

# Checklist for Nutrition Assessment Questions

#### **JULY 2014**

## A: 100's Anthropometric – Height/weight, %tiles

- Feelings about your child's growth/your weight?
- Doctor feedback about your/your child's weight.

#### B: 200's Biochemical – Blood Tests

- MD and iron level?
- Lead test?

### C: 300's Clinical – Health/Medical Conditions

- Health conditions (i.e. diabetes, hypertension, food allergies, surgeries) 134, 343, 353, 355, 357, 359, 360, others
- Medications-357
- Oral/dental health issues-381
- Immunizations & well-child checks (infants & children)
- Depression (women) 361

#### D: 400's Diet and Nutrition

- Mom
  - Supplements (iron, folic acid, Vit. D, iodine, herbs)-427D,427A
  - Special diet-427B
  - Appetite
  - Eating patterns
  - o Pica-427C
  - Milk intake & type
  - Food safety-427E (pregnant only)
  - o Breastfeeding-602
- Baby
  - Supplements (iron, Vit. D, herbs)-411K,411J
  - Appetite, hunger/satiety-411D
  - Solid foods/beverages
    - Plan/what/how/ when-411C,411D
  - Breastfeeding

#### CHECKLIST FOR NUTRITION ASSESSMENT QUESTIONS

- Frequency-411G
- Describe
- Pumping-411I
- o Formula feeding
  - Oz./day
  - Preparation-411I, 411F
- o Bottle use-411B
- Drinking water/fluoride content
- o Food safety-411E
- Child
  - Supplements (iron, Vit. D, herbs)-425H, 425G
  - Special diet-425F
  - Appetite, hunger/satiety
  - Age appropriate feeding practices-425D,425F
  - Types of foods Pica-425I
  - Variety, frequency, amounts
  - Beverages425C,425B,425A
  - Milk type & amount
  - Drinking water/fluoride content-425H
  - Bottle/cup use-425C
  - Food safety-425E
  - o Please share with me one thing you like about your baby's eating.
  - o What things would you like to be different about your baby's health or eating?
  - Is your baby taking any type of vitamin/mineral supplement? (Vitamin D)

## E: 900's Environmental/Other Factors

- Physical Activity
- Safety/Abuse- 901
- Drug/Alcohol Abuse- 372, 902
- Foster Care- 903
- Smoking: maternal or in home- 371, 904

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