

Child Nutrition Assessment	Pregnant Nutrition Assessment
<p><b>100's Anthropometric = HT/WT, % tiles</b>  <b>KWIC Screen: Anthro Measures</b></p> <ul style="list-style-type: none"> <li>• How do you feel about your child's growth?</li> <li>• (Ask only if concern) What has your doctor said about your child's growth?</li> </ul>	<p><b>100's Anthropometric = HT/WT, % tiles</b>  <b>KWIC Screen: Anthro Measures</b></p> <ul style="list-style-type: none"> <li>• How do you feel about your weight change with this pregnancy?</li> <li>• What has your doctor said about your weight? (If applicable)</li> </ul>
<p><b>200's Biochemical = Blood Tests</b>  <b>KWIC Screen: Blood Measures</b></p> <ul style="list-style-type: none"> <li>• <b>(If low Hgb)</b> What has your doctor said about your child's iron? What do you know about low iron?</li> </ul>	<p><b>200's Biochemical = Blood Tests</b>  <b>KWIC Screen: Blood Measures</b></p> <ul style="list-style-type: none"> <li>• <b>(If low Hgb)</b> What has your doctor said about your iron? What do you know about low iron?</li> </ul>
<p><b>300's Clinical = Health/Medical Conditions</b>  <b>KWIC Screen: Health Interview</b> (First, ask all questions on Health Interview)</p> <ul style="list-style-type: none"> <li>• What concerns might you have about your child's health?</li> <li>• What has your doctor said about your child's health?</li> </ul> <p><b>PROBE</b> for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergies 353; Lactose Intolerance 355</li> <li><input type="checkbox"/> Medical/Health Conditions 134,360,others; surgery 359</li> <li><input type="checkbox"/> Oral/Dental Health 381</li> <li><input type="checkbox"/> Immunizations; lead test (refer)</li> </ul> <p><b>KWIC Screen: ATOD</b> (Ask all questions on KWIC Screen: ATOD)</p> <p><b>PROBE</b> for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vitamins/Minerals 427; ATOD</li> </ul>	<p><b>300's Clinical = Health/Medical Conditions</b>  <b>KWIC Screen: Health Interview</b> (First, ask all questions on Health Interview)</p> <ul style="list-style-type: none"> <li>• What concerns might you have about your health at this point?</li> <li>• What has your doctor said about your health? And your pregnancy?</li> </ul> <p><b>PROBE</b> for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prenatal Care 334</li> <li><input type="checkbox"/> Medical/Health Conditions 302,343,345,others</li> <li><input type="checkbox"/> Medication 357, others</li> <li><input type="checkbox"/> Depression 361</li> <li><input type="checkbox"/> Allergies 353; Lactose Intolerance 355</li> <li><input type="checkbox"/> Oral/Dental Health 381</li> </ul> <p><b>KWIC Screen: ATOD</b> (Ask all questions on ATOD)</p> <p><b>PROBE</b> for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vitamins/minerals 427</li> </ul>
<p><b>400's Diet and Nutrition</b>  <b>KWIC Screens: Notes</b></p> <ul style="list-style-type: none"> <li>• How is your child's appetite?</li> <li>• What is mealtime like for your family?</li> <li>• What do you like best about your child's eating?</li> <li>• Does your child eat non-foods item? 425</li> </ul> <p><b>PROBE</b> for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Beverage intake/cup use 425</li> <li><input type="checkbox"/> Water source: Bottle, Tap, Well? 425</li> <li><input type="checkbox"/> Intake/foods: Picky eater? Textures? Portions? Number of meals? 425</li> </ul>	<p><b>400's Diet and Nutrition</b>  <b>KWIC Screens: Notes</b></p> <ul style="list-style-type: none"> <li>• How is your appetite?</li> <li>• Tell me a little bit about what you are eating and how often you are eating meals/snacks?</li> <li>• What do you drink throughout the day?</li> <li>• Are you following a special diet or have any diet restrictions? 427</li> <li>• Are you having any cravings? 427</li> <li>• What have you heard about <b>breastfeeding</b>?</li> </ul> <p><b>PROBE</b> for these topics depending on what participant shares:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diet restrictions 427</li> <li><input type="checkbox"/> Food safety 427</li> </ul>
<p><b>900's Environmental/Other Factors</b>  <b>KWIC Screens: Notes</b></p> <ul style="list-style-type: none"> <li>• What are some physical activities that your child enjoys?</li> <li>• Are there times when anyone makes you feel unsafe for your child or yourself? 901</li> </ul> <p><b>PROBE</b> for these topics depending on is shared:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Safety/Abuse 901; foster care 903</li> </ul>	<p><b>900's Environmental/Other Factors</b>  <b>KWIC Screens: Notes</b></p> <ul style="list-style-type: none"> <li>• Are there times when anyone makes you feel unsafe?</li> </ul> <p><b>PROBE</b> for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Safety/Abuse 901</li> </ul>

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