Certification: Children

WIC ID: _____ **Child's name:** _____

Cardholder: _____ **Today's date:** _____

Weight: _____ **Length/Height:** _____ **Hgb:** _____

Head Circumference: _____

For New Participants:

Date of birth:_____ Birth weight: _____lbs _____oz Birth length: _____inches

Sex: ❑ Male ❑ Female # of weeks at birth:_____

The format of the questions follows what is seen in TWIST.

Note: Bolded questions are mandatory TWIST questions

Health History

01 Tell me about your child's health.

02 Does your child have any health problems or medical conditions? (300+)

- ❑ Yes (please describe)
- ❑ No

02.6 What has your dentist said about your child's dental health? (381)

- ❑ Diagnosed with oral health conditions? (list)
- ❑ No oral health conditions

03 Is your child taking any medicine now? (357)

- ❑ Yes, but no known nutritional impacts
- ❑ Yes, there are drug nutrient interactions (please list medication(s)):
- ❑ No

04 Are DTaP vaccines up-to-date?

❑ Yes ❑ No or unknown, referred ❑ Older than 24 months, no screening

04.1 Has your child been screened or tested for lead?

❑ Yes ❑ No or unknown, referred

05 Has your child been in an enclosed space while someone was smoking cigarettes or vaping? (904)

❑ Yes ❑ No

05.1 Did you inform parents/caregivers about the risks of substance use?

❑ Yes ❑ No

06 Do you have any concerns about your child's emotional and/or physical safety? (901)

❑ Yes ❑ No

Notes:

Diet Assessment

13-23 months

04.5 Tell me about feeding your child.

05 Are you breastfeeding your child now?

❑ Yes 05a How many times in 24 hours?

❑ No **05b How long did you breastfeed?**

05ba At what age did you start giving formula?

❑ Unknown ❑ No formula – breast milk only

05.5 In the past few months, were there times when your family ran low on food?

❑ No ❑ Yes

06.5 How many meals and snacks do you offer your child each day?

08.5 What foods do you usually offer to your child? (425.4)

- ❑ Offering a variety of appropriate foods
- ❑ Not offering variety of appropriate foods

10.5 How well does your child feed himself/herself? (425.4)

- ❑ Feeding skills appropriate for age
- ❑ Not feeding self

11.5 What does your child use when drinking? (425.3)

- ❑ Cup or glass
- ❑ Cup and bottle before 14 months

11.5a What does your child drink from the bottle?

- ❑ Milk and/or formula and/or water
- ❑ Juice and/or cereal
- ❑ Other:

11.5c What is your plan for weaning from the bottle?

- ❑ Bottle after 14 months

11.5b What does your child drink from the bottle?

- ❑ Milk and/or formula and/or water
- ❑ Juice and/or cereal
- ❑ Other:

11.5d What is your plan for weaning from the bottle?

- ❑ Sippy cup, continual use all day

❑ Sippy cup at meals

Notes:

12.5 What type of milk does your child usually drink? (425.1)

❑ Whole milk or 2%

❑ Nonfat or 1% milk

❑ Inadequately fortified rice, soy or almond milk

❑ Goat's milk

❑ WIC approved soy/plant beverage

13.5 What beverages other than milk does your child usually drink? (425.2)

❑ Non-sweetened beverages

❑ Sweetened beverages

List sweetened beverages:

❑ Both sweetened and non-sweetened beverages

List sweetened beverages:

14.5 Is your child receiving fluoride? (425.8)

❑ Yes, fluoridated water or fluoride supplement

❑ No

❑ Unknown

14.7 Is your child receiving a vitamin D supplement? (425.8)

❑ Yes

❑ No, but drinks 1 qt milk daily

❑ No

❑ Unknown

24-35 Months

01.5 What is mealtime like for you and your family?

02.1 What is going well or is challenging at mealtimes?

03.4 How many meals and snacks does your child usually eat each day?

03.6 Who decides when, how much or what your child eats?

03.8 What happens if your child does not eat the food that is offered?

04.4 What are some of your child's favorite or least favorite foods?

04.5 How willing is your child to try new foods?

04.6 In the past few months, were there times when your family ran low on food?

04.7 What foods do you usually offer to your child? (425.4)

❑ Offering a variety of age-appropriate foods

❑ Not offering a variety of age-appropriate foods

04.8 What beverages does your child usually drink? (425.2)

❑ Non-sweetened beverages

❑ Sweetened beverages

List sweetened beverages:

❑ Both sweetened and non-sweetened beverages

List sweetened beverages:

05.4 Does your child eat raw or undercooked meat, poultry, fish or eggs? (425.5)

❑ No

❑ Yes, describe

05.6 Does your child drink unpasteurized milk or juice? (425.5)

❑ No

❑ Yes, describe

06.1 How well does your child feed themselves? (425.4)

❑ Feeding skills appropriate for age

❑ Not feeding self

07.1 What does your child use when drinking? (425.3)

❑ Cup and glass

❑ Cup and bottle

What is your plan for weaning from the bottle?

❑ Cup and bottle only at bedtime

What is your plan for weaning from the bottle?

❑ Cup and sippy cup

08.9 What vitamins or other supplements does your child take?

09.1 Is your child receiving fluoride? (425.8)

❑ Yes, fluoridated water or fluoride supplement

❑ No

❑ Unknown

09.3 Is your child receiving a vitamin D supplement? (425.8)

❑ Yes

❑ No, but drinks 1 qt milk/day

❑ No

❑ Unknown

36-60 Months

02 What is mealtime like for you and your family?

03 Besides home, where does your child eat?

04 How well does your child eat in places other than home?

07 How many meals and snacks does your child usually eat each day?

08 How do you involve your child in choosing foods for meals and snacks?

11 What are some of the foods that your child likes and dislikes?

12 What foods do you usually offer to your child? (425.4)

❑ Offering a variety of age-appropriate foods

❑ Not offering a variety of age-appropriate foods

13 What beverages does your child usually drink? (425.2)

❑ Non-sweetened beverages

❑ Sweetened beverages

List sweetened beverages:

❑ Both sweetened and non-sweetened beverages

List sweetened beverages:

14 In the past few months, were there times when your family ran low on food?

❑ No ❑ Yes

17.1 Does your child eat raw or undercooked meat, poultry, fish or eggs? (425.5)

❑ No

❑ Yes, describe

18.1 Does your child drink unpasteurized milk or juice? (425.5)

❑ No

❑ Yes, describe

21 How well does your child feed himself/herself? (425.4)

❑ Feeding skills appropriate for age

❑ Not feeding self

22 What does your child use when drinking? (425.3)

❑ Appropriate for age

❑ Inappropriate for age, describe:

25 What vitamins or supplements does your child take?

26 Is your child receiving fluoride? (425.8)

- ❑ Yes, fluoridated water or fluoride supplement
- ❑ No
- ❑ Unknown

27 Is your child receiving a vitamin D supplement? (425.8)

- ❑ Yes
- ❑ No, but drinks 1 qt milk/day
- ❑ No
- ❑ Unknown

NE Provided:

Next Step:

Food Package Notes: (modifications, etc)

Quarterly NE Plan/Next Appointment Type: