

Infant Nutrition Assessment	Postpartum Nutrition Assessment
<p>100's Anthropometric = HT/WT, % tiles KWIC Screen: Anthro Measures</p> <ul style="list-style-type: none"> • How do you feel about your baby's growth? • (Ask only if concern) What has your doctor said about your baby's growth? <p>PROBE for prematurity/birth weight; weight loss</p>	<p>100's Anthropometric = HT/WT, % tiles KWIC Screen: Anthro Measures</p> <ul style="list-style-type: none"> • What has your doctor said about your weight? (if applicable) • How do you feel about your weight since you had your baby?
<p>200's Biochemical = Blood Tests KWIC Screen: Blood Measures</p> <ul style="list-style-type: none"> • (If low Hgb) What has your doctor said about your baby's iron? What do you know about low iron? 	<p>200's Biochemical = Blood Tests KWIC Screen: Blood Measures</p> <ul style="list-style-type: none"> • (If low Hgb) What has your doctor said about your iron—now, or during pregnancy? What do you know about low iron?
<p>300's Clinical = Health/Medical Conditions KWIC Screen: Health Interview (First, ask all questions on Health Interview)</p> <ul style="list-style-type: none"> • What concerns might you have about your baby's health? • What has your doctor said about your baby's health? <p>PROBE for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Food Allergies 353; Lactose Intolerance 355 <input type="checkbox"/> Medical/Health Conditions 134,360,others; surgery 359 <input type="checkbox"/> Immunizations <input type="checkbox"/> Oral/Dental Health 381 <p>KWIC Screen: ATOD (Ask all questions on KWIC Screen: ATOD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vitamins/minerals 427; ATOD 	<p>300's Clinical = Health/Medical Conditions KWIC Screen: Health Interview (First, ask all questions on Health Interview)</p> <ul style="list-style-type: none"> • What concerns might you have about your health at this point? • What does your doctor say about your health? • (BF mom) Tell me about your breastfeeding and pumping experience thus far. <p>PROBE for these topics depending on what participant shares:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergies 353; Lactose Intolerance 355 <input type="checkbox"/> Medical/Health Conditions 343,345,others; Recent surgery 359 <input type="checkbox"/> Depression 361 <input type="checkbox"/> Oral/Dental Health 381 <input type="checkbox"/> BF Complications 602 <p>KWIC Screen: ATOD (Ask all questions on ATOD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vitamins/minerals 427; ATOD
<p>400's Diet and Nutrition KWIC Screens: Notes</p> <ul style="list-style-type: none"> • Breastfeeding – Tell me about your breastfeeding or pumping experience so far. • Formula feeding - How are feedings going? <p>PROBE for these topics depending on what participant shares:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breastfeeding -How often? Describe 411 -Pumping? Describe 411 -Complications? 603 <input type="checkbox"/> Formula -Oz./day; Preparation/water source 411 <input type="checkbox"/> Bottle use 411; Solid foods/Beverages 411 -Plan what/how/when <input type="checkbox"/> Food safety 411 	<p>400's Diet and Nutrition KWIC Screens: Notes</p> <ul style="list-style-type: none"> • How is your appetite? • Tell me a little bit about what you are eating/drinking. How often you are eating meals/snacks? • Are you following a special diet or have any diet restrictions?427 • Are you having any cravings? 427 • (BF mom) What questions do you have about breastfeeding? 602 <p>PROBE for these topics depending on what participant shares:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diet restrictions 427 <input type="checkbox"/> Breastfeeding 602
<p>900's Environmental/Other Factors KWIC Screens: Notes</p> <ul style="list-style-type: none"> • Are there times when anyone makes you feel unsafe? <p>PROBE for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety/Abuse 901; foster care 903 	<p>900's Environmental/Other Factors KWIC Screens: Notes</p> <ul style="list-style-type: none"> • Are there times when anyone makes you feel unsafe? <p>PROBE for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety/Abuse 901