

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