

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

HEALTH

Answer questions in the Health and Nutrition sections below, as applicable.

1. *Do you have any questions or concerns about your child's:

- Appetite
- Breastfeeding
- Formula Intake
- Health
- Weight Gain/Growth
- No Concerns
- Other:

2. *How do you feel about your child's growth?

- Too slow
- Just right
- Too fast

3. *Parent Present with BMI ≥ 30: *Mother

- Yes
- No
- Not present

***Father**

- Yes
- No
- Not present

(Risk 114, if biological Mothers' / Father's BMI ≥30 at cert)

4. *Does your child have any health or medical issues?

- Yes
- No

Details:

- AIDS (Risk 352.02)
- HIV (Risk 325.02)
- Asthma, persistent or severe (Risk 360)
- Hypertension and prehypertension (High Risk- Risk 345)
- Bronchitis (3 episodes in last 6 months) (Risk 352.01)
- Hypoglycemia (Risk 356)
- Cancer (Risk 347)
- Inborn errors of metabolism (Risk 351)
- Cardio-respiratory/heart disease (Risk 360)
- Limited Ability (Risk 902)
- Celiac disease (Risk 354)
- Listeriosis (Risk 352.01)
- CNS disorders (Risk 348)
- Liver disease (Risk 342)
- Cerebral Palsy (Risk 348)
- Meningitis (Risk 352.01)
- Cystic Fibrosis (Risk 360)
- Multiple sclerosis (Risk 348)
- Depression, all types (Risk 361)
- Muscular dystrophy (Risk 349)
- Developmental, sensory, or motor delays (Risk 362)
- Neural tube defects (Risk 348)
- Diabetes mellitus (High Risk - Risk 343)
- Nutrient deficiency diseases (Risk 341)
- Down syndrome (Risk 349)
- Parasitic infections (Risk 352.01)
- Eating disorders (Risk 358)
- Recipient of Abuse <6 mos (Risk 901)
- Epilepsy (Risk 348)
- PKU (High Risk - Risk 351)
- Gallbladder diseases (Risk 342)
- Pneumonia (Risk 352.01)
- Gastroesophageal reflux (Risk 342)
- Renal disease (Risk 346)
- Gastrointestinal diseases (Risk 342)
- Surgery/trauma/burns within the past 2 mos (Risk 359)
- Genetic/congenital diseases (Risk 349)
- Thyroid disorders (Risk 344)
- Hepatitis (A, E) (Risk 352.01)
- Other: _____
- Hepatitis (B, C, D) (352.02)

5. *Does your child regularly take any of the following medications?

If yes, check all that apply. (Risk 357)

- Anticongestant
- Diuretic
- Blood formation/coagulation
- Hormones: growth, steroid, other
- Cardiac/blood pressure/lipid
- Insulin/antidiabetic
- Digestive enzymes
- Thyroid/antithyroid
- Other: _____

Nutrition Risk(s) Identified:

Illinois State WIC Program

Category: Child

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***6. Does your child have any food allergies?** Yes No

If yes, please select. (Risk 353)

- Milk Nuts Fish Shellfish
- Soy Peanuts Wheat Corn
- Eggs Other: _____

7. *Does your child take any of the following:

- *Vitamins/Minerals** Yes No #wk _____
- *Excessive/Inadequate** Excessive Inadequate

Risk 425.07 if 'excessive' is checked for any.

Risk 425.08 if 'inadequate' or 'no' is checked for fluoride or vitamin D.

***Herbs, supplements, or remedies?** Yes (Risk 425.07) No

8. *Are you regularly eating any non-food items? (Risk 425.09) Yes No

***If yes, please select:**

- Ashes Large Amounts of Ice Baking Soda
- Clay Baby Powder Dirt
- Cornstarch Other

9. *Does your child have access to dental care? Yes No N/A

10. *Does your child have any dental problems? Yes No N/A

***If yes, please select. (Risk 381)**

- Tooth decay Gingivitis Periodontal disease
- Oral conditions which impairs eating (tooth loss/ineffectively replaced teeth/oral infections)
- Other: _____

11. *Does anyone smoke inside the home? Yes (Risk 904) No

Nutrition Risk(s) Identified: