

4-2 Job Aid: Selecting Risks – Children

Selecting the answers in **Bold** assigns the risk.

*Indicates a mandatory question.

Other column - **Doc** indicates additional documentation required when the risk is assigned; **High** indicates risk level and a referral to the WIC nutritionist.

Clinical (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – health			
Tell me about your child’s health.	Type in response	None	
*Does your child have any health problems or medical concerns?	<ul style="list-style-type: none"> • Yes • No 	Medical risks selected by certifier from pop-up	High
What has your dentist said about your child’s dental health?	<ul style="list-style-type: none"> • No oral health conditions • Diagnosed with oral health conditions 	381 – Oral Health Conditions	Doc
Is your baby taking any medicine now?	<ul style="list-style-type: none"> • Yes, there are drug nutrient interactions • Yes, but no known nutritional impact • No 	357 - Drug Nutrient Interaction	High Doc
Topic – immunizations			
*Are DTaP vaccines up to date?	<ul style="list-style-type: none"> • Yes, record reviewed • No, record reviewed, referral made • Unknown, no record available, referral made • Older than 24 months, no screening 	None	

Environmental (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic –smoking			
Does anyone living in your household smoke inside the home?	<ul style="list-style-type: none"> • Yes • No 	904 - Exposure to Environmental Tobacco	

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic - safety			
*In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt your child?	<ul style="list-style-type: none"> • Yes • No • Unable to ask question 	901 – Recipient of abuse	

Dietary (Diet Assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – breastfeeding history (age 12 to 23 months)			
*Are you breastfeeding your child now?	<ul style="list-style-type: none"> ▪ No ▪ Yes 	None	
*If breastfeeding: How many times does your baby breastfeed in 24 hours?	<ul style="list-style-type: none"> ▪ Numeric 	None	
*If not breastfeeding: How long did you breastfeed?	<ul style="list-style-type: none"> ▪ Length of time 	None	
*At what age did you start giving formula to our child?	<ul style="list-style-type: none"> ▪ Age 	None	
Topic – mealtimes			
*Tell me about mealtimes in your home.	Type in response	None	
*What is mealtime like for you and your family?	Type in response	None	
What is going well or is challenging at mealtimes?	Type in response	None	
How many meals and snacks does your child usually eat each day?	<ul style="list-style-type: none"> ▪ Numeric 	None	
Who decides when, how much or what your child eats?	Type in response	None	
What happens if your child does not eat the food that is offered?	Type in response	None	
Besides home, where else does your child eat?	Type in response	None	
How well does your child eat in places other than home?	Type in response	None	
Topic – feeding skills			

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
How well does your child feed himself/herself?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ No self feeding 	425.4 - Inappropriate Feeding Practices	Doc
What does your child use when drinking?	<ul style="list-style-type: none"> ▪ Cup or glass ▪ Sippy cup ▪ Cup and bottle before age 14 months ▪ Bottle after 14 months of age 	425.3 – Inappropriate Use of Bottles, Cups and Pacifiers	Doc
If your child is using a bottle, what is your plan for weaning?	Type in response	None	
Topic – food selection			
*Tell me about feeding your child.	Type in response	None	
What type of milk does your child usually drink?	Type in response	None	
What type of milk does your child usually drink?	<ul style="list-style-type: none"> • Whole milk or 2% • Goat’s milk • WIC approved soy beverage • Non- fat or 1% milk • Inadequately fortified rice, soy or almond beverages 	425.1 – Inappropriate Beverage as Milk Source	Doc
What beverages other than milk does your child usually drink?	<ul style="list-style-type: none"> • Non-sweetened beverages • Sweetened beverages • Both sweetened and non-sweetened beverages 	425.2 – Feeding Sweetened beverages	Doc
What are some of your child’s favorite or least favorite foods?	Type in response	None	
How willing is your child to try new foods?	Type in response	None	
What foods do you usually offer to your child?	<ul style="list-style-type: none"> • Offering a variety of age appropriate foods • Not offering variety of age appropriate foods 	425.4 - Inappropriate Feeding Practices	Doc
How do you involve your child in choosing foods for meals and snacks?	Type in response	None	

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – food security			
In the past few months, were there ever times when your family ran low on food?	<ul style="list-style-type: none"> • Yes • No 	None	
Topic – food safety			
Does your child eat raw or undercooked meat, poultry, fish or eggs?	<ul style="list-style-type: none"> • No • Yes 	425.5 – Feeding Potentially Harmful Foods	Doc
Does your child drink unpasteurized milk or juice?	<ul style="list-style-type: none"> • No • Yes 	425.5 – Feeding Potentially Harmful Foods	Doc
Topic - supplements			
Is your child receiving a vitamin D supplement?	<ul style="list-style-type: none"> • Yes • No but drinks 1 quart of milk per day • No • Unknown 	425.8 – Inadequate Fluoride and Vitamin D Supplementation	
Is your child receiving fluoride?	<ul style="list-style-type: none"> • Yes, fluoridated water or fluoride supplements • No • Unknown 	425.8 – Inadequate Fluoride and Vitamin D Supplementation	
What vitamins or other supplements does your child take?	Type in response	None	