Certification: Children
Mandatory Questions

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 heath.

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

❑ Yes (please describe)

❑ 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

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 5a How many times in 24 hours?

❑ No **5b How long did you breastfeed?**

05ba At what age did you start giving formula?

❑ Unknown ❑ No formula – breast milk only

24-36 Months

01.5 What is mealtime like for you and your family?

36-60 Months

02 What is mealtime like for you and your family?

NE Provided:

Next Step:

Food Package Notes: (modifications, etc)

Quarterly NE Plan/Next Appointment Type: