WIC Nutrition/Health Assessment – Child

Child's Name_____ Date of Birth_____ Date _____

Please complete the following questions to help WIC staff better understand your child's needs.

1. Which foods/beverages below does your child usually eat or drink?

Breads & Grains:
☐ Bread ☐ Noodles ☐ Rice
☐ Rolls ☐ Pasta ☐ Crackers
☐ Tortillas ☐ Cereal
My child also eats: _____

Vegetables & Fruits:
☐ Broccoli ☐ Potatoes ☐ Bananas
☐ Green beans ☐ Corn/Peas ☐ Oranges
☐ Tomatoes ☐ Apples ☐ Berries
My child also eats: _____

Meats & Protein:
☐ Hamburger ☐ Lunch meat ☐ Sausage
☐ Chicken ☐ Tofu ☐ Peanut butter
☐ Fish ☐ Beans ☐ Pork
My child also eats: _____

Milk & Dairy:
☐ Human milk ☐ Lactose free milk ☐ Cheese
☐ Cow's milk ☐ Soymilk ☐ Yogurt
☐ Formula: _____
My child also eats & drinks: _____

Other Beverages:
☐ Soft drinks ☐ Sweet tea ☐ Unsweet tea
☐ Juice ☐ Kool-Aid ☐ Energy drinks
My child also drinks: _____

Other Foods:
☐ Doughnuts ☐ Butter/Margarine ☐ Gravy
☐ Cake ☐ Cookies ☐ Chips
My child also eats: _____

2. Does your child eat any of the following?
   - ☐ Raw or undercooked meat, fish, poultry, eggs
   - ☐ Raw sprouts like alfalfa or bean sprouts
   - ☐ Unheated lunch meats, hot dogs, processed meats
   - ☐ Soft cheeses like Brie, Feta, Queso Fresco
   - ☐ Raw or unpasteurized milk or juice

3. Does your child eat any of the following?
   - ☐ Popcorn ☐ Round, Hard Candy
   - ☐ Whole grapes ☐ Nuts or seeds
   - ☐ Whole hot dogs ☐ Marshmallows
   - ☐ Peanut Butter ☐ My child does not eat these

4. Does your child drink water? ☐ Yes ☐ No
   Does the water have fluoride?
   ☐ Yes ☐ No ☐ Unsure

5. Does your child use a bottle? ☐ Yes ☐ No

6. Does your child drink a bottle in bed at night or carry around a bottle or sippy cup?
   ☐ Yes ☐ No

7. Does your child visit a dentist regularly?
   ☐ Yes ☐ No

8. Does your child eat or crave non-food items like clay, paint chips, dirt, or ice? ☐ Yes ☐ No

9. Does your child take daily vitamins or minerals?
   ☐ Yes ☐ No
   If yes, are they taken as instructed?
   ☐ Yes ☐ No ☐ Unsure
   Does your child take a supplement with vitamin D?
   ☐ Yes ☐ No ☐ Unsure
   Does your child take herbal or botanical supplements? ☐ Yes ☐ No

10. Do you feel you have enough food to feed your family? ☐ Yes ☐ No

11. Has your child entered the foster care system in the last 6 months? ☐ Yes ☐ No
    Has your child changed foster homes in the last 6 months? ☐ Yes ☐ No

12. Does your child visit a doctor for routine check-ups? ☐ Yes ☐ No

13. List any health issues your child has:
    _____
    _____

14. Have these issues been diagnosed by your child's doctor? ☐ Yes ☐ No

15. If you could wish for one healthy habit for your child in the next six months, what would it be?
    _____
    _____

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---------- THIS SIDE IS FOR WIC STAFF TO COMPLETE ----------

Below are suggested questions to facilitate WIC discussion.

- Tell me about your child's eating. *(Assess eating behaviors, self-feeding, uses a cup/weaned from bottle, planned meals/snacks and only water between)*

- What are your mealtimes like? *(Assess family meals, is mealtime enjoyable, environment at table [no TV/phones/tablets, comfortable/secure seating for child], developmentally appropriate foods)*

- What concerns do you have about your child's health? Activity level? Growth?

- How do you care for your child's teeth and gums?

- What has been helpful at this visit?

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