

WIC Nutrition/Health Assessment – Child

Child's Name _____ Date of Birth _____ Date _____

Please complete the following questions to help WIC staff better understand your child's needs.

1. Which foods/beverages below does your child usually eat or drink?

<p>Breads & Grains:</p> <p><input type="checkbox"/> Bread <input type="checkbox"/> Noodles <input type="checkbox"/> Rice</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Pasta <input type="checkbox"/> Crackers</p> <p><input type="checkbox"/> Tortillas <input type="checkbox"/> Cereal</p> <p>My child also eats: _____</p> <p>Meats & Protein:</p> <p><input type="checkbox"/> Hamburger <input type="checkbox"/> Lunch meat <input type="checkbox"/> Sausage</p> <p><input type="checkbox"/> Chicken <input type="checkbox"/> Tofu <input type="checkbox"/> Peanut butter</p> <p><input type="checkbox"/> Fish <input type="checkbox"/> Beans <input type="checkbox"/> Pork</p> <p>My child also eats: _____</p> <p>Other Beverages:</p> <p><input type="checkbox"/> Soft drinks <input type="checkbox"/> Sweet tea <input type="checkbox"/> Unsweet tea</p> <p><input type="checkbox"/> Juice <input type="checkbox"/> Kool-Aid <input type="checkbox"/> Energy drinks</p> <p>My child also drinks: _____</p>	<p>Vegetables & Fruits:</p> <p><input type="checkbox"/> Broccoli <input type="checkbox"/> Potatoes <input type="checkbox"/> Bananas</p> <p><input type="checkbox"/> Green beans <input type="checkbox"/> Corn/Peas <input type="checkbox"/> Oranges</p> <p><input type="checkbox"/> Tomatoes <input type="checkbox"/> Apples <input type="checkbox"/> Berries</p> <p>My child also eats: _____</p> <p>Milk & Dairy:</p> <p><input type="checkbox"/> Human milk <input type="checkbox"/> Lactose free milk <input type="checkbox"/> Cheese</p> <p><input type="checkbox"/> Cow's milk <input type="checkbox"/> Soy milk <input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Formula: _____</p> <p>My child also eats & drinks: _____</p> <p>Other Foods:</p> <p><input type="checkbox"/> Doughnuts <input type="checkbox"/> Butter/Margarine <input type="checkbox"/> Gravy</p> <p><input type="checkbox"/> Cake <input type="checkbox"/> Cookies <input type="checkbox"/> Chips</p> <p>My child also eats: _____</p>
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2. Does your child eat any of the following?
- Raw or undercooked meat, fish, poultry, eggs
 - Raw sprouts like alfalfa or bean sprouts
 - Unheated lunch meats, hot dogs, processed meats
 - Soft cheeses like Brie, Feta, Queso Fresco
 - Raw or unpasteurized milk or juice

3. Does your child eat any of the following?
- Popcorn Round, Hard Candy
 - Whole grapes Nuts or seeds
 - Whole hot dogs Marshmallows
 - Peanut Butter My child does not eat these

4. Does your child drink water? Yes No
- Does the water have fluoride?
- Yes No Unsure

5. Does your child use a bottle? Yes No

6. Does your child drink a bottle in bed at night or carry around a bottle or sippy cup?
- Yes No

7. Does your child visit a dentist regularly?
- Yes No

8. Does your child eat or crave non-food items like clay, paint chips, dirt, or ice? Yes No

9. Does your child take daily vitamins or minerals?
- Yes No
- If yes, are they taken as instructed?
- Yes No Unsure

- Does your child take a supplement with vitamin D?
- Yes No Unsure
- Does your child take herbal or botanical supplements? Yes No

10. Do you feel you have enough food to feed your family? Yes No

11. Has your child entered the foster care system in the last 6 months? Yes No
- Has your child changed foster homes in the last 6 months? Yes No

12. Does your child visit a doctor for routine check-ups? Yes No

13. List any health issues your child has:
- _____
- _____

14. Have these issues been diagnosed by your child's doctor? Yes No

15. If you could wish for one healthy habit for your child in the next six months, what would it be?
- _____
- _____

This institution is an equal opportunity provider.

----- THIS SIDE IS FOR WIC STAFF TO COMPLETE -----

Below are suggested questions to facilitate WIC discussion.

- Tell me about your child's eating. (*Assess eating behaviors, self-feeding, uses a cup/weaned from bottle, planned meals/snacks and only water between*)
- What are your mealtimes like? (*Assess family meals, is mealtime enjoyable, environment at table [no TV/phones/tablets, comfortable/secure seating for child], developmentally appropriate foods*)
- What concerns do you have about your child's health? Activity level? Growth?
- How do you care for your child's teeth and gums?
- What has been helpful at this visit?

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