

Assessment Guide








= Potential WIC Codes/Key Areas to Assess

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