

## Training Tool for Child Assessment Questions

Type	Question	Purpose/Risk Code
<b>Participant Centered Conversation</b>	<ul style="list-style-type: none"> <li>As a part of WIC services, I'm going to ask you a variety of questions about your child's health and eating.</li> <li>Before we get started, what health, nutrition, or other topics would you like to be sure we talk about today?</li> </ul>	<ul style="list-style-type: none"> <li>Sets the stage for the nutrition assessment</li> <li>Begins the assessment in a conversational manner to engage the participant</li> <li>Provides the opportunity for the participant to bring up topics for discussion</li> </ul>
<p><b>A</b></p> <p><b>100's Anthropometric</b></p> <ul style="list-style-type: none"> <li>Height/weight, %tiles</li> <li>Anything related to weight gain, loss, growth</li> </ul>	<ul style="list-style-type: none"> <li>What has your doctor said about your child's growth?</li> </ul>	<ul style="list-style-type: none"> <li>Helps determine what other health care practitioners have discussed</li> </ul>
	<ul style="list-style-type: none"> <li>How do you feel about your child's growth? Probe for these topics depending on what participant shares: family's feelings on growth, weight change, prematurity/birth weight (if under 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>Helps understand parent's perception of child's growth</li> <li>Helps you understand parent's attitude about child's size</li> </ul>
<p><b>B</b></p> <p><b>200's Biochemical</b></p> <ul style="list-style-type: none"> <li>Blood tests</li> <li>Anything related to blood- anemia, lead</li> </ul>	<ul style="list-style-type: none"> <li>(If low Hgb) What has your doctor said about your child's iron?</li> <li>(If low Hgb) What do you know about anemia?</li> </ul>	<ul style="list-style-type: none"> <li>Helps determine if participant has been diagnosed with anemia or has had low iron in the past</li> <li>Provides opportunity to reinforce information or treatment given by MD</li> <li>Provides opportunity to build upon understanding that participant already has about anemia and effects on child's development</li> </ul>
	<ul style="list-style-type: none"> <li>Has your child had a lead test before?</li> </ul>	<ul style="list-style-type: none"> <li>Helps determine if participant has high blood lead level</li> <li>May indicate need for referral</li> <li>Risk code 211 may apply</li> </ul>

TRAINING TOOL FOR CHILD ASSESSMENT QUESTIONS

<p><b>C</b></p> <p><b>300's Clinical</b></p> <ul style="list-style-type: none"> <li>Health/Medical Conditions</li> <li>Anything related to medical history, medical conditions, MD access</li> </ul>	<ul style="list-style-type: none"> <li>Tell me about any medical or nutrition conditions your child has, such as jaundice, allergies, lactose intolerance, weight loss, recent surgery, or dental issues.</li> </ul>	<ul style="list-style-type: none"> <li>Helps determine if child has a medical condition that may need referral by WIC</li> <li>May help indicate a need for medical formula</li> <li>May indicate need for more information on condition and/or treatment</li> <li>Risk codes 134, 345, 352, 353, 355, 359, 360, 362, others possible depending on medical condition</li> </ul>
	<ul style="list-style-type: none"> <li>When was the last time your child had a checkup at the doctor's office?</li> </ul>	<ul style="list-style-type: none"> <li>Helps determine if well child checkups are completed and on schedule</li> <li>May provide opportunity for participant to share health information given by MD at that visit</li> </ul>
	<ul style="list-style-type: none"> <li>Are immunizations up-to-date?</li> </ul>	<ul style="list-style-type: none"> <li>Referral to appropriate resources may be indicated if not up-to-date</li> </ul>
<p><b>D</b></p> <p><b>400's Diet and Nutrition</b></p>	<ul style="list-style-type: none"> <li>What is mealtime like for your family?</li> </ul>	<ul style="list-style-type: none"> <li>Indicates parent/caregiver ability to recognize and respond to child's hunger cues</li> <li>Indicates the appropriateness of the child's feeding environment</li> <li>Provides opportunity to promote the advantages of family meals</li> </ul>
	<ul style="list-style-type: none"> <li>How do you feel about your child's eating?</li> </ul>	<ul style="list-style-type: none"> <li>Allows parent/caregiver to share concerns about this child's eating habits or health</li> <li>May indicate parent/caregiver's viewpoint and influence direction of counseling</li> </ul>
	<ul style="list-style-type: none"> <li>What vitamins, supplements, or herbal remedies do you offer?</li> </ul>	<ul style="list-style-type: none"> <li>Shows if child is getting appropriate supplements (Vitamin D)</li> <li>Shows if child may be taking potential harmful herbs, herbal tea, or herbal remedies</li> <li>Refer to MD if excessive medications or herbal supplements/teas</li> <li>Risk codes 425G and/or 425H may apply</li> </ul>
	<ul style="list-style-type: none"> <li>Tell me about any special diet or restrictions your child has.</li> </ul>	<ul style="list-style-type: none"> <li>Indicates if the child is following a restricted diet that may be low in calories or has problems with chewing or swallowing</li> <li>Risk Code 425F or 425D may apply</li> </ul>

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	<ul style="list-style-type: none"> <li>• Does your child eat anything that isn't food?</li> </ul>	<ul style="list-style-type: none"> <li>• May indicate child is ingesting toxic substance</li> <li>• Need to evaluate amounts taken in</li> <li>• May need to refer to MD</li> <li>• Risk code 425I may apply</li> </ul>
	<ul style="list-style-type: none"> <li>• How does your child do with feeding themselves?</li> </ul>	<ul style="list-style-type: none"> <li>• Tells you about parent's perception of child's eating pattern and how the child eats or should eat</li> <li>• May lead to discussion of typical childhood eating behaviors and appropriate portion sizes</li> <li>• May lead to discussion of Division of Responsibility between parent and child. The child chooses what to eat and how much to eat and the parent continues to offer foods the child may not like</li> <li>• Risk Code 425D may apply</li> </ul>
	<ul style="list-style-type: none"> <li>• How do you feel if your child doesn't finish their plate?</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss appropriate response to feelings of hunger/satiety</li> <li>• Helps to determine level of parent/child responsibility in feeding</li> <li>• Risk code 425D may apply</li> </ul>
	<ul style="list-style-type: none"> <li>• Tell me about the beverages your child drinks. <ul style="list-style-type: none"> <li>○ Water: what kind?</li> <li>○ Milk: what type?</li> <li>○ Juice/sugary beverages: how often?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Indicates if milk type is recommended for child's age</li> <li>• Skim or 1% for children over 2</li> <li>• Between 1 and 2 years, AAP recommends whole milk unless there are indicators of possible heart disease</li> <li>• Support MD recommendation for low fat milk made for 1 year old child if parents indicate such was made</li> <li>• Indicates what fluids child drinks</li> <li>• May indicate sugar and calories – may be related to weight changes</li> <li>• Helps determine if juice amount is appropriate (1 x/day)</li> <li>• Risk code 425A or 425B may apply (low-fat milk&gt;2 yrs.)</li> </ul>
	<ul style="list-style-type: none"> <li>• What does your child drink from? (Bottle, sippy cup, open cup)</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss appropriate use of bottle, weaning to cup, growth, and development</li> <li>• Encourage continued use of open cup with child</li> <li>• Risk code 425C may apply</li> </ul>

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	<ul style="list-style-type: none"> <li>• What are some of your child’s favorite foods/snacks? (Look for choking hazards &amp; appropriate textures)</li> </ul>	<ul style="list-style-type: none"> <li>• Indicates how healthy snack choices are</li> <li>• Indicates how much variety is in snack choices</li> <li>• Indicates appropriate texture or potential choking hazard</li> <li>• Risk code 425D may apply</li> </ul>
	<ul style="list-style-type: none"> <li>• What cold deli meat, cold hot dogs, or soft cheese do you offer to your child? How about unpasteurized milk or juice?</li> </ul>	<ul style="list-style-type: none"> <li>• May indicate intake of food potentially contaminated with pathogenic microorganisms</li> <li>• Be aware that most packaged soft cheese bought in grocery stores are made with pasteurized milk</li> <li>• Risk code 425E may apply</li> </ul>
<p><b>E</b></p> <p><b>900’s Environmental/ Other Factors</b></p>	<ul style="list-style-type: none"> <li>• What are some physical activities that your child enjoys?</li> </ul>	<ul style="list-style-type: none"> <li>• Help the parent/caregiver choose alternative, active physical activities that the whole family can enjoy</li> <li>• Regular activity is part of a healthy lifestyle</li> </ul>
	<ul style="list-style-type: none"> <li>• What concerns do you have about your or your child’s safety? Probe for safety/abuse, drug/alcohol abuse, foster care</li> </ul>	<ul style="list-style-type: none"> <li>• Give appropriate referrals</li> <li>• Determine if your local agency requires mandatory reporting</li> <li>• Risk code 901, 902, 903, 904 may apply</li> </ul>
	<ul style="list-style-type: none"> <li>• Do you feel your family could use support from other programs for housing or food at this time? Within the past 12 months, have you worried whether your food would run out before you got money to buy more?</li> <li>• Within the past 12 months, has the food you bought run out and you didn’t have money to get more?</li> </ul>	<ul style="list-style-type: none"> <li>• Helps to show food security or insecurity</li> <li>• May indicate need for referrals</li> </ul>

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