

Midcertification Assessment Questions - Infant

Participant Centered Conversation

- What would you like to talk about today?
- Follow up on previous nutrition and health assessment.

<p>A</p>	<p>100's Anthropometric = HT/WT, % tiles <i>(Anything related to weight gain, loss, growth)</i> Only if applicable:</p> <ul style="list-style-type: none"> • What has your doctor said about your child's growth? • How do you feel about their growth?
<p>B</p>	<p>200's Biochemical = Blood Tests <i>(Anything related to blood – anemia, lead)</i> Only if applicable:</p> <ul style="list-style-type: none"> • What has your doctor said about your child's iron? • What do you know about anemia?
<p>C</p>	<p>300's Clinical = Health/Medical Conditions <i>(anything related to medical history or medical conditions)</i></p> <ul style="list-style-type: none"> • What did the doctor tell you about your baby at the last Well Child Check? (2 month, 4 month, 6 month, 9 month, 1 yr) <ul style="list-style-type: none"> ○ Did your baby receive any immunizations at that time? • Tell me about any changes in your baby's health or development. (Crawling, walking, teething, allergies, medical conditions)
<p>D</p>	<p>400's Diet and Nutrition</p> <ul style="list-style-type: none"> • Breastfeeding <ul style="list-style-type: none"> ○ What questions do you have about breastfeeding your baby? ○ How often do you breastfeed? ○ Would you like more information on breastfeeding and ____ (teething, feeding frequency, growth spurts)? • Formula <ul style="list-style-type: none"> ○ How often does your baby take a bottle of formula? ○ How much do they drink? ○ What do you do with formula left over in the bottle after a feeding? ○ Would you like more information on bottle feeding? (Storage, preparing formula, growth spurts) ○ What else does your baby drink from a bottle? • Eating <ul style="list-style-type: none"> ○ What solid foods have you offered to your baby? (Table food, meat, baby jarred foods, smashed or pureed) ○ What foods/beverages does your baby get other than formula or breast milk? (Choking) ○ How often do you feed your baby solid foods? ○ How do you plan to wean your baby from the bottle? (If bottle feeding) ○ Tell me about cup use with your baby. • OPTIONAL: <ul style="list-style-type: none"> ○ Please share with me one thing you like about your baby's eating. ○ What things would you like to be different about your baby's health or eating? ○ Tell me about any vitamin/mineral supplements your baby takes. (Vitamin D)

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