

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

NUTRITION

1. ***How do you feel about your appetite?** _____

2. ***What milk do you drink most often?**

- | | |
|---|--|
| <input type="checkbox"/> Fat-free/skim cow's or lactose free | <input type="checkbox"/> Rice beverages |
| <input type="checkbox"/> Low-fat/1% cow's or lactose free | <input type="checkbox"/> Soy beverages (fortified) |
| <input type="checkbox"/> Reduced fat/2% cow's or lactose free | <input type="checkbox"/> Soy beverages (unfortified) |
| <input type="checkbox"/> Whole cow's or lactose free | <input type="checkbox"/> Canned evaporated or sweetened condensed milk |
| <input type="checkbox"/> Formula | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Goat/sheep's milk | <input type="checkbox"/> None |
| <input type="checkbox"/> Homemade mixtures/non-dairy creamer | |
| <input type="checkbox"/> Nut milks | |

3. ***Do you regularly drink any of the following?**

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Beer, wine, or drinks with alcohol | <input type="checkbox"/> Coffee or tea | <input type="checkbox"/> Diet soda |
| <input type="checkbox"/> Soda, fruit/sports drinks, or sweetened teas | <input type="checkbox"/> 100% Fruit juice | <input type="checkbox"/> Water |
| <input type="checkbox"/> Other: _____ | | |

4. ***Do you eat these foods every day?**

- | | | |
|----------------------|------------------------------|---|
| *Fruit | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Risk 427.02) |
| *Vegetables | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Risk 427.02) |
| *Whole grains | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Risk 427.02) |

5. ***Do you eat raw, undercooked, or unpasteurized foods?**

- | | |
|--|--|
| <input type="checkbox"/> Deli meats/hot dogs not steaming (Risk 427.05) | <input type="checkbox"/> Milk unpasteurized (Risk 427.5) |
| <input type="checkbox"/> Fish high in mercury | <input type="checkbox"/> Soft cheese (Risk 427.05) |
| <input type="checkbox"/> Fish/shellfish raw/undercooked/smoked (Risk 427.05) | <input type="checkbox"/> Sprouts raw (Risk 427.05) |
| <input type="checkbox"/> Juice unpasteurized (Risk 427.05) | <input type="checkbox"/> Tofu raw/undercooked |
| <input type="checkbox"/> Meat/poultry/eggs raw/undercooked (Risk 427.05) | <input type="checkbox"/> No |

6. ***Are you having any problems with eating?**

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Can't find the foods I like | <input type="checkbox"/> Constipation | <input type="checkbox"/> Don't feel like eating |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Mouth pain | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> No time to eat | <input type="checkbox"/> Vomiting | <input type="checkbox"/> None of the above |

7. ***Do you follow a special diet?**

- | | | |
|--|--|---|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low cholesterol | <input type="checkbox"/> Vegan (Risk 427.02) |
| <input type="checkbox"/> High calorie | <input type="checkbox"/> Low fat | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> High protein/low carb (Risk 427.02) | <input type="checkbox"/> Low salt/sodium | <input type="checkbox"/> Lacto-ovo |
| <input type="checkbox"/> Lactose free/restricted | <input type="checkbox"/> Macrobiotic (Risk 427.02) | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Low calorie (Risk 427.02) | <input type="checkbox"/> PKU | <input type="checkbox"/> Post-bariatric surgery (Risk 427.02) |
| <input type="checkbox"/> Kosher | <input type="checkbox"/> Other: | <input type="checkbox"/> None of the above |

8. ***How much physical activity do you include in your day?**

- None 15 min 30 min 1 hr > 1 hour

Nutrition Risk(s) Identified:

Illinois State WIC Program

Category: Breastfeeding

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9. *Are you sometimes hungry because there is not enough money to buy food? Yes No

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

Nutrition Risk(s) Identified: