

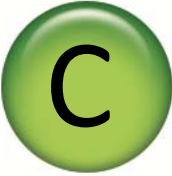




## Assessment Guide

✓ = Potential WIC Codes/Key Areas to Assess

	<p><b>100's Anthropometric = HT/WT, %tiles</b> <i>(Anything related to weight gain, loss, growth)</i></p> <ul style="list-style-type: none"> <li>What has your doctor said about your child's growth/your weight?</li> <li>How do you feel about your weight changes?</li> <li>How do you feel about your child's growth?</li> </ul> <p><b>Probe for these topics depending on what participant shares from questions to assess for all risks</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">✓ Family's feelings on growth/gain</td> <td style="width: 50%;">✓ Weight change</td> </tr> <tr> <td>✓ Women: Feelings on weight gain/loss</td> <td>✓ Prematurity/Birth weight</td> </tr> </table>	✓ Family's feelings on growth/gain	✓ Weight change	✓ Women: Feelings on weight gain/loss	✓ Prematurity/Birth weight																										
✓ Family's feelings on growth/gain	✓ Weight change																														
✓ Women: Feelings on weight gain/loss	✓ Prematurity/Birth weight																														
	<p><b>200's Biochemical = Blood Tests</b> <i>(Anything related to blood- anemia, lead)</i></p> <ul style="list-style-type: none"> <li>What has your doctor said about your/your child's iron and lead levels?</li> <li>What have you heard about anemia and lead screening?</li> <li>Have you or your child had a lead test before?</li> </ul>																														
	<p><b>300's Clinical = Health/Medical Conditions</b> <i>(Anything related to medical history, medical conditions, doctor access or pregnancy)</i></p> <ul style="list-style-type: none"> <li>What has your doctor said about your pregnancy/baby/child?</li> <li>What concerns do you have about your/your child's/your baby's health?</li> <li>How does this pregnancy compare to your previous pregnancies?</li> <li>How often do you feel down, depressed or hopeless? / ¿Qué tan seguido se siente triste, deprimida(o) o desesperada(o)?</li> <li>How often do you have little interest or pleasure in doing things? / ¿Qué tan seguido se siente desganada y sin ánimo de hacer nada?</li> <li>What has your doctor or dentist said about your/your child's/your baby's oral health?</li> </ul> <p><b>Probe for these topics depending on what participant shares from questions to assess for all risks</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">MOM</th> <th style="width: 33%;">BABY</th> <th style="width: 33%;">CHILD</th> </tr> </thead> <tbody> <tr> <td>✓ Allergies</td> <td>✓ Allergies</td> <td>✓ Allergies</td> </tr> <tr> <td>✓ Prenatal Care</td> <td>✓ Medical Conditions</td> <td>✓ Medical Conditions</td> </tr> <tr> <td>✓ Nausea/Vomiting</td> <td>✓ Immunizations</td> <td>✓ Immunizations</td> </tr> <tr> <td>✓ Previous Pregnancy</td> <td>✓ Oral/Dental Health</td> <td>✓ Oral/Dental Health</td> </tr> <tr> <td>✓ Medical History (Recent Surgery, Delivery)</td> <td>✓ Medications</td> <td>✓ Medications</td> </tr> <tr> <td>✓ Oral/Dental Health</td> <td></td> <td></td> </tr> <tr> <td>✓ Medications</td> <td></td> <td></td> </tr> </tbody> </table>	MOM	BABY	CHILD	✓ Allergies	✓ Allergies	✓ Allergies	✓ Prenatal Care	✓ Medical Conditions	✓ Medical Conditions	✓ Nausea/Vomiting	✓ Immunizations	✓ Immunizations	✓ Previous Pregnancy	✓ Oral/Dental Health	✓ Oral/Dental Health	✓ Medical History (Recent Surgery, Delivery)	✓ Medications	✓ Medications	✓ Oral/Dental Health			✓ Medications								
MOM	BABY	CHILD																													
✓ Allergies	✓ Allergies	✓ Allergies																													
✓ Prenatal Care	✓ Medical Conditions	✓ Medical Conditions																													
✓ Nausea/Vomiting	✓ Immunizations	✓ Immunizations																													
✓ Previous Pregnancy	✓ Oral/Dental Health	✓ Oral/Dental Health																													
✓ Medical History (Recent Surgery, Delivery)	✓ Medications	✓ Medications																													
✓ Oral/Dental Health																															
✓ Medications																															
<p style="color: red; font-weight: bold; font-size: 1.2em;">USE TOOL HERE</p> 	<p><b>400's Diet and Nutrition</b></p> <ul style="list-style-type: none"> <li>What is meal time like for you/your family?</li> <li>When do you know baby is hungry? How does baby tell you?</li> <li>How do you feel about your appetite</li> <li>How do you feel about your child's/your baby's eating?</li> </ul> <p><b>Probe for these topics depending on what participant shares from questions to assess for all risks</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">MOM</th> <th style="width: 33%;">BABY</th> <th style="width: 33%;">CHILD</th> </tr> </thead> <tbody> <tr> <td>✓ Beverage/Water</td> <td>✓ Solid Foods/Beverages</td> <td>✓ Beverage Intake/Cup Use</td> </tr> <tr> <td>✓ Appetite (Likes/Aversions/Cravings)</td> <td>- Plan/What/how/when</td> <td>✓ Fluoride Supplementation</td> </tr> <tr> <td>✓ Prenatal Vitamins</td> <td>✓ Food Safety</td> <td>✓ Milk Intake &amp; Type</td> </tr> <tr> <td>✓ Food Safety</td> <td>✓ Vitamins</td> <td>✓ Vitamins</td> </tr> <tr> <td>✓ Breastfeeding</td> <td>✓ Breastfeeding</td> <td>✓ Food Safety</td> </tr> <tr> <td>-Questions/Feelings</td> <td>- How often/typical feeding</td> <td>✓ Intake/Foods (picky, textures, number of meals, portions)</td> </tr> <tr> <td>✓ Milk Consumption and Type</td> <td>✓ Formula (Oz/day, Preparation)</td> <td>✓ Parent/Child Roles</td> </tr> <tr> <td>✓ Eating Patterns</td> <td>✓ Bottle Use</td> <td></td> </tr> <tr> <td></td> <td>✓ Fluoride Supplementation</td> <td></td> </tr> </tbody> </table>	MOM	BABY	CHILD	✓ Beverage/Water	✓ Solid Foods/Beverages	✓ Beverage Intake/Cup Use	✓ Appetite (Likes/Aversions/Cravings)	- Plan/What/how/when	✓ Fluoride Supplementation	✓ Prenatal Vitamins	✓ Food Safety	✓ Milk Intake & Type	✓ Food Safety	✓ Vitamins	✓ Vitamins	✓ Breastfeeding	✓ Breastfeeding	✓ Food Safety	-Questions/Feelings	- How often/typical feeding	✓ Intake/Foods (picky, textures, number of meals, portions)	✓ Milk Consumption and Type	✓ Formula (Oz/day, Preparation)	✓ Parent/Child Roles	✓ Eating Patterns	✓ Bottle Use			✓ Fluoride Supplementation	
MOM	BABY	CHILD																													
✓ Beverage/Water	✓ Solid Foods/Beverages	✓ Beverage Intake/Cup Use																													
✓ Appetite (Likes/Aversions/Cravings)	- Plan/What/how/when	✓ Fluoride Supplementation																													
✓ Prenatal Vitamins	✓ Food Safety	✓ Milk Intake & Type																													
✓ Food Safety	✓ Vitamins	✓ Vitamins																													
✓ Breastfeeding	✓ Breastfeeding	✓ Food Safety																													
-Questions/Feelings	- How often/typical feeding	✓ Intake/Foods (picky, textures, number of meals, portions)																													
✓ Milk Consumption and Type	✓ Formula (Oz/day, Preparation)	✓ Parent/Child Roles																													
✓ Eating Patterns	✓ Bottle Use																														
	✓ Fluoride Supplementation																														
	<p><b>900's Environmental/Other Factors</b> <i>(Anything related to smoking, substance use, safety)</i></p> <ul style="list-style-type: none"> <li>What are your thoughts about smoking in your home or around you or your kids?</li> <li>How do you feel about your safety in your relationship?</li> <li>How do you feel about your child's/your baby's safety in your family relationships?</li> <li>What concerns do you have about drugs or alcohol?</li> </ul> <p><b>Probe for these topics depending on what participant shares from questions to assess for all risks</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">✓ Smoking ( maternal smoking or smoking In the home)</td> <td style="width: 50%;">✓ Drug or Alcohol Abuse</td> </tr> <tr> <td>✓ Safety/Abuse</td> <td>✓ Foster Care</td> </tr> </table>	✓ Smoking ( maternal smoking or smoking In the home)	✓ Drug or Alcohol Abuse	✓ Safety/Abuse	✓ Foster Care																										
✓ Smoking ( maternal smoking or smoking In the home)	✓ Drug or Alcohol Abuse																														
✓ Safety/Abuse	✓ Foster Care																														


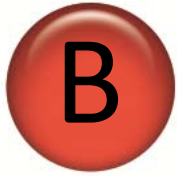
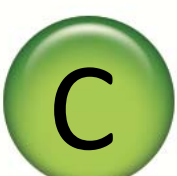


## Assessment Guide

✓ = Potential WIC Codes/Key Areas to Assess

<div>A</div>	<div>100's Anthropometric = HT/WT, %tiles</div> <table><tr><th colspan="2">Possible Manual Codes</th></tr><tr><td>✓ Family's feelings on growth/gain - 114, 132, 134, 151</td><td>✓ Weight Change - 132, 134, 135, 301, 302, 341-352, 356-363, 381, 401, 427.2, 427.3 427.2, 801, 802, 901, 902, 903</td></tr><tr><td>✓ Women: Feelings on weight gain/loss - 132, 135, 301, 302, 341-352, 356-363, 381, 401, 427.2, 427.3 427.2, 801, 802, 901, 902, 903</td><td></td></tr></table>	Possible Manual Codes		✓ Family's feelings on growth/gain - 114, 132, 134, 151	✓ Weight Change - 132, 134, 135, 301, 302, 341-352, 356-363, 381, 401, 427.2, 427.3 427.2, 801, 802, 901, 902, 903	✓ Women: Feelings on weight gain/loss - 132, 135, 301, 302, 341-352, 356-363, 381, 401, 427.2, 427.3 427.2, 801, 802, 901, 902, 903				
Possible Manual Codes										
✓ Family's feelings on growth/gain - 114, 132, 134, 151	✓ Weight Change - 132, 134, 135, 301, 302, 341-352, 356-363, 381, 401, 427.2, 427.3 427.2, 801, 802, 901, 902, 903									
✓ Women: Feelings on weight gain/loss - 132, 135, 301, 302, 341-352, 356-363, 381, 401, 427.2, 427.3 427.2, 801, 802, 901, 902, 903										
<div>B</div>	<div>200's Biochemical = Blood Tests</div> <table><tr><th colspan="2">Possible Manual Codes</th></tr><tr><td>✓ Lead Levels - 211</td><td></td></tr></table>	Possible Manual Codes		✓ Lead Levels - 211						
Possible Manual Codes										
✓ Lead Levels - 211										
<div>C</div>	<div>300's Clinical = Health/Medical Conditions</div> <table><tr><th colspan="3">Possible Manual Codes</th></tr><tr><th>MOM</th><th>BABY</th><th>CHILD</th></tr><tr><td>✓ Allergies - 353, 354, 355 ✓ Prenatal Care - 331, 334, 335, 336 ✓ N/V - 301 ✓ Previous PG - 303, 304, 311, 312, 321, 332, 333, 337, 339 ✓ Medical History - 302, 341-352, 356-363, 902 ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical History</td><td>✓ Allergies - 353-355 ✓ Medical Conditions - 134, 151, 341-352, 356-362, 382 ✓ Immunizations - Referral ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical Conditions</td><td>✓ Allergies - 353-355 ✓ Medical Conditions - 134, 151, 341-352, 356-362, 382 ✓ Immunizations - Referral ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical Conditions</td></tr></table>	Possible Manual Codes			MOM	BABY	CHILD	✓ Allergies - 353, 354, 355 ✓ Prenatal Care - 331, 334, 335, 336 ✓ N/V - 301 ✓ Previous PG - 303, 304, 311, 312, 321, 332, 333, 337, 339 ✓ Medical History - 302, 341-352, 356-363, 902 ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical History	✓ Allergies - 353-355 ✓ Medical Conditions - 134, 151, 341-352, 356-362, 382 ✓ Immunizations - Referral ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical Conditions	✓ Allergies - 353-355 ✓ Medical Conditions - 134, 151, 341-352, 356-362, 382 ✓ Immunizations - Referral ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical Conditions
Possible Manual Codes										
MOM	BABY	CHILD								
✓ Allergies - 353, 354, 355 ✓ Prenatal Care - 331, 334, 335, 336 ✓ N/V - 301 ✓ Previous PG - 303, 304, 311, 312, 321, 332, 333, 337, 339 ✓ Medical History - 302, 341-352, 356-363, 902 ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical History	✓ Allergies - 353-355 ✓ Medical Conditions - 134, 151, 341-352, 356-362, 382 ✓ Immunizations - Referral ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical Conditions	✓ Allergies - 353-355 ✓ Medical Conditions - 134, 151, 341-352, 356-362, 382 ✓ Immunizations - Referral ✓ Oral/Dental Health - 381 ✓ Medications - Same as Medical Conditions								
<div>D</div>	<div>400's Diet and Nutrition</div> <table><tr><th colspan="3">Possible Manual Codes</th></tr><tr><th>MOM</th><th>BABY</th><th>CHILD</th></tr><tr><td>✓ Beverage/Water - 372, 401, 427.5 ✓ Appetite - 427.2, 427.3 ✓ Prenatal Vitamins - 427.1, 427.4 ✓ Food Safety - 427.5 ✓ Breastfeeding - 338, 601, 602 ✓ Milk - 427.5 ✓ Eating Patterns - 401, 427.2</td><td>✓ Solid foods/Beverages - 411.2, 411.3, 411.4, 428 ✓ Food Safety - 411.5, 411.9 ✓ Vitamins 411.10, 411.11 ✓ Breastfeeding - 411.1, 411.9, 603 ✓ Formula - 411.1, 411.6, 411.9, ✓ Bottle Use - 411.2, 411.9 ✓ Fluoride - 411.11</td><td>✓ Beverage Intake/Cup Use - 425.2, 425.3, ✓ Fluoride - 425.8 ✓ Milk - 425.1 ✓ Vitamins - 425.7, 425.8 ✓ Food Safety - 425.5 ✓ Intake/Foods - 401, 425.4, 425.6, 425.9, 428 ✓ Parent/Child Roles - 425.4</td></tr></table>	Possible Manual Codes			MOM	BABY	CHILD	✓ Beverage/Water - 372, 401, 427.5 ✓ Appetite - 427.2, 427.3 ✓ Prenatal Vitamins - 427.1, 427.4 ✓ Food Safety - 427.5 ✓ Breastfeeding - 338, 601, 602 ✓ Milk - 427.5 ✓ Eating Patterns - 401, 427.2	✓ Solid foods/Beverages - 411.2, 411.3, 411.4, 428 ✓ Food Safety - 411.5, 411.9 ✓ Vitamins 411.10, 411.11 ✓ Breastfeeding - 411.1, 411.9, 603 ✓ Formula - 411.1, 411.6, 411.9, ✓ Bottle Use - 411.2, 411.9 ✓ Fluoride - 411.11	✓ Beverage Intake/Cup Use - 425.2, 425.3, ✓ Fluoride - 425.8 ✓ Milk - 425.1 ✓ Vitamins - 425.7, 425.8 ✓ Food Safety - 425.5 ✓ Intake/Foods - 401, 425.4, 425.6, 425.9, 428 ✓ Parent/Child Roles - 425.4
Possible Manual Codes										
MOM	BABY	CHILD								
✓ Beverage/Water - 372, 401, 427.5 ✓ Appetite - 427.2, 427.3 ✓ Prenatal Vitamins - 427.1, 427.4 ✓ Food Safety - 427.5 ✓ Breastfeeding - 338, 601, 602 ✓ Milk - 427.5 ✓ Eating Patterns - 401, 427.2	✓ Solid foods/Beverages - 411.2, 411.3, 411.4, 428 ✓ Food Safety - 411.5, 411.9 ✓ Vitamins 411.10, 411.11 ✓ Breastfeeding - 411.1, 411.9, 603 ✓ Formula - 411.1, 411.6, 411.9, ✓ Bottle Use - 411.2, 411.9 ✓ Fluoride - 411.11	✓ Beverage Intake/Cup Use - 425.2, 425.3, ✓ Fluoride - 425.8 ✓ Milk - 425.1 ✓ Vitamins - 425.7, 425.8 ✓ Food Safety - 425.5 ✓ Intake/Foods - 401, 425.4, 425.6, 425.9, 428 ✓ Parent/Child Roles - 425.4								
<div>E</div>	<div>900's Environmental/Other Factors</div> <table><tr><th colspan="2">Possible Manual Codes</th></tr><tr><td>✓ Smoking - 371, 904</td><td>✓ Drug or Alcohol Abuse - 372, 382, 703</td></tr><tr><td>✓ Safety/Abuse - 703, 801, 901, 902</td><td></td></tr></table>	Possible Manual Codes		✓ Smoking - 371, 904	✓ Drug or Alcohol Abuse - 372, 382, 703	✓ Safety/Abuse - 703, 801, 901, 902				
Possible Manual Codes										
✓ Smoking - 371, 904	✓ Drug or Alcohol Abuse - 372, 382, 703									
✓ Safety/Abuse - 703, 801, 901, 902										

## Assessment Guide

✓ = Potential WIC Codes/Key Areas to Assess

	<b>100's Anthropometric = HT/WT, %tiles</b>
	<b>200's Biochemical = Blood Tests</b>
	<b>300's Clinical = Health/Medical Conditions</b>
	<b>400's Diet and Nutrition</b>
	<b>900's Environmental/Other Factors</b>