

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

NUTRITION

1. ***How do you feel about how much your child eats?** Eats too little Eats just enough Eats too much

2. ***If your child won't eat, what do you do?**

- Try to get child to eat Offer rewards Other: _____
- Give different food Save food for later Not applicable

3. ***Does your child follow a special diet?**

- Diabetic Low cholesterol Vegan (Risk 425.06)
- High calorie Low fat Vegetarian
- High protein/low carb (Risk 425.06) Low salt/sodium Lacto-ovo
- Lactose free/restricted Macrobiotic (Risk 425.06) Weight loss
- Low calorie (Risk 425.06) PKU Other: _____
- None of the above

4. ***Does your child eat these foods every day?**

- Fruit** Yes No (Risk 425.06)
- Vegetables** Yes No (Risk 425.06)
- Whole grains** Yes No (Risk 425.06)

5. ***Does your child eat raw, undercooked, or unpasteurized foods?**

- Deli meats/hot dogs not steaming (Risk 425.05) Milk unpasteurized (Risk 425.05)
- Fish high in mercury Soft cheese (Risk 425.05)
- Fish/shellfish raw/undercooked/smoked (Risk 425.05) Sprouts raw (Risk 425.05)
- Juice unpasteurized (Risk 425.05) No
- Meat/poultry/eggs raw/undercooked (Risk 425.05)

6. ***What milk does your child drink most often?**

- Breast milk
- Fat-free/skim cow's or lactose free (Risk 425.01 if child is 12-24 months old)
- Low-fat/1% cow's or lactose free (Risk 425.01 if child is 12-24 months old)
- Reduced fat/2% cow's or lactose free (Risk 425.01 if child is 12-24 months old)
- Whole cow's or lactose free
- Formula
- Goat or sheep unfortified/unpasteurized (Risk 425.01 for all ages)
- Homemade mixtures/non-dairy creamer (Risk 425.01 for all ages)
- Nut milks (Risk 425.01 for all ages)
- Rice beverages (Risk 425.01 for all ages)
- Soy beverages (fortified)
- Soy beverages (unfortified) (Risk 425.01 for all ages)
- Canned evaporated or sweetened condensed milk (Risk 425.01 for all ages)
- None
- Other: _____
- Unknown

Nutrition Risk(s) Identified:

Illinois State WIC Program

Category: Child

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7. *Does your child regularly drink any of the following?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Breast milk | <input type="checkbox"/> 100% Fruit juice | <input type="checkbox"/> Coffee or tea |
| <input type="checkbox"/> Formula | <input type="checkbox"/> Soda, fruit/sport drinks or sweetened tea (Risk 425.02) | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Water | <input type="checkbox"/> Diet soda | <input type="checkbox"/> Other: _____ |

8. *What does your child use to eat or drink?

- | | | |
|---------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Breast | <input type="checkbox"/> Cup with lid | <input type="checkbox"/> Fingers |
| <input type="checkbox"/> Bottle | <input type="checkbox"/> Spoon fed | <input type="checkbox"/> Tube fed |
| <input type="checkbox"/> Cup | <input type="checkbox"/> Spoon/fork | |

9. *Does your child? (Risk 425.03)

- Fall asleep/go to bed with a bottle
- Use a bottle without restriction (e.g., walking around) or as a pacifier
- Carry around and drink from a covered or training cup
- Use a bottle to drink fruit juice, diluted cereal or other foods
- Use a bottle for feeding/drinking > 14 months of age
- Use a pacifier dipped in sweetener (sugar, honey, etc.)
- None of the above

10. *Are there any other feeding concerns, such as Parent/Caretaker: (Risk 425.04)

- does not allow child to self-feed
- ignores hunger cues
- feeds foods of inappropriate consistency, size or shape
- feeds foods of inappropriate texture based on developmental stage
- follows a rigid feeding schedule
- None of the above

11. *How often do you sit together and have a meal as a family?

- | | | |
|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> All of the time | <input type="checkbox"/> Rarely | |

12. *How many hours a day does your child have screen time (TV, video, cell, etc.)

- | | | | |
|---------------------------------------|----------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> > 0 < 1 hour | <input type="checkbox"/> 2 hours | <input type="checkbox"/> 4 hours | <input type="checkbox"/> None |
| <input type="checkbox"/> 1 hour | <input type="checkbox"/> 3 hours | <input type="checkbox"/> 5+ hours | |

13. *How much time does your child spend in active play?

- | | | | | |
|-------------------------------|---------------------------------|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 15 min | <input type="checkbox"/> 30 min | <input type="checkbox"/> 1 hour | <input type="checkbox"/> More than 1 hour |
|-------------------------------|---------------------------------|---------------------------------|---------------------------------|---|

14. *Is your child sometimes hungry because there is not enough money to buy food? Yes No

15. *Do you have access to a refrigerator and stove/hot plate? Yes No

Nutrition Risk(s) Identified: