, 411J</li> <li><input type="checkbox"/> <b>Breastfeeding</b> <ul style="list-style-type: none"> <li>How often, describe-411G; Pumping? Describe-411I</li> </ul> </li> <li><input type="checkbox"/> <b>Formula</b> <ul style="list-style-type: none"> <li>Oz./day; Preparation/water source-411I,411F</li> </ul> </li> <li><input type="checkbox"/> Bottle use-411I,411B</li> <li><input type="checkbox"/> Solid foods/Beverages-411C,411D               <ul style="list-style-type: none"> <li>Plan/what/how/when</li> </ul> </li> <li><input type="checkbox"/> Food safety-411E</li> </ul>	<b>D</b>	<b>400's Diet and Nutrition</b> <ul style="list-style-type: none"> <li>How do you feel about your eating?</li> <li>How is your appetite?</li> <li>Do you eat non-food items?-427C</li> </ul> <b>PROBE</b> for these topics depending on what participant shares: <ul style="list-style-type: none"> <li><input type="checkbox"/> Beverage/water</li> <li><input type="checkbox"/> Diet restrictions-427B</li> <li><input type="checkbox"/> Supplements (folic acid, Vit. D, iron, herbs)-427D</li> <li><input type="checkbox"/> Milk intake &amp; type</li> <li><input type="checkbox"/> Eating Patterns</li> <li><input type="checkbox"/> Breastfeeding-602</li> </ul>
<b>E</b>	<b>900's Environmental/Other Factors</b> <ul style="list-style-type: none"> <li>What concerns do you have about your or your baby's safety?</li> </ul> <b>PROBE</b> for these topics depending on is shared: <ul style="list-style-type: none"> <li><input type="checkbox"/> Smoking: maternal OR in home-904</li> <li><input type="checkbox"/> Safety/Abuse-901</li> <li><input type="checkbox"/> Drug/Alcohol Abuse-902</li> <li><input type="checkbox"/> Foster Care-903</li> </ul> <ul style="list-style-type: none"> <li>Do you feel your family could use support from other programs for housing, utilities, or food at this time?</li> </ul>	<b>E</b>	<b>900's Environmental/Other Factors</b> <ul style="list-style-type: none"> <li>What are some physical activities that you enjoy?</li> <li>What concerns do you have about your safety?</li> <li>What concerns do you have about drugs or alcohol?</li> </ul> <b>PROBE</b> for these topics depending on what is shared: <ul style="list-style-type: none"> <li><input type="checkbox"/> Smoking: maternal OR in home-371, 904</li> <li><input type="checkbox"/> Safety/Abuse- 901</li> <li><input type="checkbox"/> Drug/Alcohol Abuse-372, 902</li> </ul> <ul style="list-style-type: none"> <li>Do you feel your family could use support from other programs for housing, utilities, or food at this time?</li> </ul>