

Type	Infant Nutrition Assessment	Type	Postpartum Nutrition Assessment
A	<p>100's Anthropometric = HT/WT, % tiles</p> <ul style="list-style-type: none"> • What has your doctor said about your baby's growth? • How do you feel about your baby's growth? <p>PROBE for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family's feelings on growth/weight <input type="checkbox"/> Prematurity/Birth weight 	A	<p>100's Anthropometric = HT/WT, % tiles</p> <ul style="list-style-type: none"> • What has your doctor said about your weight? • How do you feel about your weight? <p>PROBE for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family's feelings on weight <input type="checkbox"/> Women: Feelings on weight gain/loss
B	<p>200's Biochemical = Blood Tests</p> <ul style="list-style-type: none"> • What has your doctor said about your child's iron? • (If low hgb) What do you know about anemia? • Has your child had a lead test? 	B	<p>200's Biochemical = Blood Tests</p> <ul style="list-style-type: none"> • (If low) What has your doctor said about your iron? • (If low) What do you know about anemia?
C	<p>300's Clinical = Health/Medical Conditions)</p> <ul style="list-style-type: none"> • What has your doctor said about your baby? • Do you have any concerns in regards to your baby's health? <p>PROBE for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergies- 353 <input type="checkbox"/> Medical/Health Conditions- 134,355,359,360,others <input type="checkbox"/> Immunizations <input type="checkbox"/> Oral/Dental Health- 381 <input type="checkbox"/> Medications-357,others 	C	<p>300's Clinical = Health/Medical Conditions</p> <ul style="list-style-type: none"> • What has your doctor said about your health? • Do you have any concerns in regards to your health? <p>PROBE for these topics depending on what participant shares:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical/Health Conditions-342,343,345,358,others -Recent surgery/Delivery-359 <input type="checkbox"/> Depression-361 <input type="checkbox"/> Medication-357,others <input type="checkbox"/> Allergies-353
D	<p>400's Diet and Nutrition</p> <ul style="list-style-type: none"> • Tell me about your baby's feeding. <p>PROBE for these topics depending on what participant shares:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supplements (Vit. D, iron, herbs)-411k, 411J <input type="checkbox"/> Breastfeeding -How often, describe-411G -Pumping? Describe-411I <input type="checkbox"/> Formula -Oz./day -Preparation/water source-411I,411F <input type="checkbox"/> Bottle use-411I,411B <input type="checkbox"/> Solid foods/Beverages-411C,411D - Plan/what/how/when <input type="checkbox"/> Food safety-411E 	D	<p>400's Diet and Nutrition</p> <ul style="list-style-type: none"> • What makes you most happy about your eating? • How is your appetite? • Do you eat non-food items?-427C <p>PROBE for these topics depending on what participant shares:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Beverage/water <input type="checkbox"/> Diet restrictions-427B <input type="checkbox"/> Supplements (folic acid, Vit. D, iron, herbs)-427D <input type="checkbox"/> Milk intake & type <input type="checkbox"/> Eating Patterns <input type="checkbox"/> Breastfeeding-602
E	<p>900's Environmental/Other Factors</p> <ul style="list-style-type: none"> • What are your concerns about your child's safety? • What concerns do you have about drugs or alcohol? <p>PROBE for these topics depending on is shared:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Smoking: maternal OR in home-904 <input type="checkbox"/> Safety/Abuse-901 <input type="checkbox"/> Drug/Alcohol Abuse-902 <input type="checkbox"/> Foster Care-903 	E	<p>900's Environmental/Other Factors</p> <ul style="list-style-type: none"> • What are some physical activities that you enjoy? • What are your concerns about your safety? • What concerns do you have about drugs or alcohol? <p>PROBE for these topics depending on what is shared:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Smoking: maternal OR in home-904, 371 <input type="checkbox"/> Safety/Abuse- 901 <input type="checkbox"/> Drug/Alcohol Abuse-902, 372