

## HEALTH ASSESSMENT

- Was (infant's name) ever breastfed?     Yes         No         Unknown
- At what age did (infant's name) first have formula? \_\_\_\_\_ weeks (1-78)     Not started     Unknown
- At what age did (infant's name) stop breastfeeding? \_\_\_\_\_ weeks (1-78)     Not stopped     Unknown
- Why did (infant's name) stop or never start breastfeeding?     Medical condition mom/infant
- Inadequate milk supply     Breastfeeding management problem     Mom returning to work/school
- Other (describe): \_\_\_\_\_
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## NUTRITION ASSESSMENT

During the assessment interview, probe deeper using open-ended questions: *Tell me more..., Explain more about..., How do you..., What are your thoughts about..., What has your medical provider recommended..., What has your experience been..., What have you heard about... What have you tried..., What has worked for you...*

### Health/Medical

I am going to ask you some questions about your baby's health. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. How is (infant's name) doing? \_\_\_\_\_
  
2. Has your doctor identified any health problems or medical conditions for (infant's name)?
  - No concerns
  - Concerns (describe) \_\_\_\_\_

[134, 201, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352.1, 352.2, 353, 354, 355, 356, 359, 360, 362, 381, 382, 383]
  
3. Is (infant's name) currently taking any medications?
  - No
  - Unknown
  - Yes (list medications): \_\_\_\_\_ [357]
  
4. How do you take care of (infant's name)'s teeth?
 

\_\_\_\_\_ [381]
  
5. It helps if we know where you go for medical care. Where do you take (infant's name) for medical care?
  - No provider
  - Declined
  - Unknown
  - Provider: \_\_\_\_\_
  
6. How often do you take (infant's name) for medical care? \_\_\_\_\_

## Lifestyle

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We ask everyone the following questions. They have to do with health and safety.

1. Does anyone living in your house smoke *inside* the home?  
 No  
 Unknown  
 Yes [904]

## Nutrition/Health

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I am going to ask you some questions about your baby's diet. Then we will come back and address any concerns or questions you may have. Is this all right with you?

1. How do you feed your baby?  
 Breastfeeding       Formula       Combination       Other \_\_\_\_\_  
[411.01, 411.05]
2. How do you know when (infant's name) is hungry or full?  
\_\_\_\_\_ [411.04]
3. *(If any breastfeeding)* How is breastfeeding going?  
 No concerns  
 Concerns (describe) \_\_\_\_\_ [603, 702]
4. *(If any breastfeeding)* Describe for me how often (infant's name) nurses and for how long?  
 Not breastfeeding  
 Description (how often/how long) \_\_\_\_\_ [411.07]
5. Do you use bottles to feed your baby?  
 No  
 Declined  
 Yes  
Do you put anything in the bottle other than breast milk, formula or water?  
 No       Yes (contents of bottle): \_\_\_\_\_ [411.01, 411.02, 411.03, 411.05]
6. *(If putting breast milk in a bottle)* Tell me more about how you prepare, store and give bottles with breast milk.  
 Appropriately handles, stores and gives bottles  
 Fresh added to already frozen  
 Adding fresh chilled to frozen in an amount greater than the amount of frozen  
 Failure to clean breast pump/bottles per manufacturer's instruction  
 Held from a used bottle to use at another feeding  
 Props bottle  
 Refreezing  
 Thawed held in refrigerator over 24 hours  
 Thawed/heated in microwave  
 Feeding donor breast milk acquired directly from individuals or the internet  
[411.02, 411.03, 411.04, 411.09]

7. (If using any formula) Tell me more about how you prepare, store and give (infant's name)'s bottles.

Formula brand/type: \_\_\_\_\_

Ounces/bottle: \_\_\_\_\_ Number of bottles in 24 hours: \_\_\_\_\_

- Appropriately prepares, stores and give bottles
- Held too long at room temperature
- Held in refrigerator longer than manufacturer's or physician instruction
- Held in bottle from last feeding or over 1 hour from start of feeding
- Props bottles
- Using improperly cleaned bottles
- Unsafe water source

[411.02, 411.03, 411.04, 411.06, 411.08, 411.09]

8. (if any bottle feeding) Does (infant's name) take a bottle to bed?

- No       Declined       Yes    What is in the bottle? \_\_\_\_\_ [411.02]

9. Does (infant's name) drink from anything else other than breast or bottle?

- No
- Declined
- Yes
  - Sippy cup       Sippy cup - bottle-type lid       Cup without lid (contents: \_\_\_\_\_)

Other (describe): \_\_\_\_\_ [411.02]

10. What else, if anything, do you feed (infant's name)?       No solids yet       Baby food in jars  
 Homemade baby food       Table/family food       Other (describe) \_\_\_\_\_

When did (infant's name) first have foods other than breast milk or formula? Age in months: \_\_\_\_\_

- Cereal       Other grains       Fruit       Vegetables       Meat       Yogurt       Cheese
- [411.03, 411.04, 411.05, 411.08, 902]

11. Tell me about how (infant's name) eats, like picking up pieces of food or holding a cup.       Is not feeding self

- Reaches for food       Picks up pieces of food       Helps hold silverware       Helps hold cup      [411.04]

12. If you ever add anything to (infant's name)'s food or liquids, what do you add?       Nothing       Cereal  
 Corn syrup       Salt       Sugar       Honey       Other (describe): \_\_\_\_\_ [411.02, 411.03]

13. Does (infant's name) take any vitamins, minerals, herbs or dietary supplements?

- No
- Declined
- Yes
  - Vitamin/mineral supplement       Vitamin D       Fluoride/fluoridated water       Iron      [411.10, 411.11]

14. During the last 6 months, have you run out of money to buy food?

- No       Unknown       Yes      [411.08]

15. Given all we have talked about, what nutrition, health or feeding questions do you have today?

- No questions/concerns
- Questions/concerns

\_\_\_\_\_  
\_\_\_\_\_

<b>USDA CODE</b>	<b>NUTRITION RISK CRITERIA</b>	<b>USDA CODE</b>	<b>NUTRITION RISK CRITERIA</b>
103	UNDERWEIGHT OR AT RISK OF UNDERWEIGHT	360	OTHER MEDICAL CONDITIONS
114	OVERWEIGHT OR AT RISK OF BECOMING OVERWEIGHT	362	DEVELOPMENTAL, SENSORY, MOTOR DISABILITIES INTERFERING W/ ABILITY TO EAT
115	HIGH WEIGHT-FOR-LENGTH	381	ORAL HEALTH CONDITIONS
121	SHORT STATURE OR AT RISK OF SHORT STATURE	382	FETAL ALCOHOL SYNDROME
134	FAILURE TO THRIVE	383	NEONATAL ABSTINENCE SYNDROME
135	SLOWED/FALTERING GROWTH PATTERN	411	INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS
141	LOW BIRTH WEIGHT	411.01	ROUTINELY USING A SUB FOR BREASTMILK/FORMULA
142	PRETERM OR EARLY TERM DELIVERY	411.02	ROUTINELY USING BOTTLES OR CUPS IMPROPERLY
153	LARGE FOR GESTATIONAL AGE	411.03	GIVING SOLID FOOD TOO SOON OR TOO CHUNKY
201	LOW HEMATOCRIT/LOW HEMOGLOBIN	411.04	FEEDING FOODS NOT APPROPRIATE TO DEVELOPMENTAL AGE
341	NUTRIENT DEFICIENCY DISEASES	411.05	FEEDING FOODS THAT COULD BE CONTAMINATED
342	GASTRO-INTESTINAL DISORDERS	411.06	ROUTINELY MIXING FORMULA INCORRECTLY
343	DIABETES MELLITUS	411.07	LIMITING BREASTFEEDING FOR FULLY BREASTFED
344	THYROID DISORDERS	411.08	FEEDING A DIET BERY LOW IN CALORIES OR NUTRIENTS
345	HYPERTENSION	411.09	UNSAFE PREP/HANDLING/STORAGE OF BREASTMILK/FORMULA
346	RENAL DISEASE	411.10	FEEDING POTENTIALLY HARMFUL DIETARY SUPPLEMENTS
347	CANCER	411.11	NOT FEEDING RECOMMENDED DIETARY SUPPLEMENTS
348	CENTRAL NERVOUS SYSTEM DISORDER	428	DIETARY RISK ASSOC W/ COMPLEMENTARY FEEDING PRACTICES
349	GENETIC AND CONGENITAL DISORDERS	502	TRANSFER OF CERTIFICATION
351	INBORN ERRORS OF METABOLISM	603	BREASTFEEDING COMPLICATIONS
352.1	INFECTIOUS DISEASES - ACUTE	701	INFANT UP TO 6 MO OF WIC MOTHER/WOMAN ELIGIBLE DURING PREGNANCY
352.2	INFECTIOUS DISEASES - CHRONIC	702	BREASTFEEDING INFANT OF WOMEN AT NUTR RISK
353	FOOD ALLERGIES	801	HOMELESSNESS
354	CELIAC DISEASE	802	MIGRANCY
355	LACTOSE INTOLERANCE	902	LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD
356	HYPOGLYCMIA	903	FOSTER CARE
357	DRUG-NUTRIENT INTERACTIONS	904	EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE
359	RECENT MAJOR SURGERY, PHYSICAL TRAUMA, BURNS		