

Checklist for Nutrition Assessment Questions

<p>A</p>	<p>100's Anthropometric = HT/WT, % tiles</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feelings about your child's growth/your weight? <input type="checkbox"/> Doctor feedback about your/your child's weight? 							
	<p>B</p>	<p>200's Biochemical = Blood Tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> MD & iron level? <input type="checkbox"/> Lead test? 						
<p>C</p>		<p>300's Clinical = Health/Medical Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health conditions (i.e. diabetes, hypertension, food allergies, surgeries) 134,343,353,355,357,359,360,others <input type="checkbox"/> Medications-357 <input type="checkbox"/> Oral/dental health issues-381 <input type="checkbox"/> Immunizations & well-child checks (infants & children) <input type="checkbox"/> Depression (women))-361 						
	<p>D</p>	<p>400's Diet and Nutrition</p>						
<table border="1"> <thead> <tr> <th data-bbox="170 800 636 842">MOM</th> <th data-bbox="636 800 1089 842">BABY</th> <th data-bbox="1089 800 1544 842">CHILD</th> </tr> </thead> <tbody> <tr> <td data-bbox="170 842 636 1549"> <ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, folic acid, Vit. D, iodine, herbs)-427D,427A <input type="checkbox"/> Special diet-427B <input type="checkbox"/> Appetite <input type="checkbox"/> Eating patterns <input type="checkbox"/> Pica-427C <input type="checkbox"/> Milk intake & type <input type="checkbox"/> Food safety-427E (pregnant only) <input type="checkbox"/> Breastfeeding-602 </td> <td data-bbox="636 842 1089 1549"> <ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, Vit. D, herbs)-411K,411J <input type="checkbox"/> Appetite, hunger/satiety-411D <input type="checkbox"/> Solid foods/beverages <ul style="list-style-type: none"> o Plan/what/how/ when-411C,411D <input type="checkbox"/> Breastfeeding <ul style="list-style-type: none"> o Frequency-411G o Describe o Pumping-411I <input type="checkbox"/> Formula feeding <ul style="list-style-type: none"> o Oz./day o Preparation411I,411F <input type="checkbox"/> Bottle use-411B <input type="checkbox"/> Drinking water/fluoride content-411K <input type="checkbox"/> Food safety-411E </td> <td data-bbox="1089 842 1544 1549"> <ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, Vit. D, herbs)-425H,425G <input type="checkbox"/> Special diet-425F <input type="checkbox"/> Appetite, hunger/satiety <input type="checkbox"/> Age appropriate feeding practices-425D,425F <input type="checkbox"/> Types of foods <input type="checkbox"/> Pica-425I <input type="checkbox"/> Variety, frequency, amounts <input type="checkbox"/> Beverages-425C,425B,425A <input type="checkbox"/> Milk type & amount <input type="checkbox"/> Drinking water/fluoride content-425H <input type="checkbox"/> Bottle/cup use-425C <input type="checkbox"/> Food safety-425E </td> </tr> </tbody> </table>		MOM	BABY	CHILD	<ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, folic acid, Vit. D, iodine, herbs)-427D,427A <input type="checkbox"/> Special diet-427B <input type="checkbox"/> Appetite <input type="checkbox"/> Eating patterns <input type="checkbox"/> Pica-427C <input type="checkbox"/> Milk intake & type <input type="checkbox"/> Food safety-427E (pregnant only) <input type="checkbox"/> Breastfeeding-602 	<ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, Vit. D, herbs)-411K,411J <input type="checkbox"/> Appetite, hunger/satiety-411D <input type="checkbox"/> Solid foods/beverages <ul style="list-style-type: none"> o Plan/what/how/ when-411C,411D <input type="checkbox"/> Breastfeeding <ul style="list-style-type: none"> o Frequency-411G o Describe o Pumping-411I <input type="checkbox"/> Formula feeding <ul style="list-style-type: none"> o Oz./day o Preparation411I,411F <input type="checkbox"/> Bottle use-411B <input type="checkbox"/> Drinking water/fluoride content-411K <input type="checkbox"/> Food safety-411E 	<ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, Vit. D, herbs)-425H,425G <input type="checkbox"/> Special diet-425F <input type="checkbox"/> Appetite, hunger/satiety <input type="checkbox"/> Age appropriate feeding practices-425D,425F <input type="checkbox"/> Types of foods <input type="checkbox"/> Pica-425I <input type="checkbox"/> Variety, frequency, amounts <input type="checkbox"/> Beverages-425C,425B,425A <input type="checkbox"/> Milk type & amount <input type="checkbox"/> Drinking water/fluoride content-425H <input type="checkbox"/> Bottle/cup use-425C <input type="checkbox"/> Food safety-425E 	
MOM	BABY	CHILD						
<ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, folic acid, Vit. D, iodine, herbs)-427D,427A <input type="checkbox"/> Special diet-427B <input type="checkbox"/> Appetite <input type="checkbox"/> Eating patterns <input type="checkbox"/> Pica-427C <input type="checkbox"/> Milk intake & type <input type="checkbox"/> Food safety-427E (pregnant only) <input type="checkbox"/> Breastfeeding-602 	<ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, Vit. D, herbs)-411K,411J <input type="checkbox"/> Appetite, hunger/satiety-411D <input type="checkbox"/> Solid foods/beverages <ul style="list-style-type: none"> o Plan/what/how/ when-411C,411D <input type="checkbox"/> Breastfeeding <ul style="list-style-type: none"> o Frequency-411G o Describe o Pumping-411I <input type="checkbox"/> Formula feeding <ul style="list-style-type: none"> o Oz./day o Preparation411I,411F <input type="checkbox"/> Bottle use-411B <input type="checkbox"/> Drinking water/fluoride content-411K <input type="checkbox"/> Food safety-411E 	<ul style="list-style-type: none"> <input type="checkbox"/> Supplements (iron, Vit. D, herbs)-425H,425G <input type="checkbox"/> Special diet-425F <input type="checkbox"/> Appetite, hunger/satiety <input type="checkbox"/> Age appropriate feeding practices-425D,425F <input type="checkbox"/> Types of foods <input type="checkbox"/> Pica-425I <input type="checkbox"/> Variety, frequency, amounts <input type="checkbox"/> Beverages-425C,425B,425A <input type="checkbox"/> Milk type & amount <input type="checkbox"/> Drinking water/fluoride content-425H <input type="checkbox"/> Bottle/cup use-425C <input type="checkbox"/> Food safety-425E 						
<p>E</p>	<p>900's Environmental/Other Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical Activity <input type="checkbox"/> Safety/Abuse -901 <input type="checkbox"/> Drug/Alcohol Abuse -372,902 <input type="checkbox"/> Foster Care – 903 <input type="checkbox"/> Smoking: maternal or in home – 371, 904 							