

Type	Child Nutrition Assessment	Type	Pregnant Nutrition Assessment
<b>A</b>	<p><b>100's Anthropometric = HT/WT, % tiles</b></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your child's growth?</li> <li>• How do you feel about your child's growth?</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"/> Family's feelings on growth/weight</li> <li><input type="checkbox"/> Prematurity/Birth weight</li> </ul>	<b>A</b>	<p><b>100's Anthropometric = HT/WT, % tiles</b></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your weight?</li> <li>• How do you feel about your weight?</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"/> Family's feelings on growth/gain</li> <li><input type="checkbox"/> Women: Feelings on weight gain/loss</li> </ul>
<b>B</b>	<p><b>200's Biochemical = Blood Tests</b></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your child's iron?</li> <li>• (If low hgb) What do you know about anemia?</li> <li>• Has your child had a lead test?</li> </ul>	<b>B</b>	<p><b>200's Biochemical = Blood Tests</b></p> <ul style="list-style-type: none"> <li>• (If low) What has your doctor said about your iron?</li> <li>• (If low) What do you know about anemia?</li> </ul>
<b>C</b>	<p><b>300's Clinical = Health/Medical Conditions )</b></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your child's health?</li> <li>• Do you have any concerns in regards to 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</li> <li><input type="checkbox"/> Medical/Health Conditions-134,355,359,360,others</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Oral/Dental Health-381</li> <li><input type="checkbox"/> Medications-357,others</li> </ul>	<b>C</b>	<p><b>300's Clinical = Health/Medical Conditions</b></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your pregnancy?</li> <li>• Do you have any concerns in regards to your 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"/> Prenatal Care-334</li> <li><input type="checkbox"/> Nausea and Vomiting-301</li> <li><input type="checkbox"/> Medical/Health Conditions-302,342,343,345,358,others</li> <li><input type="checkbox"/> Medication-357, others</li> <li><input type="checkbox"/> Depression -361</li> <li><input type="checkbox"/> Allergies-353</li> <li><input type="checkbox"/> Oral/Dental Health-381</li> </ul>
<b>D</b>	<p><b>400's Diet and Nutrition</b></p> <ul style="list-style-type: none"> <li>• What is mealtime like for your family?</li> <li>• What makes you most happy about his/her eating?</li> <li>• Does your child eat non-food items?-425I</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"/> Supplements (Vit. D, iron, herbs)-425H,425G</li> <li><input type="checkbox"/> Beverage intake/cup use-425C,425B,425A</li> <li><input type="checkbox"/> Water source: Bottle, Tap, Well?-425H</li> <li><input type="checkbox"/> Intake/foods: <ul style="list-style-type: none"> <li>-- Picky eater? Textures? Portions? Number of meals?-425D,425F</li> </ul> </li> <li><input type="checkbox"/> Parent/Child Roles-425D</li> <li><input type="checkbox"/> Food safety-425E</li> </ul>	<b>D</b>	<p><b>400's Diet and Nutrition</b></p> <ul style="list-style-type: none"> <li>• What makes you most happy about your eating?</li> <li>• How is your appetite?</li> <li>• Do you eat non-food items?427C</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"/> Beverage/water</li> <li><input type="checkbox"/> Diet restrictions-427B</li> <li><input type="checkbox"/> Supplements (Prenatal vit. - iron, iodine, herbs)-427D</li> <li><input type="checkbox"/> Milk intake &amp; type</li> <li><input type="checkbox"/> Eating Patterns</li> <li><input type="checkbox"/> Food safety-427E</li> <li><input type="checkbox"/> <b>Breastfeeding</b></li> </ul>
<b>E</b>	<p><b>900's Environmental/Other Factors</b></p> <ul style="list-style-type: none"> <li>• What are physical activities that your child enjoys?</li> <li>• What are your concerns about your child's safety?</li> <li>• What concerns do you have about drugs or alcohol?</li> </ul> <p><b>PROBE</b> for these topics depending on is shared:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Smoking: maternal OR in home-904</li> <li><input type="checkbox"/> Safety/Abuse-901</li> <li><input type="checkbox"/> Drug/Alcohol Abuse-902</li> <li><input type="checkbox"/> Foster Care-903</li> </ul>	<b>E</b>	<p><b>900's Environmental/Other Factors</b></p> <ul style="list-style-type: none"> <li>• What are some physical activities that you enjoy?</li> <li>• What are your concerns about your safety?</li> <li>• What concerns do you have about drugs or alcohol?</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"/> Smoking: maternal OR in home-904,371</li> <li><input type="checkbox"/> Safety/Abuse-901</li> <li><input type="checkbox"/> Drug/Alcohol Abuse-902,372</li> </ul>