

The Kansas WIC Self-Instructional Modules

Nutrition Risk Factors: Level 2

This module applies to the following security roles:

RN

RD



Kansas Department of Health and Environment
Bureau of Family Health
Nutrition and WIC Services
1000 SW Jackson St, Suite 220
Topeka, Kansas 66612-1274
(785)296-1320

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This module requires use of the computer and the KWIC Training Application

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Notes about the training environment:

Some parts of screen shots in the modules will not match what you see in training . The training environment is “redated” each month so the clients stay the same age. Some risk factors are auto-calculated using the client’s age or weeks gestation on that day. There may be a difference depending on when in the month the module is completed. If something seems drastically wrong, please contact Patrice Thomsen at pthomsen@khdeks.gov or 785-296-1189.



Before starting this module, have you...
 Completed the module titled, [Nutrition Risk Factor Basics](#)? It was part of Level 1 training. That foundation is important for understanding this module

Risk Conditions for Pregnant Women

Objectives

Upon completion of this activity, the employee will be able to:

- (1) Correctly assign risk factors to pregnant women.
- (2) Appropriately document risk factors in the WIC record for pregnant women.

Assignment

Review Manual - [Nutrition Risk Factors - Pregnant Woman](#)

Diet Assessment for Pregnant Women

The Prenatal Diet Questionnaire should be used to assess the dietary intake and practices for all pregnant WIC applicants. Appendix A includes a copy of the WIC Staff Guidance Document for the Prenatal Diet Questionnaire.

Presumptive Eligibility for Pregnant Women

This risk factor is automatically assigned when the pregnant WIC client's eligibility is determined using the WIC Presumptive Eligibility function. The "Presumptive Eligibility for Pregnant Women" risk factor cannot be assigned by the local CPA.

Progress Check #1

The WIC certification process has already been started for following clients. Complete the relevant windows and answer the questions based on the information provided. Only information pertinent to risk assessment is provided. Enter appropriate information in fields where no information is provided. You may stop at the Assign Risk Factor window or continue for additional practice.

Kathy Kale

Kathy Kale is at her initial WIC certification as a pregnant woman, she has never been on WIC before but her children are currently enrolled in your WIC program.

Window	Info	
Anthropometric Measurements	Pre-Pregnancy Weight	115 pounds
	Height	64 inches
	Weight	126 pounds 4 ounces
Blood Measurement	Hemoglobin	10.2 g/dl
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ Does not take any medications, including Vitamin/Mineral supplements. ▪ Did not take any supplements before pregnancy. ▪ Denies consumption of herbal remedies or tea.
	Iron	
	Folic Acid	
	Health Information	<ul style="list-style-type: none"> ▪ Was diagnosed with Gestational Diabetes during her first pregnancy. ▪ Denies any other health problems or complications.
	# Previous PG	Her children are currently enrolled in your WIC program, look at their records to complete these fields.
	Last PG End Date	
ATOD	<ul style="list-style-type: none"> ▪ Drank 1 glass of wine / 3 times per week before pregnancy. ▪ Denies current consumption of alcohol or illegal drugs. ▪ Neither Kathy nor anyone else in the house smokes. 	
Review diet sheet on the next page. Kathy states that she eats turkey sandwiches most days. She makes them with cold deli turkey.		

1. Which risk factor(s) are autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale be documented?

Prenatal Diet Questionnaire

Your Name: Kathy Kale Birth Date: / / Today's date: / /

- Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
- How many times do you eat each day? Meals 3 Snacks 2
- Are there any foods or beverages that you cannot or will not eat? No Yes, please list Beans
- Are there any foods of which you think you do not eat enough? No Yes, please list _____
- What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other: _____
- How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's (Whole (Vitamin D) Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other: _____
- How many times do you eat fruits and vegetables during a normal day? 3 Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other: _____
- How many times do you eat protein foods during a normal day? 2 Do not eat protein foods
- Which protein foods do you usually eat? (Please check all that apply.) Beef/Buffalo Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other _____
- Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry/cornstarch)? No Yes
- Are you on a special diet? No Yes, please describe _____
- How much weight do you think you should gain with this pregnancy? 35 pounds appt next week
- Have you seen a doctor for this pregnancy? No Yes, date of your first visit? / / # of visits _____
- Are you expecting twins, triplets, etc? No Yes
- Are you having any problems/complications with this pregnancy? Heartburn Nausea and vomiting Gestational diabetes
 High blood pressure Constipation Diarrhea Weight loss Other, please describe _____
- Do you have any medical/health/dental problems? No Yes, please list _____
Was this problem diagnosed by a doctor / dentist? No Yes
- Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements _____
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other: _____
- Have you had a blood lead test? No Unsure Yes, where? _____
- Not including this time, how many times have you been pregnant? 3 (If this is your first pregnancy stop here)
▪ When did your last pregnancy end? / /
▪ Are you currently breastfeeding a baby/child? No Yes 3 Check Records in KWIC
▪ Please check any of the following that were true with any of your previous pregnancies.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes I have had no complications
 Other, please list _____

Lisa Leek

Lisa Leek is at her initial WIC certification as a pregnant woman, she has never been on WIC before.

Window	Info	
Anthropometric Measurements	Pre-Pregnancy Weight	150 pounds
	Height	59 inches
	Weight	147 pounds 8 ounces
Blood Measurement	Hematocrit	45 %
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ Did not take vitamins before pregnancy. ▪ Not taking the prenatal vitamins. Feels that they make her nausea worse. ▪ Taking Phenergan[®], daily for nausea. ▪ Denies consumption of herbal products or teas.
	Iron	
	Folic Acid	
	Health Information	<ul style="list-style-type: none"> ▪ Nausea/Vomiting - Down to only 1 episode/day. ▪ Lisa denies any health problems and states she has not had any other complications with this pregnancy.
	# Previous PG	This is Lisa's first pregnancy.
Last PG End Date		
ATOD	<ul style="list-style-type: none"> ▪ Denies any consumption of alcohol or illegal drugs ▪ Before pregnancy she was smoking 1 pack / day. Is trying to quit and has cut down to a ½ pack / day. ▪ No one else in the household smokes. 	
Review diet sheet on the next page.		

1. Which risk factor(s) are autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale be documented?

Prenatal Diet Questionnaire

Your Name: Lisa Leek Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator

2. How many times do you eat each day? Meals 1 Snacks

3. Are there any foods or beverages that you cannot or will not eat? No Yes, please list

4. Are there any foods of which you think you do not eat enough? No Yes, please list

5. What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other:

6. How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's (Whole (Vitamin D) Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other:

7. How many times do you eat fruits and vegetables during a normal day? 2 Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other:

8. How many times do you eat protein foods during a normal day? 1 Do not eat protein foods

9. Which protein foods do you usually eat? (Please check all that apply.) Beef/Buffalo Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other:

10. Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry/cornstarch)? No Yes

11. Are you on a special diet? No Yes, please describe

12. How much weight do you think you should gain with this pregnancy? pounds

13. Have you seen a doctor for this pregnancy? No Yes, date of your first visit? / / # of visits
in my 4th month

14. Are you expecting twins, triplets, etc? No Yes

15. Are you having any problems/complications with this pregnancy? Heartburn Nausea and vomiting Gestational diabetes
 High blood pressure Constipation Diarrhea Weight loss Other, please describe

16. Do you have any medical/health/dental problems? No Yes, please list
Was this problem diagnosed by a doctor / dentist? No Yes

17. Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.)
 Prescription medication Phenergan
 Vitamin and/or minerals supplements
 Herbs/Herbal Supplements (Echinacea, ginger, etc.)
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other:

18. Have you had a blood lead test? No Unsure Yes, where?

19. Not including this time, how many times have you been pregnant? 0 (If this is your first pregnancy stop here) 
 - When did your last pregnancy end? / /
 - Are you currently breastfeeding a baby/child? No Yes
 - Please check any of the following that were true with any of your previous pregnancies.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes I have had no complications
 Other, please list

Rita Rhubarb

Rita Rhubarb is a prenatal WIC applicant..

Window	Info	
Anthropometric Measurements	Pre-Pregnancy Weight	120 pounds
	Height	62 inches
	Weight	142 pounds
Blood Measurement	Hemoglobin	11.3 g/dl
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ Takes the Prenatal Vitamin/Mineral supplement with both Iron and Folic Acid prescribed by her medical provider. Does not know if the supplement contains Iodine. ▪ Did not take any supplements before pregnancy. ▪ Denies consumption of any herbal teas or remedies.
	Iron	
	Folic Acid	
	Health Information	She denies any health problems and states she has not had any complications with this pregnancy.
	# Previous PG	She states that she had a miscarriage about a year ago and she has a 10 year old daughter at home.
Last PG End Date		
ATOD	<ul style="list-style-type: none"> ▪ Denies any consumption of alcohol or illegal drugs ▪ Before pregnancy she was smoking ½ pack / day. States she has managed to quit completely. ▪ Her husband smokes in the house. 	
Review diet sheet on the next page.		

1. Which risk factor(s) are autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale for each assigned risk factor be documented?

Prenatal Diet Questionnaire

Your Name: Rita Rhubarb

Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
2. How many times do you eat each day? Meals 3 Snacks 0
3. Are there any foods or beverages that you cannot or will not eat? No Yes, please list _____
4. Are there any foods of which you think you do not eat enough? No Yes, please list _____
5. What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other: _____
6. How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's (Whole (Vitamin D) Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other: _____
7. How many times do you eat fruits and vegetables during a normal day? 2 Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other: _____
8. How many times do you eat protein foods during a normal day? 1 Do not eat protein foods
9. Which protein foods do you usually eat? (Please check all that apply.) Beef/Buffalo Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other: _____
10. Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice or starch (laundry/cornstarch)? No Yes
11. Are you on a special diet? No Yes, please describe _____
12. How much weight do you think you should gain with this pregnancy? 20 pounds
13. Have you seen a doctor for this pregnancy? No Yes, date of your first visit? / / # of visits 4th month
14. Are you expecting twins, triplets, etc? No Yes
15. Are you having any problems/complications with this pregnancy? Heartburn Nausea and vomiting Gestational diabetes
 High blood pressure Constipation Diarrhea Weight loss Other, please describe _____
16. Do you have any medical/health/dental problems? No Yes, please list _____
Was this problem diagnosed by a doctor / dentist? No Yes
17. Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements Prenatals
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other: _____
18. Have you had a blood lead test? No Unsure Yes, where? _____
19. Not including this time, how many times have you been pregnant? 2 (If this is your first pregnancy stop here) 
▪ When did your last pregnancy end? / / about a year ago
▪ Are you currently breastfeeding a baby/child? No Yes
▪ Please check any of the following that were true with any of your previous pregnancies.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes I have had no complications
 Other, please list Miscarried

Olivia Onion

Olivia Onion is a pregnant woman at her initial WIC certification.

Window	Info	
Anthropometric Measurements	Pre-Pregnancy Weight	135 pounds
	Height	67 ½ inches
	Weight	147 pounds
Blood Measurement	Hemoglobin	11.4 g/dl
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ In an effort to prevent another preterm birth, is taking 5 over the counter Prenatal Vitamin/Mineral supplements per day. ▪ Took supplements before pregnancy periodically. ▪ Denies consumption of any herbal teas or remedies.
	Iron	
	Folic Acid	
	Health Information	<ul style="list-style-type: none"> ▪ Concerned about having another baby early. ▪ Otherwise denies any health problems or prenatal complications.
	# Previous PG Last PG End Date	<p>She has a 2 and a 6 year old at home. The 6 year old was born prematurely and weighed 3½ pounds at birth.</p> <p>The 2 year old is currently in your WIC program, look at the record to complete these fields.</p>
ATOD	<ul style="list-style-type: none"> ▪ Denies consumption of alcohol or illegal drugs ▪ Before pregnancy she smoked 1 pack / day, has managed to cut down to a ½ pack per day. ▪ No one else in the household smokes. 	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale for each assigned risk factor be documented?

Prenatal Diet Questionnaire

Your Name: Olivia Orion Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
2. How many times do you eat each day? Meals 3 Snacks 2
3. Are there any foods or beverages that you cannot or will not eat? No Yes, please list _____
4. Are there any foods of which you think you do not eat enough? No Yes, please list _____
5. What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other: _____
6. How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's (Whole (Vitamin D) Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other: _____
7. How many times do you eat fruits and vegetables during a normal day? 5 Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other: _____
8. How many times do you eat protein foods during a normal day? 1 Do not eat protein foods
9. Which protein foods do you usually eat? (Please check all that apply.) Beef/Buffalo Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other: _____
10. Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry/cornstarch)? No Yes
11. Are you on a special diet? No Yes, please describe _____
12. How much weight do you think you should gain with this pregnancy? 50 pounds
13. Have you seen a doctor for this pregnancy? No Yes, date of your first visit? / / # of visits 3
at 8 weeks
14. Are you expecting twins, triplets, etc? No Yes
15. Are you having any problems/complications with this pregnancy? Heartburn Nausea and vomiting Gestational diabetes
 High blood pressure Constipation Diarrhea Weight loss Other, please describe _____
16. Do you have any medical/health/dental problems? No Yes, please list _____
Was this problem diagnosed by a doctor / dentist? No Yes
17. Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements 5 prenatal vitamins
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other: _____
18. Have you had a blood lead test? No Unsure Yes, where? _____
19. Not including this time, how many times have you been pregnant? 2 (If this is your first pregnancy stop here) 
 - When did your last pregnancy end? / /
 - Are you currently breastfeeding a baby/child? No Yes } see KWIC Record
 - Please check any of the following that were true with any of your previous pregnancies.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes I have had no complications
 Other, please list _____

Risk Conditions for Breastfeeding Women

Objectives

Upon completion of this activity, the employee will be able to:

- (1) Correctly assign risk factors to breastfeeding women.
- (2) Appropriately document risk factors in the WIC record for breastfeeding women.

Assignment

Read Manual - [Nutrition Risk Factors – Breastfeeding Woman](#)

A breastfeeding mother and her infant should be assessed for nutrition risk at the same time. Remember that clicking on the desired client's name in the "Group Members" box will open the current window for that group member. For example, if the Assign Risk Factor Window for Brenda is open, clicking on Brandon's name will open the Assign Risk Factor Window for Brandon.



Diet Assessment for Breastfeeding Women

The Postpartum Diet Questionnaire should be used to assess the dietary intake and practices for all breastfeeding WIC applicants. Appendix B includes a copy of the WIC Staff Guidance Document for the Postpartum Diet Questionnaire.

Breastfeeding Mother of Infant at Nutritional Risk

The WIC priority level of a breastfeeding woman should be the same as her breastfed infant. After completing the nutrition risk assessment of both clients, the KWIC assigned priority levels should be compared. If the infant priority is a lower number than the woman's priority, the appropriate risk factor should be assigned to ensure both have the same priority. During a certification, the client's priority can be viewed by clicking the "Complete WIC Certification" link on the certification guide, the priority is displayed in the lower right corner of the "WIC Certification" window. If the breastfeeding mother is not Priority 1 then there is a chance that one of the following risks should be assigned. In that case this window should not be saved until the priority for the other dyad member has been determined.

The image shows two screenshots from a WIC certification software interface. The left screenshot is titled "WIC Certification for Brenda Barnes for category 'Breastfeeding'." It lists various tasks with green checkmarks and completion dates, such as "Race and Ethnicity" (Completed), "Dual Participation Test" (Completed 09/04/2013), "Income Eligibility" (Completed 09/04/2013), "Proof of Income" (Completed 09/04/2013), "Proof of Residency" (Completed 09/04/2013), "Proof of ID" (Completed 09/04/2013), "Anthropometric Measurement" (Completed 09/04/2013), "Blood Measurement" (Completed 09/04/2013), "Health Interview" (Completed 09/04/2013), "Assess Risk Factors" (Completed 09/04/2013), "Nutrition Education" (Completed 09/04/2013), "Client Goals" (Completed), "Referrals" (Completed), "Voter Registration" (Completed), and "Notes" (Completed). The "Complete WIC Certification" task at the bottom is marked as "Needed" in red. The right screenshot is titled "Complete WIC Certification" and shows client information for Brenda Barnes (Birth Date 04/13/1986, Pregnancy End Date 08/05/2013). It states "Client is risk eligible. If you press SAVE, the client will be certified for WIC." Below this is a table with columns "Recorded", "Note", and "Assigned Risk". The table contains one entry: "09/04/2013" recorded, "Low Hemoglobin/Hematocrit" noted, and no assigned risk. At the bottom, there are fields for "WIC Category" (BF), "Eligibility Begin" (09/04/2013), "Eligibility End" (08/31/2014), and "Priority" (1). There are "Save" and "Cancel" buttons.

- The risk factor "Breastfeeding Mother of Infant at Priority 1 Nutritional Risk" should be assigned to a breastfeeding mother whose infant is assessed at priority 1 and the mother's priority is either 4 or 7.
- The risk factor "Breastfeeding Mother of Infant at Priority 2 Nutritional Risk" should be assigned to a breastfeeding mother whose infant is assessed at priority 2 and the mother's priority is either 4 or 7.
- The risk factor "Breastfeeding Mother of Infant at Priority 4 Nutritional Risk" should be assigned to a breastfeeding mother whose infant is assessed at priority 4 and the mother's priority is 7.

It is not necessary to document the infant's risk in the mother's WIC record.

Last Pregnancy or Last Delivery

Several Risk Factors are based on conditions that were present or occurred during the last pregnancy and / or delivery. "The last pregnancy / delivery" is the pregnancy / delivery that makes the woman categorically eligible for **this** certification.

Progress Check #2

The WIC certification process has already been started for following clients. Complete the certification and answer the questions based on the information provided. These scenarios are used in a subsequent activity, so must be completed. Only information pertinent to risk assessment is provided, enter appropriate information in fields where no information is provided.

Ruth and Randy Rutabaga

Ruth Rutabaga and her new infant Randy are at their initial WIC certification. You have a VOC that shows Ruth was on WIC in another state at Priority 4 during her pregnancy.

Window	Info	
Anthropometric Measurements	Weight at Delivery	169 pounds
	Pre-Pregnancy Weight	142 pounds
	Height	69 ¾ inches
	Weight	155 pounds
Blood Measurements	Hemoglobin	12.6 g/dl
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ Is taking a Prenatal Vitamin/Mineral supplement w/ folic acid & iron. ▪ Denies consumption of any herbal remedies or tea.
	Iron	
	Folic Acid	
	Other	
	Health Information	Denies any health concerns or medical conditions or complications with her previous pregnancies.
	Delivery Method	<ul style="list-style-type: none"> ▪ Ruth denies any complications during pregnancy. ▪ Normal delivery with no complications.
	Delivery Complications	
	# of Previous Pregnancies	Ruth lives with her 3 biological children and 2 foster children. Her youngest biological child just turned 5.
Last PG End Date		
ATOD	Denies any use of alcohol, illegal drugs or tobacco and no one in the house smokes.	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?
2. Which risk factor(s) should be assigned by the CPA?
3. Where should the rationale for each assigned risk factor be documented?

Postpartum Diet Questionnaire

Your Name: Ruth Butabaga Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator

2. How many times do you eat each day? Meals 3 Snacks 1

3. Are there any foods or beverages that you cannot or will not eat? No Yes, please list _____

4. Are there any foods of which you think you do not eat enough? No Yes, please list vegetables

5. What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other: _____

6. How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's(____ Whole (Vitamin D) Reduced/Low Fat (2%, 1% or ½%) _____ Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other: _____

7. How many times do you eat fruits and vegetables during a normal day? 2 Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other: _____

8. Which protein foods do you usually eat? (Please check all that apply.) Beef/Buffalo Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other _____
How many times do you eat protein foods during a normal day? 1

9. Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)? No Yes

10. Are you on a special diet or trying to lose weight? No Yes, please describe smaller portions to lose weight gained during pregnancy

11. Do you have any medical/health/dental problems? No Yes, please list _____
Was this problem diagnosed by a doctor / dentist? No Yes

12. Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements prenatal w/ Iron + Folic Acid
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other: _____

13. Have you had a blood lead test? No Unsure Yes, where? _____

14. How much did you weigh before your pregnancy that just ended? 142

15. Please check any of the following that are true about your pregnancy that just ended.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes My doctor told me I had pregnancy induced hypertension
 I had a C-Section I had more than one baby (twins, triplets, etc.)
 I had no complications Other, please list _____

16. Not including this last time, how many times have you been pregnant? 3
When did your last (not this) pregnancy end? / / This was my first pregnancy

17. Have you breastfed your baby at any time since the delivery Yes, currently breastfeeding Yes, but not now No

(If you are not currently breastfeeding stop here)

18. What do you think about breastfeeding? _____

19. Are you experiencing any of the following situations? (Check all that apply.)
 Baby always seems to be hungry Don't have enough milk Baby refuses breast, arches back
 Sore nipples Sore breasts Engorged or full, hard breasts Other _____

Fanny Fig

Fanny Fig is breastfeeding her healthy newborn infant Frank Fig. They are in for their initial WIC certification.

Window	Info	
Anthropometric Measurements	Pre-Pregnancy Weight	145 pounds
	Total PG Weight Gain	62 pounds
	Height	64 inches
	Weight	147 pounds 4 ounces
Blood Measurements	Hemoglobin	15.3 g/dl
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ Takes a Vitamin/Mineral supplement w/ Iron. ▪ Denies consumption of any herbal remedies or tea.
	Iron	
	Folic Acid	
	Other	
	Health Information	Denies any health concerns or medical conditions.
	Delivery Method	<ul style="list-style-type: none"> ▪ She states she had a C-section.
	Delivery Complications	<ul style="list-style-type: none"> ▪ Denies any other complications of pregnancy or delivery.
	# of Previous Pregnancies	This was her first pregnancy.
Last PG End Date		
ATOD	<ul style="list-style-type: none"> ▪ Before pregnancy she drank 1 drink - 3 times week ▪ Did not drink during the pregnancy ▪ Now she is drinking 1 drink 3 times week ▪ Does not use any Illegal Drugs ▪ Before the pregnancy she was smoking ½ pack / day. ▪ Had managed to get down to only 3-5 cigarettes / day before delivery. ▪ Has now quit smoking ▪ No one else in the household smokes 	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale for each assigned risk factor be documented?

Postpartum Diet Questionnaire

Your Name: Fanny Fig Birth Date: / / Today's date: / /

- Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
 - How many times do you eat each day? Meals 2 Snacks 1
 - Are there any foods or beverages that you cannot or will not eat? No Yes, please list _____
 - Are there any foods of which you think you do not eat enough? No Yes, please list _____
 - What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other: _____
 - How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's (____ Whole (Vitamin D) _____ Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other: _____
 - How many times do you eat fruits and vegetables during a normal day? 3 Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other: _____
 - Which protein foods do you usually eat? (Please check all that apply.) Beef/ ~~Buffalo~~ Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other _____
How many times do you eat protein foods during a normal day? 1
 - Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)? No Yes
 - Are you on a special diet or trying to lose weight? No Yes, please describe want to lose the baby fat
 - Do you have any medical/health/dental problems? No Yes, please list _____
Was this problem diagnosed by a doctor / dentist? No Yes
 - Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements with Iron
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other: _____
 - Have you had a blood lead test? No Unsure Yes, where? _____
 - How much did you weigh before your pregnancy that just ended? 145 #
 - Please check any of the following that are true about your pregnancy that just ended.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes My doctor told me I had pregnancy induced hypertension
 I had a C-Section I had more than one baby (twins, triplets, etc.)
 I had no complications Other, please list _____
 - Not including this last time, how many times have you been pregnant? _____
When did your last (not this) pregnancy end? / / This was my first pregnancy
 - Have you breastfed your baby at any time since the delivery Yes, currently breastfeeding Yes, but not now No
- (If you are not currently breastfeeding stop here) 
- What do you think about breastfeeding? Love it :)
 - Are you experiencing any of the following situations? (Check all that apply.)
 Baby always seems to be hungry Don't have enough milk Baby refuses breast, arches back
 Sore nipples Sore breasts Engorged or full, hard breasts Other _____

Mary Mandarin

Mary Mandarin and her infant Molly are at their initial WIC certification.

Window	Info	
Anthropometric Measurements	Pre-Pregnancy Weight	118 pounds
	Total PG Weight Gain	35 pounds
	Height	66 ¾ inches
	Weight	125 pounds
Blood Measurements	Hemoglobin	12.2 g/dl
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ Takes a Vitamin/Mineral supplement from a health food store. Is not sure what is in it. ▪ Denies consumption of any herbal remedies, drinks chamomile tea some evenings.
	Iron	
	Folic Acid	
	Other	
	Health Information	Denies any health concerns or medical conditions.
	Delivery Method	<ul style="list-style-type: none"> ▪ Premature rupture of membranes leading to a vaginal delivery at 32 weeks gestation. ▪ Molly weighed 4 pounds 14 ounces at birth.
	Delivery Complications	
	# of Previous Pregnancies	This was her first pregnancy.
Last PG End Date		
ATOD	Denies consumption of alcohol, illegal drugs or tobacco. She reports that her boyfriend smokes in the house.	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale for each assigned risk factor be documented?

Postpartum Diet Questionnaire

Your Name: Mary Mandarin Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
2. How many times do you eat each day? Meals 3 Snacks 0
3. Are there any foods or beverages that you cannot or will not eat? No Yes, please list _____
4. Are there any foods of which you think you do not eat enough? No Yes, please list _____
5. What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other: _____
6. How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's (Whole (Vitamin D) Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other: _____
7. How many times do you eat fruits and vegetables during a normal day? 2-3 Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other: _____
8. Which protein foods do you usually eat? (Please check all that apply.) Beef/Buffalo Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other _____
How many times do you eat protein foods during a normal day? 2
9. Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)? No Yes
10. Are you on a special diet or trying to lose weight? No Yes, please describe _____
11. Do you have any medical/health/dental problems? No Yes, please list _____
Was this problem diagnosed by a doctor / dentist? No Yes
12. Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements from health food store
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other: _____
13. Have you had a blood lead test? No Unsure Yes, where? Enid, Oklahoma
14. How much did you weigh before your pregnancy that just ended? ~ 120
15. Please check any of the following that are true about your pregnancy that just ended.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes My doctor told me I had pregnancy induced hypertension
 I had a C-Section I had more than one baby (twins, triplets, etc.)
 I had no complications Other, please list premature rupture of membrane
16. Not including this last time, how many times have you been pregnant? _____
When did your last (not this) pregnancy end? / / This was my first pregnancy
17. Have you breastfed your baby at any time since the delivery Yes, currently breastfeeding Yes, but not now No

(If you are not currently breastfeeding stop here)

18. What do you think about breastfeeding? Fantastic
19. Are you experiencing any of the following situations? (Check all that apply.) No problems
 Baby always seems to be hungry Don't have enough milk Baby refuses breast, arches back
 Sore nipples Sore breasts Engorged or full, hard breasts Other _____

Kathy Kale

Would your answer to the question “Which risk factor(s) should be assigned by CPA?” in Progress Check #2 (page 4) be any different if **Kathy Kale** was being certified as a Breastfeeding Woman instead of as a pregnant woman?

Risk Conditions for Non-Breastfeeding Postpartum Women

Objectives

Upon completion of this activity, the employee will be able to:

- (1) Correctly assign risk factors to postpartum women.
- (2) Appropriately document risk factors in the WIC record for postpartum women.

Assignment

Read Manual - [Nutrition Risk Factors – Postpartum Woman](#)

An infant under six months should be certified at the same time as the non-breastfeeding mother.

Diet Assessment for Postpartum Women

The Postpartum Diet Questionnaire should be used to assess the dietary intake and practices for all postpartum (non-breastfeeding) WIC applicants. Appendix B includes a copy of the WIC Staff Guidance Document for the Postpartum Diet Questionnaire.

Last Pregnancy or Last Delivery

Several Risk Factors are based on conditions that were present or occurred during the last pregnancy and / or delivery. “The last pregnancy / delivery” is the pregnancy / delivery that makes the woman categorically eligible for **this** certification.

Progress Check #3

The WIC certification process has already been started for following clients. Complete the relevant windows and answer the questions based on the information provided. Only information pertinent to risk assessment is provided. Enter appropriate information in fields where no information is provided. You may stop at the Assign Risk Factor window or continue for additional practice.

Polly Pomegranate

Polly Pomegranate and her infant Peter are at their initial WIC certification. Polly is not breastfeeding Peter.

Window	Info	
Anthropometric Measurements	Pre-Pregnancy Weight	115 pounds
	Total PG Weight Gain	28 pounds
	Height	66 ½ inches
	Weight	132 pounds
Blood Measurements	Hemoglobin	10.2 g/dl
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ She is still taking her prenatal vitamins but is not taking any other supplements or medication. ▪ Denies consumption of any herbal remedies or teas.
	Iron	
	Folic Acid	
	Other	
	Health Information	Denies any health concerns or medical conditions.
	Delivery Method	Normal delivery. No complications.
	Delivery Complications	
	# of Previous Pregnancies	Polly reports she had a stillborn baby 6 years ago.
Last PG End Date		
ATOD	<ul style="list-style-type: none"> •Drank 1 glass of wine/day before pregnancy. Did not drink during pregnancy and hasn't had any alcohol since delivery. •Denies any illegal drug use. •Smoked 2 packs / day before pregnancy. Tried to quit but failed during pregnancy. Is now back up to 2 packs / day. •No one else smokes in the house. 	
Review diet sheet on the next page.		

- \1. Which risk factor(s) should be autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale for each assigned risk factor be documented?

Postpartum Diet Questionnaire

Your Name: Polly Pomegranate Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
2. How many times do you eat each day? Meals 3 Snacks
3. Are there any foods or beverages that you cannot or will not eat? No Yes, please list
4. Are there any foods of which you think you do not eat enough? No Yes, please list
5. What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other:
6. How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's (Whole (Vitamin D) Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other:
7. How many times do you eat fruits and vegetables during a normal day? 2 Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other:
8. Which protein foods do you usually eat? (Please check all that apply.) Beef/Buffalo Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other:
How many times do you eat protein foods during a normal day?
9. Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)? No Yes
10. Are you on a special diet or trying to lose weight? No Yes, please describe
11. Do you have any medical/health/dental problems? No Yes, please list
Was this problem diagnosed by a doctor / dentist? No Yes
12. Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.)
 Prescription medication
 Vitamin and/or minerals supplements Prenatals
 Herbs/Herbal Supplements (Echinacea, ginger, etc.)
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other:
13. Have you had a blood lead test? No Unsure Yes, where?
14. How much did you weigh before your pregnancy that just ended? 115
15. Please check any of the following that are true about your pregnancy that just ended.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes My doctor told me I had pregnancy induced hypertension
 I had a C-Section I had more than one baby (twins, triplets, etc.)
 I had no complications Other, please list
16. Not including this last time, how many times have you been pregnant? 1 (still born)
When did your last (not this) pregnancy end? / / This was my first pregnancy
6 years ago
17. Have you breastfed your baby at any time since the delivery Yes, currently breastfeeding Yes, but not now No
(If you are not currently breastfeeding stop here)
18. What do you think about breastfeeding? It hurt
19. Are you experiencing any of the following situations? (Check all that apply.)
 Baby always seems to be hungry Don't have enough milk Baby refuses breast, arches back
 Sore nipples Sore breasts Engorged or full, hard breasts Other:

Gayle Guava

Gayle Guava and her formula fed infant, Ginny are at their initial WIC certification.

Window	Info	
Anthropometric Measurements	Weight at Delivery	175 pounds
	Pre-Pregnancy Weight	155 pounds
	Height	64 3/8 inches
	Weight	168 pounds
Blood Measurements	Hemoglobin	12.1 g/dl
Health Interview	Vitamins/Minerals	<ul style="list-style-type: none"> ▪ Gayle is drinking some herbal diet tea 2 times day to lose weight. ▪ She denies taking any other supplements or medications.
	Iron	
	Folic Acid	
	Other	
	Health Information	Denies any health concerns or medical conditions.
	Delivery Method	Normal delivery. No complications.
	Delivery Complications	
	# of Previous Pregnancies	Gayle has 2 other children. Both are currently in your WIC program, look at their records to complete these fields.
Last PG End Date		
ATOD	Denies ever drinking, taking drugs or smoking and nobody smokes in the house.	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale for each assigned risk factor be documented?

Postpartum Diet Questionnaire

Your Name: Gayle Guaya Birth Date: / / Today's date: / /

- Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
- How many times do you eat each day? Meals 3 Snacks
- Are there any foods or beverages that you cannot or will not eat? No Yes, please list
- Are there any foods of which you think you do not eat enough? No Yes, please list
- What do you usually drink? (Please check all that apply.) Milk Water Juice/Juice Drinks
 Gatorade/Sports Drinks Wine/Beer/Alcoholic Drinks Coffee/Tea Herbal Teas Hot chocolate
 Regular Pop/Kool-Aid Diet Pop Other:
- How often do you drink milk? Several times/day Once/day Less than once/day Do not drink milk
What type of milk do you usually drink? Cow's(Whole (Vitamin D) Reduced/Low Fat (2%, 1% or ½%) Skim)
 Lactose Free Evaporated Sweetened Condensed Soy Rice Goat's
 Raw (Cow's or Goat's) Other:
- How many times do you eat fruits and vegetables during a normal day? Do not eat any fruits or vegetables
Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply.) Bananas Grapes
 Apples/Applesauce Oranges Pears Carrots Green Beans Potatoes French Fries
 Corn Sprouts Tomato Other:
- Which protein foods do you usually eat? (Please check all that apply.) Beef/Buffalo Chicken/Turkey Fish/Seafood
 Pork/Lamb Hot Dogs/Lunch Meat Meat Spreads/Pâté Dried/Canned Beans Eggs Tofu Yogurt
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Hard Cheese (American, Cheddar, Swiss...)
 Other
How many times do you eat protein foods during a normal day? 3+
- Do you ever eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)? No Yes
- Are you on a special diet or trying to lose weight? No Yes, please describe Low Carb
- Do you have any medical/health/dental problems? No Yes, please list
Was this problem diagnosed by a doctor / dentist? No Yes
- Please check and describe all of the following you routinely use. (All information given to the WIC Program is confidential.)
 Over-the-counter drugs (laxatives, pain killers, etc.)
 Prescription medication
 Vitamin and/or minerals supplements
 Herbs/Herbal Supplements (Echinacea, ginger, etc.)
 Tobacco Street drugs (Marijuana, cocaine, methamphetamines, etc.) Other:
- Have you had a blood lead test? No Unsure Yes, where?
- How much did you weigh before your pregnancy that just ended? 155
- Please check any of the following that are true about your pregnancy that just ended.
 My baby was born more than 3 weeks early My baby was born weighing less than 5 pounds 9 ounces
 My baby was born weighing 9 pounds or more My baby was born with a birth defect
 My doctor told me I had gestational diabetes My doctor told me I had pregnancy induced hypertension
 I had a C-Section I had more than one baby (twins, triplets, etc.)
 I had no complications Other, please list
- Not including this last time, how many times have you been pregnant? 2
When did your last (not this) pregnancy end? / / This was my first pregnancy
~ 20 months ago
- Have you breastfed your baby at any time since the delivery Yes, currently breastfeeding Yes, but not now No
(If you are not currently breastfeeding stop here) 
- What do you think about breastfeeding?
- Are you experiencing any of the following situations? (Check all that apply.)
 Baby always seems to be hungry Don't have enough milk Baby refuses breast, arches back
 Sore nipples Sore breasts Engorged or full, hard breasts Other

Risk Conditions for Children

Objectives

Upon completion of this activity, the employee will be able to:

- (1) Correctly assign risk factors to children
- (2) Appropriately document risk factors in the WIC record for children.

Assignment

Read Manual - [Nutrition Risk Factors – Child](#)

Diet Assessment for Children

The Toddler (6 - 24 months) Diet Questionnaire should be used to assess the dietary intake and practices for all WIC applicants over 6 months and less than 24 months of age. Appendix C includes a copy of the WIC Staff Guidance Document for the Toddler Diet Questionnaire.

The Child (2 - 5 years) Diet Questionnaire should be used to assess the dietary intake and practices for all WIC applicants between 2 and 5 years of age. Appendix D includes a copy of the WIC Staff Guidance Document for the Child Diet Questionnaire.

Whichever questionnaire would better assess that child's intake may be used for children around the age of 2 years.

Risk Factors for Premature Children

An adjusted gestational age is calculated by the KWIC system for all premature children. Premature is defined as defined as ≤ 37 weeks gestation. The adjusted gestational age is calculated by subtracting the gestational age in weeks from 40 weeks (gestational age of term infant) to determine the adjustment for prematurity in weeks. Then the adjustment for prematurity in weeks is subtracted from the child's chronological postnatal age in weeks to determine the gestation-adjusted age. The adjusted gestational age is used to calculate risk factors based on recumbent length for Premature Children.

Possibility of Regression Risk Factors

A child WIC client with an active or expired status and currently assigned the risk factor “Low Hemoglobin / Hematocrit” and / or risk factor “Underweight, BMI/Age” or “Underweight, weight/length” may be considered to continue at nutrition risk during the next certification period **if the CPA determines and documents there is a possibility of regression in nutrition status without the WIC benefits**. The CPA should document the reason there is a possibility of regression in nutrition status without the WIC benefits on the plan or the notes tab in the KWIC system. A possibility of regression risk factor may only be used for the subsequent certification period.

If other risk conditions are present which are the same priority or greater than the regression risk factor, certification **must** be based on these risk factors and a possibility of regression risk factor should not be assigned. However, if a lower priority condition is present, the regression risk factor should be also used. (See example below.)

Example:
Two children are in for a subsequent certification. At the last certification, both children were assigned the risk factors: Low Hemoglobin / Hematocrit, Inappropriate Use of Bottles, Cups or Pacifiers and Short Stature, standing height.
<u>Child #1:</u> At this visit, the nutrition/medical assessment indicates that the low hemoglobin / hematocrit has resolved but the criteria for the risk factors Inappropriate Use of Bottles, Cups or Pacifiers and Short Stature, standing height are still present. These two risk factors should be assigned. Since the child is already at priority 3 nutrition risk, the risk factor Possibility of Regression of Hemoglobin/Hematocrit should not be assigned.
<u>Child #2:</u> At this visit, the nutrition/medical assessment indicates that the low hemoglobin / hematocrit and short stature have resolved but the criteria for the risk factor Inappropriate Use of Bottles, Cups or Pacifiers is still present (priority 5). The Possibility of Regression of Hemoglobin/Hematocrit risk factor should be assigned in addition to the risk factor Inappropriate Use of Bottles, Cups or Pacifiers. The child is at priority 3 nutrition risk.
<u>Child #2 (recertification):</u> At the next certification visit, the nutrition/medical assessment indicates the child is no longer using bottles, cups or pacifiers inappropriately. The age appropriate assumed risk should be assigned. The child is at priority 5 nutrition risk

Inadequate Vitamin/Mineral Supplementation

The definition of the risk factor “Inadequate Vitamin/Mineral Supplementation” includes children who are not taking a fluoride supplement when the water supply contains less than 0.3

ppm fluoride. A listing of the fluoride content of the water for each public water supply is available on the Kansas Public Health Association website at <http://www.kpha.us/documents>. Scroll to the Fluoridation Reports section located at the bottom of the webpage.

The definition of the risk factor “Inadequate Vitamin/Mineral Supplementation” also includes children who are not taking at least 400 IU supplemental Vitamin D when consuming less than one quart of Vitamin D fortified milk per day. The risk should be considered in terms of consumption of less than 400 IU Vitamin D / day and not about how much milk a child should consume. The FDA requirement for milk fortification is 400 IU / quart; therefore, it would take a quart of milk to meet the recommended vitamin D intake. Since 1 quart of milk is in excess of the recommended 2 cups of milk per day for pre-school children, most children should be assigned the risk when not taking supplemental Vitamin D. For more information see <http://pediatrics.aappublications.org/content/122/5/1142.full.pdf+html?sid=00e981ab-ab2d-4bf1-81b7-492d22d3a94e> .

Assumed Factors for Children

There are two assumed risk factors for children. The two risk factors are, “Assumed Risk for Women & Children over 2 years” and “Assumed Risk for Infants & Children between 4 and 24 months.”

The risk factor “Assumed Risk for Women & Children over 2 years” assumes a failure to meet the dietary guidelines. It should only be assigned to children 2 years old or older after **no** other risk factors were identified during the complete WIC nutrition assessment.

The risk factor “Assumed Risk for Infants & Children between 4 and 24 months” assumes a dietary risk associated with complementary feeding practices. It should only be assigned to children less than 24 months of age after **no** other risk factors were identified during the complete WIC nutrition assessment.

Progress Check #4

The WIC certification process has already been started for following clients. Complete the relevant windows and answer the questions based on the information provided. Only information pertinent to risk assessment is provided. Enter appropriate information in fields where no information is provided. You may stop at the Assign Risk Factor window or continue for additional practice.

Randy M Pea

Randy Pea is in for his WIC recertification.

Window	Info	
Anthropometric Measurements	Length	32 1/4 inches
	Weight	22 pounds 8 ounces
Blood Measurements	Hemoglobin	11.3 g/dl
Health Interview	Breastfed	Mom says she introduced formula and stopped breastfeeding when Randy was about 2 months old.
	Date BF Stopped	
	Date Formula/Milk Introduced	
	Date Solids Introduced	When Randy was about 6 months old.
	Vitamins/Minerals	•Randy takes a Flintstones w/ Iron chewable vitamin daily. •Does not take any other medications or herbal supplements/teas •No one in the household smokes. Mom states she quit smoking entirely.
	Iron	
	Other	
Health Concerns	No health problems or concerns	
Review diet sheet on the next page.		

1. Which risk factor(s) are autocalculated by the KWIC system?
2. Which risk factor(s) should be assigned by the CPA?
3. Where should the rationale be documented?

Toddler (6 - 24 months) Diet Questionnaire

Child's Name: Randy Pea Child's Birth Date: ~ 1 1/2 years old Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
2. What does your child usually drink? (Please check all that apply.)

<input type="checkbox"/> Cow's Milk	<input type="checkbox"/> Goat's Milk	<input type="checkbox"/> Sweetened Condensed Milk	<input type="checkbox"/> Breastmilk	<input type="checkbox"/> Formula
<input type="checkbox"/> Water	<input type="checkbox"/> Juice/Juice Drinks	<input type="checkbox"/> Regular Pop/Kool-Aid	<input type="checkbox"/> Evaporated Milk	<input type="checkbox"/> Soy Milk
<input type="checkbox"/> Gatorade/Sports Drinks	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sweetened Tea	<input type="checkbox"/> Herbal Tea	
3. From what does your child drink? (Please check all that apply.) Breast Bottle Sippy Cup Cup
4. Does your child ever walk around drinking from a bottle or a sippy cup? No Yes
5. How is breastfeeding going? _____ Child not breastfed
 - a. How often does your child nurse in a 24-hour period? _____
 - b. Can you hear your child swallowing during feedings? No Yes
6. How many wet diapers does your child have in a 24-hour period? 4
7. How many dirty diapers does your child have in a 24-hour period? 1
8. Do you pump or express breastmilk for your child? No Yes
 - a. How do you store breastmilk? Refrigerator Freezer Other _____
 - b. How long do you keep breastmilk in the refrigerator before you throw it away? _____ hours
 - c. How long do you keep breastmilk after it's been thawed? _____ hours
9. Please check all items that might be in your child's bottle during a normal day. Child does not take a bottle

<input type="checkbox"/> Milk (including breastmilk)	<input type="checkbox"/> Formula	<input type="checkbox"/> Water	<input type="checkbox"/> Juice/Juice Drinks	<input type="checkbox"/> Cereal
<input type="checkbox"/> Soda Pop/Kool-Aid/Sweetened Tea	<input type="checkbox"/> Corn Syrup	<input type="checkbox"/> Honey	<input type="checkbox"/> Baby Food	<input type="checkbox"/> Other _____

 - a. What do you do with any milk or formula left in the bottle?

<input type="checkbox"/> Leave it out to feed later	<input type="checkbox"/> Put it back into the refrigerator for later	<input type="checkbox"/> Throw it away	<input type="checkbox"/> Other _____
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 - b. How long do you let a bottle sit at room temperature? _____ hours
 - c. Is your child's bottle ever propped on a pillow, blanket, stuffed animal, etc.? No Yes
10. What formula does your child take? _____ (with iron low iron) Child does not take formula
 - a. What type of formula do you use? Concentrate Powder Ready-to-feed
 - b. How do you mix the formula? _____ amount water to _____ amount formula
 - i. What kind of water do you usually use to make the formula? City/Rural Well Bottled Unsure
 - ii. Do you ever add anything besides water to the formula? No Yes, what? _____
 - c. Do you warm the formula? No Yes, how? _____
 - d. How often does your child take formula during a normal day? _____
 - e. How much formula does your child take at each feeding? _____ ounces
 - f. How do you store formula after you mix it?

<input type="checkbox"/> Don't store, give to child right away	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Freezer	<input type="checkbox"/> Other _____
--	---------------------------------------	----------------------------------	--------------------------------------
 - g. How long do you keep mixed formula in the refrigerator before you throw it away? _____ days
 - h. How long does a can of formula last? _____
11. How many times does your child drink milk during a normal day? 2 Child does not drink milk
 - a. How much milk does your child drink each time? 8 ounces
 - b. What type of milk does your child usually drink?

<input checked="" type="checkbox"/> Cow's	(<input checked="" type="checkbox"/> Whole (Vitamin D) _____ Reduced/Low Fat (2%, 1% or 1/2%) _____ Skim)
<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Goat's <input type="checkbox"/> Evaporated <input type="checkbox"/> Sweetened Condensed <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> Other: _____
 - c. Do you ever add any flavoring to the milk? No Yes, what? chocolate
12. How many times does your child drink water during a normal day? _____ Child does not drink water
 - a. How much water does your child drink each time? _____ ounces
 - b. What kind of water does your child usually drink? City/Rural Well Bottled Unsure
 - c. Do you ever add anything to the water? No Yes, what? _____

Randy Rea

13. How many times does your child drink juice during a normal day? 4 Child does not drink juice.
a. How much juice does your child drink each time? 4-8 ounces
b. What kind of juice or juice drinks does your child usually drink? apple
c. Do you dilute the juice with water? No Yes
14. When did your child start eating something other than breastmilk or formula?
 Hasn't started yet 0-3 month 4-6 months after 7 months
a. What types of food does your child eat? (Please check all that apply.)
 Baby foods (Cereal, Fruits, Vegetables, Meats, Dinners, Desserts)
 Table foods (Mashed/blended, Finely chopped, Coarsely chopped/sliced)
 Other: _____
b. At mealtimes, how often does your child eat the same foods as the rest of the family?
 Most of the time Sometimes Rarely, what does your child eat? _____
c. How is your child fed these foods? (Please check all that apply.) Bottle Spoon Fingers/Self-feeding
d. Can your child feed him/herself? No Yes
15. How many times does your child eat on a normal day? Meals 3 Snacks 1
16. Please mark the situations that describe where your child normally eats. (Check all that apply.)
 In a bed/crib In caregiver's arms/lap In a car seat In a high chair At a table On the sofa
 At home In a restaurant/fast food In the car At childcare/Head Start/preschool
 With the TV on With family / friends Alone Other: _____
17. Which snack foods does your child usually eat? (Please check all that apply.) Child does not eat snack foods
 Fruit Fruit Snacks Cookies / Snack Cakes Honey Graham Crackers Cereal / Cereal Bars Nuts
 Chips Hard Candies Popcorn Pretzels Crackers Ice Cream Other _____
18. How many times does your child eat fruits and vegetables (not juice) during a normal day? 1
Which fruits and/or vegetables does your child usually eat? (Please check all that apply.) Does not eat fruits or vegetables
 Apples/Applesauce Bananas Grapes Oranges Pears Potatoes French Fries Corn
 Green Beans Carrots Sprouts Tomato Other: _____
19. How many times does your child eat protein foods during a normal day? 2 Child does not eat protein foods
Which protein foods does your child usually eat? (Please check all that apply.)
 Beef/Buffalo Chicken/Turkey Fish/Seafood Dried/Canned Beans Hot Dogs/Lunch Meat
 Peanut Butter Pork/Lamb Eggs Tofu Yogurt Hard Cheese (American, Cheddar, Swiss...)
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Other _____
20. Which sweets does your child usually eat? (Please check all that apply.) Child does not eat anything sweet
 Sugar Honey Syrup Candy Other _____
How are they usually eaten? (Please check all that apply.)
 Added to/in drinks In pre-sweetened drinks On the pacifier
 Added to/on foods In sweet foods (candies, cookies, cakes etc) Other _____
21. Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips? No Yes
22. Does your child have any health/medical/dental problems? No Yes, please list: _____
Was this problem diagnosed by a doctor? No Yes
23. Please check and describe all of the following your child usually takes.
 Over-the-counter drugs (cold medicine, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements Flinstones with Iron
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____ Other _____
24. Do you worry about how much your child is eating? No Yes, please explain he won't eat meats
25. Has your child had a blood lead test? No Yes Unsure
If yes, where? _____ When? ___/___/___ What were the results? _____
26. What is one thing you like about your child's eating? He isn't as picky as my friend's kid
27. What is one thing that you would like to change about your child's eating? He is messy

Christa Cucumber

Christa Cucumber is in for a WIC certification.

Window	Info	
Anthropometric Measurements	Height	36 ½ inches
	Weight	32 pounds 12 ounces
Blood Measurements	Hemoglobin	12.2 g/dl Note: the certification guide may not indicate Blood Measures as Needed . This is because KWIC assesses if blood measures are needed, by looking for to see if a hemoglobin or hematocrit above the risk factor cut off has been entered in the past 12 months to the day. However, since the last blood measures was entered about a year ago, blood work should be assessed for this certification.
Health Interview	Breastfed	She was breastfed until she was about one month old.
	Date BF Stopped	
	Vitamins/Minerals	Christa takes a store brand child's vitamin.
	Iron	The mother states she smokes in the house.
	Other	
Health Concerns	No health concerns noted.	
Review diet sheet on the next page.		

1. Which risk factor(s) are autocalculated by the KWIC system?
2. Which risk factor(s) should be assigned by the CPA?
3. Where should the rationale be documented?
4. Would your answers be the same if Christa was 22 months of age?

Child (2 - 5 years) Diet Questionnaire

Child's Name: Christie Cucumber Child's Birth Date: ___/___/___ Today's date: ___/___/___

- Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator
- What does your child usually drink? (Please check all that apply.)
 Milk (including breastmilk) Formula Juice/Juice Drinks Water Sweetened Tea
 Regular Pop/Kool-Aid Herbal Teas Gatorade/Sports Drinks Other: _____
- What does your child drink from? (Please check all that apply.) Breast Bottle Sippy Cup Cup
- Does your child ever walk around drinking from a sippy cup or a bottle? No Yes
- How many times does your child drink milk during a normal day? 2 Child does not drink milk
a. How much milk does your child drink each time? 4 ounces
b. What type of milk does your child usually drink?
 Cow's (Whole (Vitamin D) Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Goat's Evaporated Sweetened Condensed Soy Rice
 Other: _____
c. Do you ever add any flavoring to the milk? No Yes, what? _____
- How many times does your child drink water during a normal day? 1 Child does not drink water
a. How much water does your child drink each time? 4 ounces
b. What kind of water does your child usually drink? City/Rural Well Bottled Unsure
c. Do you ever add anything to the water? No Yes, what? _____
- How many times does your child drink juice during a normal day? 3 Child does not drink juice.
a. How much juice does your child drink each time? 4 ounces
b. What kind of juice or juice drinks does your child usually drink? Juicy Juice
c. Do you dilute the juice with water? No Yes
- At mealtimes, how often does your child eat the same foods as the rest of the family?
 Most of the time Sometimes Rarely, what does your child eat? _____
a. What types of food does your child eat? (Please check all that apply.)
 Baby foods Table foods (Coarsely chopped/sliced Mashed/blended Finely chopped)
b. Can your child feed him/herself? No Yes
- How many times does your child eat on a normal day? Meals 3 Snacks 2
- What do you do when your child asks for food between meals and snacks? make her wait
- Please mark the situations that describe where your child normally eats. (Check all that apply.)
 In a high chair At a table On the sofa On the floor
 At home In a restaurant/fast food In the car At childcare/Head Start/preschool
 With the TV on With family / friends Alone Other: _____

Christie Cucumber

12. Which snack foods does your child usually eat? (Please check all that apply.) Child does not eat snack foods
 Fruit Fruit Snacks Cookies/Snack Cakes Crackers Chips Popcorn Nuts
 Pretzels Ice Cream Cereal/Cereal Bars Hard Candies Other _____
13. How many times does your child eat fruits and vegetables (not juice) during a normal day? 1-2
 Child does not eat fruits or vegetables
Which fruits and/or vegetables does your child usually eat? (Please check all that apply.)
 Apples/Applesauce Bananas Grapes Oranges Pears Potatoes French Fries
 Corn Green Beans Carrots Sprouts Tomato Other: _____
14. How many times does your child eat protein foods during a normal day? 2 Child does not eat protein foods
Which protein foods does your child usually eat? (Please check all that apply.)
 Beef/Buffalo Chicken/Turkey Fish/Seafood Pork/Lamb Hot Dogs/Lunch Meat Yogurt
 Peanut Butter Eggs Tofu Dried/Canned Beans Hard Cheese (American, Cheddar, Swiss...)
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Other _____
15. Which sweets does your child usually eat? (Please check all that apply.) Child does not eat anything sweet
 Sugar Honey Syrup Candy Other _____
How are they usually eaten? (Please check all that apply.)
 Added to/in drinks In pre-sweetened drinks On the pacifier
 Added to/on foods In sweet foods (candies, cookies, cakes etc) Other _____
16. Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips?
 No Yes
17. Does your child have any health/medical/dental problems? No Yes, please list: _____
Was this problem diagnosed by a doctor? No Yes
18. Please check and describe all of the following your child usually takes.
 Over-the-counter drugs (cold medicine, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements Store Brand
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Other _____
19. Do you worry about how much your child is eating? No Yes, please explain? _____
20. Has your child had a blood lead test? No Yes Unsure
If yes, where? _____ When? ___/___/___ What were the results? _____
21. What is one thing you like about your child's eating? she eats everything
22. What is one thing that you would like to change about your child's eating? she eats everything
23. How much time does your child spend actively playing each day? 3 hours
24. About how many hours does your child sit and watch TV, videos, or DVDs on a normal day?
2 hours/day child does not usually watch any TV, videos or DVDs

Cathleen Cranberry

Cathleen Cranberry is in for a WIC certification.

Window	Info	
Anthropometric Measurements	Gestational Age	38 weeks
	Length	Birth: 19 inches Current: 29 1/2 inches
	Weight	Birth: 5 pounds 4 ounces Current 17 pounds 5 ounces
Blood Measurements	Hemoglobin	9.8 g/dl
Health Interview	Breastfed	She was exclusively breastfed until she was about six months old. When they started supplementing with milk. Wean from breast and switched over to skim milk at a year.
	Date BF Stopped	
	Date Formula/Milk Introduced	
	Date Solids Introduced	About 6 months old.
	Vitamins/Minerals	Cathleen is not taking any supplements.
	Iron	
	Folic Acid	
Other		
Health Concerns	Cathleen doesn't want to eat. Otherwise no health concerns noted. The caregiver states she smokes, but never in the house.	
Review diet sheet on the next page.		

1. Which risk factor(s) are autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale be documented?

4. Would your answers be the same if Cathleen was 25 months of age?

Toddler (6 - 24 months) Diet Questionnaire

Child's Name: Cathleen Cranberry Child's Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator

2. What does your child usually drink? (Please check all that apply.) Breastmilk Formula
 Cow's Milk Goat's Milk Sweetened Condensed Milk Evaporated Milk Soy Milk
 Water Juice/Juice Drinks Regular Pop/Kool-Aid Sweetened Tea Herbal Tea
 Gatorade/Sports Drinks Other: _____

3. From what does your child drink? (Please check all that apply.) Breast Bottle Sippy Cup Cup

4. Does your child ever walk around drinking from a bottle or a sippy cup? No Yes

5. How is breastfeeding going? _____ Child not breastfed
 a. How often does your child nurse in a 24-hour period? _____
 b. Can you hear your child swallowing during feedings? No Yes

6. How many wet diapers does your child have in a 24-hour period? 5

7. How many dirty diapers does your child have in a 24-hour period? ~1

8. Do you pump or express breastmilk for your child? No Yes
 a. How do you store breastmilk? Refrigerator Freezer Other _____
 b. How long do you keep breastmilk in the refrigerator before you throw it away? _____ hours
 c. How long do you keep breastmilk after it's been thawed? _____ hours

9. Please check all items that might be in your child's bottle during a normal day. Child does not take a bottle
 Milk (including breastmilk) Formula Water Juice/Juice Drinks Cereal
 Soda Pop/Kool-Aid/Sweetened Tea Corn Syrup Honey Baby Food Other _____
 a. What do you do with any milk or formula left in the bottle?
 Leave it out to feed later Put it back into the refrigerator for later Throw it away Other _____
 b. How long do you let a bottle sit at room temperature? less than 1 hours
 c. Is your child's bottle ever propped on a pillow, blanket, stuffed animal, etc.? No Yes

10. What formula does your child take? _____ (with iron low iron) Child does not take formula
 a. What type of formula do you use? Concentrate Powder Ready-to-feed
 b. How do you mix the formula? _____ amount water to _____ amount formula
 i. What kind of water do you usually use to make the formula? City/Rural Well Bottled Unsure
 ii. Do you ever add anything besides water to the formula? No Yes, what? _____
 c. Do you warm the formula? No Yes, how? _____
 d. How often does your child take formula during a normal day? _____
 e. How much formula does your child take at each feeding? _____ ounces
 f. How do you store formula after you mix it?
 Don't store, give to child right away Refrigerator Freezer Other _____
 g. How long do you keep mixed formula in the refrigerator before you throw it away? _____ days
 h. How long does a can of formula last? _____

11. How many times does your child drink milk during a normal day? 4 Child does not drink milk
 a. How much milk does your child drink each time? 8 ounces
 b. What type of milk does your child usually drink?
 Cow's (Whole (Vitamin D) Reduced/Low Fat (2%, 1% or 1/2%) Skim)
 Lactose Free Goat's Evaporated Sweetened Condensed Soy Rice Other: _____
 c. Do you ever add any flavoring to the milk? No Yes, what? _____

12. How many times does your child drink water during a normal day? _____ Child does not drink water
 a. How much water does your child drink each time? _____ ounces
 b. What kind of water does your child usually drink? City/Rural Well Bottled Unsure
 c. Do you ever add anything to the water? No Yes, what? _____

Cathleen Cranberry

13. How many times does your child drink juice during a normal day? _____ Child does not drink juice.
a. How much juice does your child drink each time? _____ ounces
b. What kind of juice or juice drinks does your child usually drink? _____
c. Do you dilute the juice with water? No Yes
14. When did your child start eating something other than breastmilk or formula?
 Hasn't started yet 0-3 month 4-6 months after 7 months
a. What types of food does your child eat? (Please check all that apply.)
 Baby foods (Cereal, Fruits, Vegetables, Meats, Dinners, Desserts)
 Table foods (Mashed/blended, Finely chopped, Coarsely chopped/sliced)
 Other: _____
b. At mealtimes, how often does your child eat the same foods as the rest of the family?
 Most of the time Sometimes Rarely, what does your child eat? _____
c. How is your child fed these foods? (Please check all that apply.) Bottle Spoon Fingers/Self-feeding
d. Can your child feed him/herself? No Yes
15. How many times does your child eat on a normal day? Meals _____ Snacks _____
16. Please mark the situations that describe where your child normally eats. (Check all that apply.)
 In a bed/crib In caregiver's arms/lap In a car seat In a high chair At a table On the sofa
 At home In a restaurant/fast food In the car At childcare/Head Start/preschool
 With the TV on With family / friends Alone Other: _____
17. Which snack foods does your child usually eat? (Please check all that apply.) Child does not eat snack foods
 Fruit Fruit Snacks Cookies / Snack Cakes Honey Graham Crackers Cereal / Cereal Bars Nuts
 Chips Hard Candies Popcorn Pretzels Crackers Ice Cream Other _____
18. How many times does your child eat fruits and vegetables (not juice) during a normal day? 1
Which fruits and/or vegetables does your child usually eat? (Please check all that apply.) Does not eat fruits or vegetables
 Apples/Applesauce Bananas Grapes Oranges Pears Potatoes French Fries Corn
 Green Beans Carrots Sprouts Tomato Other: _____
19. How many times does your child eat protein foods during a normal day? _____ Child does not eat protein foods
Which protein foods does your child usually eat? (Please check all that apply.) I try she would eat any
 Beef/Buffalo Chicken/Turkey Fish/Seafood Dried/Canned Beans Hot Dogs/Lunch Meat
 Peanut Butter Pork/Lamb Eggs Tofu Yogurt Hard Cheese (American, Cheddar, Swiss...)
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Other _____
20. Which sweets does your child usually eat? (Please check all that apply.) Child does not eat anything sweet
 Sugar Honey Syrup Candy Other _____
How are they usually eaten? (Please check all that apply.)
 Added to/in drinks In pre-sweetened drinks On the pacifier
 Added to/on foods In sweet foods (candies, cookies, cakes etc) Other _____
21. Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips? No Yes
22. Does your child have any health/medical/dental problems? No Yes, please list: _____
Was this problem diagnosed by a doctor? No Yes
23. Please check and describe all of the following your child usually takes.
 Over-the-counter drugs (cold medicine, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements _____
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____ Other _____
24. Do you worry about how much your child is eating? No Yes, please explain She only wants the bottle and wont eat
25. Has your child had a blood lead test? No Yes Unsure
If yes, where? _____ When? ____/____/____ What were the results? _____
26. What is one thing you like about your child's eating? _____
27. What is one thing that you would like to change about your child's eating? I just want her to eat

Lance Lima

Lance Lima is at his WIC recertification.

Window	Info	
Anthropometric Measurements	Length	31 ½ inches
	Weight	25 pounds 13 ounces
Blood Measurements	Hematocrit	32%
Health Interview	Breastfed	He was only breastfed for a few days, until being switched to formula.
	Date BF Stopped	
	Date Formula/Milk Introduced	
	Date Solids Introduced	About 6 months old.
	Vitamins/Minerals	No longer taking any medications, including vitamin or mineral supplements, except certizine as needed for hay fever. States someone smokes in the house.
	Iron	
	Other	
Health Concerns	Mother reports he has osteogenesis imperfecta (brittle bone disease).	
Review diet sheet on the next page.		

1. Which risk factor(s) are autocalculated by the KWIC system?
2. Which risk factor(s) should be assigned by the CPA?
3. Where should the rationale be documented?

Toddler (6 - 24 months) Diet Questionnaire

Child's Name: Lance Lima Child's Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator

2. What does your child usually drink? (Please check all that apply.)

<input checked="" type="checkbox"/> Cow's Milk	<input type="checkbox"/> Goat's Milk	<input type="checkbox"/> Sweetened Condensed Milk	<input type="checkbox"/> Breastmilk	<input type="checkbox"/> Formula
<input type="checkbox"/> Water	<input checked="" type="checkbox"/> Juice/Juice Drinks	<input type="checkbox"/> Regular Pop/Kool-Aid	<input type="checkbox"/> Evaporated Milk	<input type="checkbox"/> Soy Milk
<input type="checkbox"/> Gatorade/Sports Drinks	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sweetened Tea	<input type="checkbox"/> Herbal Tea	

3. From what does your child drink? (Please check all that apply.) Breast Bottle Sippy Cup Cup

4. Does your child ever walk around drinking from a bottle or a sippy cup? No Yes

5. How is breastfeeding going? _____ Child not breastfed
 - a. How often does your child nurse in a 24-hour period? _____
 - b. Can you hear your child swallowing during feedings? No Yes

6. How many wet diapers does your child have in a 24-hour period? 3+

7. How many dirty diapers does your child have in a 24-hour period? 1+

8. Do you pump or express breastmilk for your child? No Yes
 - a. How do you store breastmilk? Refrigerator Freezer Other _____
 - b. How long do you keep breastmilk in the refrigerator before you throw it away? _____ hours
 - c. How long do you keep breastmilk after it's been thawed? _____ hours

9. Please check all items that might be in your child's bottle during a normal day. Child does not take a bottle

<input type="checkbox"/> Milk (including breastmilk)	<input type="checkbox"/> Formula	<input type="checkbox"/> Water	<input type="checkbox"/> Juice/Juice Drinks	<input type="checkbox"/> Cereal
<input type="checkbox"/> Soda Pop/Kool-Aid/Sweetened Tea	<input type="checkbox"/> Corn Syrup	<input type="checkbox"/> Honey	<input type="checkbox"/> Baby Food	<input type="checkbox"/> Other _____

 - a. What do you do with any milk or formula left in the bottle?

<input type="checkbox"/> Leave it out to feed later	<input type="checkbox"/> Put it back into the refrigerator for later	<input type="checkbox"/> Throw it away	<input type="checkbox"/> Other _____
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 - b. How long do you let a bottle sit at room temperature? _____ hours
 - c. Is your child's bottle ever propped on a pillow, blanket, stuffed animal, etc.? No Yes

10. What formula does your child take? _____ (with iron low iron) Child does not take formula
 - a. What type of formula do you use? Concentrate Powder Ready-to-feed
 - b. How do you mix the formula? _____ amount water to _____ amount formula
 - i. What kind of water do you usually use to make the formula? City/Rural Well Bottled Unsure
 - ii. Do you ever add anything besides water to the formula? No Yes, what? _____
 - c. Do you warm the formula? No Yes, how? _____
 - d. How often does your child take formula during a normal day? _____
 - e. How much formula does your child take at each feeding? _____ ounces
 - f. How do you store formula after you mix it?

<input type="checkbox"/> Don't store, give to child right away	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Freezer	<input type="checkbox"/> Other _____
--	---------------------------------------	----------------------------------	--------------------------------------
 - g. How long do you keep mixed formula in the refrigerator before you throw it away? _____ days
 - h. How long does a can of formula last? _____

11. How many times does your child drink milk during a normal day? 3 Child does not drink milk
 - a. How much milk does your child drink each time? 8 ounces
 - b. What type of milk does your child usually drink?

<input checked="" type="checkbox"/> Cow's	<input checked="" type="checkbox"/> Whole (Vitamin D)	<input type="checkbox"/> Reduced/Low Fat (2%, 1% or 1/2%)	<input type="checkbox"/> Skim
<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Goat's	<input type="checkbox"/> Evaporated	<input type="checkbox"/> Sweetened Condensed
<input type="checkbox"/> Soy	<input type="checkbox"/> Rice	<input type="checkbox"/> Other: _____	
 - c. Do you ever add any flavoring to the milk? No Yes, what? _____

12. How many times does your child drink water during a normal day? _____ Child does not drink water
 - a. How much water does your child drink each time? _____ ounces
 - b. What kind of water does your child usually drink? City/Rural Well Bottled Unsure
 - c. Do you ever add anything to the water? No Yes, what? _____

13. How many times does your child drink juice during a normal day? 2 Child does not drink juice.
 a. How much juice does your child drink each time? 8 ounces
 b. What kind of juice or juice drinks does your child usually drink? apple
 c. Do you dilute the juice with water? No Yes
14. When did your child start eating something other than breastmilk or formula?
 Hasn't started yet 0-3 month 4-6 months after 7 months
 a. What types of food does your child eat? (Please check all that apply.)
 Baby foods (Cereal, Fruits, Vegetables, Meats, Dinners, Desserts)
 Table foods (Mashed/blended, Finely chopped, Coarsely chopped/sliced)
 Other: _____
 b. At mealtimes, how often does your child eat the same foods as the rest of the family?
 Most of the time Sometimes Rarely, what does your child eat? _____
 c. How is your child fed these foods? (Please check all that apply.) Bottle Spoon Fingers/Self-feeding
 d. Can your child feed him/herself? No Yes
15. How many times does your child eat on a normal day? Meals 3 Snacks 1
16. Please mark the situations that describe where your child normally eats. (Check all that apply.)
 In a bed/crib In caregiver's arms/lap In a car seat In a high chair At a table On the sofa
 At home In a restaurant/fast food In the car At childcare/Head Start/preschool
 With the TV on With family / friends Alone Other: _____
17. Which snack foods does your child usually eat? (Please check all that apply.) Child does not eat snack foods
 Fruit Fruit Snacks Cookies / Snack Cakes Honey Graham Crackers Cereal / Cereal Bars Nuts
 Chips Hard Candies Popcorn Pretzels Crackers Ice Cream Other _____
18. How many times does your child eat fruits and vegetables (not juice) during a normal day? 1
 Which fruits and/or vegetables does your child usually eat? (Please check all that apply.) Does not eat fruits or vegetables
 Apples/Applesauce Bananas Grapes Oranges Pears Potatoes French Fries Corn
 Green Beans Carrots Sprouts Tomato Other: _____
19. How many times does your child eat protein foods during a normal day? 2 Child does not eat protein foods
 Which protein foods does your child usually eat? (Please check all that apply.)
 Beef/Buffalo Chicken/Turkey Fish/Seafood Dried/Canned Beans Hot Dogs/Lunch Meat
 Peanut Butter Pork/Lamb Eggs Tofu Yogurt Hard Cheese (American, Cheddar, Swiss...)
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Other _____
20. Which sweets does your child usually eat? (Please check all that apply.) Child does not eat anything sweet
 Sugar Honey Syrup Candy Other _____
 How are they usually eaten? (Please check all that apply.)
 Added to/in drinks In pre-sweetened drinks On the pacifier
 Added to/on foods In sweet foods (candies, cookies, cakes etc) Other _____
21. Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips? No Yes
22. Does your child have any health/medical/dental problems? No Yes, please list: Osteogenesis Imperfecta
 Was this problem diagnosed by a doctor? No Yes
23. Please check and describe all of the following your child usually takes.
 Over-the-counter drugs (cold medicine, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements _____
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____ Other _____
24. Do you worry about how much your child is eating? No Yes, please explain _____
25. Has your child had a blood lead test? No Yes Unsure
 If yes, where? _____ When? ___/___/___ What were the results? _____
26. What is one thing you like about your child's eating? He is happy about it
27. What is one thing that you would like to change about your child's eating? Nothing

Kenny Kale

During her certification appointment, Kathy Kale mentions that her son **Kenny Kale** has suddenly become a very picky eater, acting like he does not want anything in his mouth. The CPA had time to look in his mouth and notices obvious signs of Early Childhood Caries.

1. Is there enough information provided to assign the risk factor “Dental Problems”?
2. Since the issue was discovered during his mother’s WIC certification, can risk factor(s) be assigned to Kenny at this time?
3. Where and how should the assessment be documented?

Risk Conditions for Infants

Objectives

Upon completion of this activity, the employee will be able to:

- (1) Correctly assign risk factors to infants.
- (2) Appropriately document risk factors in the WIC record for infants.

Assignment

Read Manual - [Nutrition Risk Factors – Infant](#)

As long as the mother is categorically eligible, an infant should be certified at the same time as the mother.

Diet Assessment for Infants

The Toddler (6 - 24 months) Diet Questionnaire should be used to assess the dietary intake and practices for all WIC applicants between 6 and 24 months of age. Appendix C includes a copy of the WIC Staff Guidance Document for the Toddler Diet Questionnaire.

The Young Infant (0 - 6 months) Diet Questionnaire should be used to assess the dietary intake and practices for all WIC applicants between birth and 6 months of age. Appendix E includes a copy of the WIC Staff Guidance Document for the Young Infant Diet Questionnaire.

Risk Factors for Premature Infants

An adjusted gestational age by the KWIC system is calculated for all premature infants. Premature is defined as defined as ≤ 37 weeks gestation. The adjusted gestational age is calculated by subtracting the gestational age in weeks from 40 weeks (gestational age of term infant) to determine the adjustment for prematurity in weeks. Then the adjustment for prematurity in weeks is subtracted from the infant's chronological postnatal age in weeks to determine the gestation-adjusted age. The adjusted gestational age is used to calculate risk factors based on recumbent length. If the adjusted gestational age is less than 0 weeks, infants will not be assigned a risk factor based on the length/age.

Inadequate Vitamin/Mineral Supplementation

The definition of the risk factor “Inadequate Vitamin/Mineral Supplementation” is about the same for infants as described for children under 36 months of age in the previous chapter. The portion defining inadequate Fluoride intake only applies to infants 6 months old or older.

The definition also includes infants who are not taking at least 400 IU supplemental Vitamin D when consuming less than one quart of Vitamin D fortified formula per day. The portion of the risk should be considered in terms of consumption of less than 400 IU Vitamin D / day and not about encouraging formula consumption.

Infant Born to a Woman with Mental Retardation

This risk factor should be assigned to an infant born to a woman diagnosed with mental retardation. The diagnosis must have been made by a physician or psychologist, but may be self-reported by the woman or her caregiver. If the diagnosis is documented in the mother’s WIC record, it is not necessary to document it in the infant’s WIC record. If the diagnosis is not documented in the mother’s WIC record, or if the mother is not a WIC client, it must be documented on the assess risk tab in the infant’s WIC record.

Infant Born to a WIC Eligible Woman

This risk factor should be assigned to an infant less than 6 months of age whose mother was a WIC client during pregnancy or whose mother was not on WIC during pregnancy but was at nutritional risk during the pregnancy. The mother’s participation in WIC during pregnancy should be documented by selecting the appropriate response in the field, “Mother On WIC During Pregnancy?” on the infant’s Heath Interview window. If the clinic has documentation that the mother was a WIC client during pregnancy, either in Kansas or another state it is not necessary to document her risk in the infant’s WIC record.

If the mother was not on WIC during pregnancy, the CPA must determine that she would have been at nutritional risk due to abnormal biochemical or anthropometric measurements or nutritionally related medical conditions, not simply due to dietary risk. If the mother is a current client but was not on WIC during pregnancy, the reason she was at nutritional risk during pregnancy should be documented in either her or her infant’s WIC record. If the mother was not a WIC client during pregnancy, the reason she was at nutritional risk during the pregnancy should be documented on the risk notes section of the assess risk tab.

Breastfeeding Infant of Woman at Nutritional Risk

The WIC priority level of a breastfed infant should be the same as the breastfeeding mother. After completing the nutrition risk assessment of both clients, the KWIC assigned priority levels should be compared. If the woman's priority is a lower number than the infant's priority, the appropriate risk factor should be assigned to ensure both have the same priority.

- The risk factor Breastfeeding Infant of Woman at Priority 1 Nutritional Risk should be assigned to a breastfed infant whose mother is assessed at priority 1 and the infant's priority is 2, 4 or 7.
- The risk factor Breastfeeding Infant of Woman at Priority 4 Nutritional Risk should be assigned to a breastfed infant whose mother is assessed at priority 1 and the infant's priority is 7.

It is not necessary to document the mother's risk in the infant's WIC record.

Assumed Factors for Infants

The risk factor "Assumed Risk for Infants & Children between 4 and 24 months" assumes a dietary risk associated with complementary feeding practices. It should only be assigned to infants more than 4 months of age after **no** other risk factors were identified during the complete WIC nutrition assessment.

Progress Check #5

The WIC certification process has already been started for following clients. Complete the relevant windows and answer the questions based on the information provided. Only information pertinent to risk assessment is provided. Enter appropriate information in fields where no information is provided. You may stop at the Assign Risk Factor window or continue for additional practice.

Frank Fig

Frank Fig and his mother Fanny Fig (from Progress Check #3) are in for their initial WIC certification.

Window	Info	
Anthropometric Measurements	Gestational Age	39 weeks
	Length	Birth: 19 6/8 inches Current: 19 7/8 inches
	Weight	Birth: 7 pounds 2 ounces Current: 7 pounds 12 ounces
Health Interview	Breastfed	Frank is exclusively breastfeeding on demand.
	Date BF Stopped	
	Date Formula/Milk Introduced	
	Date Solids Introduced	
	Vitamins/Minerals	Fanny states she is not giving Frank any vitamins or minerals.
	Iron	No one in the household smokes inside the home.
	Other	
Mom on WIC	The mother was certified in Progress Check #3, open certification history and look at her record to complete this field.	
Health Concerns	Mother reports no health problems or concerns.	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Should you change the risk factors assigned to Fanny Fig based on the information provided in this scenario?

4. Where should the rationale for each assigned risk factor be documented?

Young Infant (0 - 6 months) Diet Questionnaire

Baby's Name: Frank Fig Baby's Birth Date: / / Today's date: / /

- 1) Please check all of the following you have that work.
 Stove Top Oven Microwave Refrigerator

- 2) What does your baby usually drink? (Please check all that apply.)
 Breastmilk Formula
 Cow's Milk Goat's Milk Sweetened Condensed Milk Evaporated Milk Soy Milk
 Sweetened Tea Water Regular Pop/Kool-Aid Juice/Juice Drinks Herbal Tea
 Gatorade/Sports Drinks Other: _____

- 3) From what does your baby drink? (Please check all that apply.)
 Breast Bottle Sippy Cup Cup

- 4) How is breastfeeding going? Fabulous Baby not breastfed.
a) How often does your baby nurse in a 24-hour period? 12+
b) Can you hear your baby swallowing during feedings? No Yes

- 5) How many wet diapers does your baby have in a 24-hour period? 7-10

- 6) How many dirty diapers does your baby have in a 24-hour period? 5+

- 7) Do you pump or express breastmilk for your baby? No Yes
a) How do you store breastmilk? Refrigerator Freezer Other _____
b) How long do you keep breastmilk in the refrigerator before you throw it away? _____ hours
c) How long do you keep breastmilk after it's been thawed? _____ hours

- 8) Please check all items that might be in your baby's bottle during a normal day. Baby does not take a bottle
 Milk (including breastmilk) Formula Water Juice/Juice Drinks Cereal
 Soda Pop/Kool-Aid/Sweetened Tea Corn Syrup Honey Baby Food Other _____
a) What do you do with any milk or formula left in the bottle?
 Leave it out to feed later Put it back into the refrigerator for later Throw it away Other _____
b) How long do you let a bottle sit at room temperature? _____ hours
c) Is your baby's bottle ever propped on a pillow, blanket, stuffed animal, etc.? No Yes

- 9) What formula does your baby take? _____ (with iron low iron) Baby does not take formula
a) What type of formula do you use? Concentrate Powder Ready-to-feed
b) How do you mix the formula? _____ amount water to _____ amount formula.
• What kind of water do you usually use to make the formula? City/Rural Well Bottled Unsure
• Do you ever add anything besides water to the formula? No Yes, what? _____
c) Do you warm the formula? No Yes, how _____
d) How often does your baby take formula during a normal day? _____
e) How much formula does your baby take at each feeding? _____ ounces
f) How do you store formula after you mix it?
 Don't store, give to baby right away Refrigerator Freezer Other _____
g) How long do you keep mixed formula in the refrigerator before you throw it away? _____ days
h) How long does a can of formula last? _____

Frank Fig

- 10) How many times does your baby drink water during a normal day? _____ Baby does not drink water
a) How much water does your baby drink each time? _____ ounces
b) What kind of water does your baby usually drink? City/Rural Well Bottled Unsure
c) Do you ever add anything to the water? No Yes, what? _____
- 11) How many times does your baby drink juice during a normal day? _____ Baby does not drink juice
a) How much juice does your baby drink each time? _____ ounces
b) What kind of juice or juice drinks does your baby usually drink? _____
c) Do you dilute the juice with water? No Yes
- 12) When did your baby start eating something other than breastmilk or formula?
 Hasn't started yet 1 month 2 months 3 months 4 months 5 months 6 months
a) What types of food does your baby eat? (Please check all that apply.)
 Baby foods (___ Cereal, ___ Fruits, ___ Vegetables, ___ Meats, ___ Dinners, ___ Desserts)
 Table foods (___ Mashed/blended, ___ Finely chopped, ___ Coarsely chopped/sliced)
 Other: _____
b) How is your baby fed these foods? (Please check all that apply.) Bottle Spoon Fingers/Self-feeding
- 13) Please mark the situations that describe where your baby normally eats. (Check all that apply.)
 In a bed/crib In a car seat In caregiver's arms/lap In a high chair
 At home At childcare/Head Start/preschool Other: _____
- 14) Which sweets does your baby usually eat? (Please check all that apply.) Baby does not take anything sweet
 Sugar Honey Syrup Candy Other _____
How are they usually eaten? (Please check all that apply.)
 Added to/in drinks In pre-sweetened drinks On the pacifier
 Added to/on foods In sweet foods (candies, cookies, cakes etc) Other _____
- 15) Does your baby have any health/medical/dental problems? No Yes, please list: _____
Was this problem diagnosed by a doctor? No Yes
- 16) Please check and describe all of the following your baby usually takes.
 Over-the-counter drugs (cold medicine, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements _____
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Other _____
- 17) Do you worry about how much your baby is eating? No Yes, please explain _____
- 18) What is one thing you like about your baby's eating? Our time together
- 19) What is one thing that you would like to change about your baby's eating? nothing yet

Randy Rutabaga

Randy Rutabaga and his mother Ruth Rutabaga (from Progress Check #3) are at their initial WIC certification. You have a VOC that shows Ruth was on WIC in another state at Priority 4 during her pregnancy.

Window	Info	
Anthropometric Measurements	Gestational Age	41 weeks
	Length	Birth: 19 4/8 inches Current: 20 6/8 inches
	Weight	Birth: 7 pounds 1 ounce Current: 9 pounds
Health Interview	Breastfed	Randy is breastfeeding. About a week ago Ruth started supplementing with Similac Advance powder. (see diet questionnaire for amount)
	Date BF Stopped	
	Date Formula/Milk Introduced	He is not taking any vitamin or mineral supplements.
	Date Solids Introduced	
	Vitamins/Minerals	
	Iron	No one in the household smokes inside the home.
	Other	
Mom on WIC	The mother was certified in Progress Check #3, open certification history and look at her record to complete this field.	
Health Concerns	Mom is concerned that she doesn't have enough milk; she has no health concerns about Randy.	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Should you change the risk factors assigned to Ruth Rutabaga based on the information provided in this scenario?

4. Where should the rationale for each assigned risk factor be documented?

Young Infant (0 – 6 months) Diet Questionnaire

Baby's Name: Randy Rutabaga Baby's Birth Date: / / Today's date: / /

1) Please check all of the following you have that work.

Stove Top Oven Microwave Refrigerator

2) What does your baby usually drink? (Please check all that apply.) Breastmilk Formula
 Cow's Milk Goat's Milk Sweetened Condensed Milk Evaporated Milk Soy Milk
 Sweetened Tea Water Regular Pop/Kool-Aid Juice/Juice Drinks Herbal Tea
 Gatorade/Sports Drinks Other: _____

3) From what does your baby drink? (Please check all that apply.) Breast Bottle Sippy Cup Cup

4) How is breastfeeding going? I am not sure I have enough milk Baby not breastfed.

a) How often does your baby nurse in a 24-hour period? ~ 6

b) Can you hear your baby swallowing during feedings? No Yes

5) How many wet diapers does your baby have in a 24-hour period? about a dozen

6) How many dirty diapers does your baby have in a 24-hour period? 3-4

7) Do you pump or express breastmilk for your baby? No Yes

a) How do you store breastmilk? Refrigerator Freezer Other _____

b) How long do you keep breastmilk in the refrigerator before you throw it away? _____ hours

c) How long do you keep breastmilk after it's been thawed? _____ hours

8) Please check all items that might be in your baby's bottle during a normal day. Baby does not take a bottle

Milk (including breastmilk) Formula Water Juice/Juice Drinks Cereal
 Soda Pop/Kool-Aid/Sweetened Tea Corn Syrup Honey Baby Food Other _____

a) What do you do with any milk or formula left in the bottle?

Leave it out to feed later Put it back into the refrigerator for later Throw it away Other _____

b) How long do you let a bottle sit at room temperature? don't hours

c) Is your baby's bottle ever propped on a pillow, blanket, stuffed animal, etc.? No Yes

9) What formula does your baby take? Similac Adv (with iron low iron) Baby does not take formula

a) What type of formula do you use? Concentrate Powder Ready-to-feed

b) How do you mix the formula? 2oz amount water to 1 scoop amount formula.

• What kind of water do you usually use to make the formula? City/Rural Well Bottled Unsure

• Do you ever add anything besides water to the formula? No Yes, what? _____

c) Do you warm the formula? No Yes, how running tap water

d) How often does your baby take formula during a normal day? 4 times

e) How much formula does your baby take at each feeding? 2 ounces

f) How do you store formula after you mix it?

Don't store, give to baby right away Refrigerator Freezer Other _____

g) How long do you keep mixed formula in the refrigerator before you throw it away? _____ days

h) How long does a can of formula last? about a week

Randy Rutabaga

- 10) How many times does your baby drink water during a normal day? _____ Baby does not drink water
a) How much water does your baby drink each time? _____ ounces
b) What kind of water does your baby usually drink? City/Rural Well Bottled Unsure
c) Do you ever add anything to the water? No Yes, what? _____
- 11) How many times does your baby drink juice during a normal day? _____ Baby does not drink juice
a) How much juice does your baby drink each time? _____ ounces
b) What kind of juice or juice drinks does your baby usually drink? _____
c) Do you dilute the juice with water? No Yes
- 12) When did your baby start eating something other than breastmilk or formula?
 Hasn't started yet 1 month 2 months 3 months 4 months 5 months 6 months
a) What types of food does your baby eat? (Please check all that apply.)
 Baby foods (___ Cereal, ___ Fruits, ___ Vegetables, ___ Meats, ___ Dinners, ___ Desserts)
 Table foods (___ Mashed/blended, ___ Finely chopped, ___ Coarsely chopped/sliced)
 Other: _____
b) How is your baby fed these foods? (Please check all that apply.) Bottle Spoon Fingers/Self-feeding
- 13) Please mark the situations that describe where your baby normally eats. (Check all that apply.)
 In a bed/crib In a car seat In caregiver's arms/lap In a high chair
 At home At childcare/Head Start/preschool Other: _____
- 14) Which sweets does your baby usually eat? (Please check all that apply.) Baby does not take anything sweet
 Sugar Honey Syrup Candy Other _____
How are they usually eaten? (Please check all that apply.)
 Added to/in drinks In pre-sweetened drinks On the pacifier
 Added to/on foods In sweet foods (candies, cookies, cakes etc) Other _____
- 15) Does your baby have any health/medical/dental problems? No Yes, please list: _____
Was this problem diagnosed by a doctor? No Yes
- 16) Please check and describe all of the following your baby usually takes.
 Over-the-counter drugs (cold medicine, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements _____
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____
 Other _____
- 17) Do you worry about how much your baby is eating? No Yes, please explain I don't have enough milk
- 18) What is one thing you like about your baby's eating? _____
- 19) What is one thing that you would like to change about your baby's eating? only breastfeeding

Molly Mandarin

Molly Mandarin and her mother Mary Mandarin (from Progress Check #3) are at their initial WIC certification.

Window	Info	
Anthropometric Measurements	Gestational Age	32 weeks gestation
	Length	Current: 24 3/8 inches
	Weight	Current: 14 pounds 5 ounces
Blood Measurements	Hemoglobin	12.2 g/dl
Health Interview	Breastfed	Until last week, Molly was exclusively breastfed (receiving no other fluids, or foods). Mother reports that she just started infant cereal and it is going okay.
	Date BF Stopped	
	Date Formula/Milk Introduced	
	Date Solids Introduced	
	Vitamins/Minerals	Molly's dad smokes inside the home.
	Iron	
	Other	
	Mom on WIC	The mother was certified in Progress Check #3, open certification history and look at her record to complete this field.
Health Concerns	Mother reports no concerns with Molly's health. She was worried at first but Molly is doing great now.	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?
2. Which risk factor(s) should be assigned by the CPA?
3. Should you change the risk factors assigned to Mary Mandarin based on the information provided in this scenario?
4. Where should the rationale for each assigned risk factor be documented?

Toddler (6 - 24 months) Diet Questionnaire

Child's Name: Molly Mandarin Child's Birth Date: ___/___/___ Today's date: ___/___/___

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator

2. What does your child usually drink? (Please check all that apply.) Breastmilk Formula
 Cow's Milk Goat's Milk Sweetened Condensed Milk Evaporated Milk Soy Milk
 Water Juice/Juice Drinks Regular Pop/Kool-Aid Sweetened Tea Herbal Tea
 Gatorade/Sports Drinks Other: _____

3. From what does your child drink? (Please check all that apply.) Breast Bottle Sippy Cup Cup

4. Does your child ever walk around drinking from a bottle or a sippy cup? No Yes

5. How is breastfeeding going? fine Child not breastfed
 a. How often does your child nurse in a 24-hour period? about every 4 hours
 b. Can you hear your child swallowing during feedings? No Yes

6. How many wet diapers does your child have in a 24-hour period? a lot

7. How many dirty diapers does your child have in a 24-hour period? 3

8. Do you pump or express breastmilk for your child? No Yes
 a. How do you store breastmilk? Refrigerator Freezer Other _____
 b. How long do you keep breastmilk in the refrigerator before you throw it away? 24 hours
 c. How long do you keep breastmilk after it's been thawed? _____ hours

9. Please check all items that might be in your child's bottle during a normal day. Child does not take a bottle
 Milk (including breastmilk) Formula Water Juice/Juice Drinks Cereal
 Soda Pop/Kool-Aid/Sweetened Tea Corn Syrup Honey Baby Food Other _____
 a. What do you do with any milk or formula left in the bottle?
 Leave it out to feed later Put it back into the refrigerator for later Throw it away Other _____
 b. How long do you let a bottle sit at room temperature? don't hours
 c. Is your child's bottle ever propped on a pillow, blanket, stuffed animal, etc.? No Yes

10. What formula does your child take? _____ (with iron low iron) Child does not take formula
 a. What type of formula do you use? Concentrate Powder Ready-to-feed
 b. How do you mix the formula? _____ amount water to _____ amount formula
 i. What kind of water do you usually use to make the formula? City/Rural Well Bottled Unsure
 ii. Do you ever add anything besides water to the formula? No Yes, what? _____
 c. Do you warm the formula? No Yes, how? _____
 d. How often does your child take formula during a normal day? _____
 e. How much formula does your child take at each feeding? _____ ounces
 f. How do you store formula after you mix it?
 Don't store, give to child right away Refrigerator Freezer Other _____
 g. How long do you keep mixed formula in the refrigerator before you throw it away? _____ days
 h. How long does a can of formula last? _____

11. How many times does your child drink milk during a normal day? _____ Child does not drink milk
 a. How much milk does your child drink each time? _____ ounces
 b. What type of milk does your child usually drink?
 Cow's (____ Whole (Vitamin D) ____ Reduced/Low Fat (2%, 1% or 1/2%) ____ Skim)
 Lactose Free Goat's Evaporated Sweetened Condensed Soy Rice Other: _____
 c. Do you ever add any flavoring to the milk? No Yes, what? _____

12. How many times does your child drink water during a normal day? _____ Child does not drink water
 a. How much water does your child drink each time? _____ ounces
 b. What kind of water does your child usually drink? City/Rural Well Bottled Unsure
 c. Do you ever add anything to the water? No Yes, what? _____

Molly

13. How many times does your child drink juice during a normal day? _____ Child does not drink juice.
 a. How much juice does your child drink each time? _____ ounces
 b. What kind of juice or juice drinks does your child usually drink? _____
 c. Do you dilute the juice with water? No Yes
14. When did your child start eating something other than breastmilk or formula?
 Hasn't started yet 0-3 month 4-6 months after 7 months
 a. What types of food does your child eat? (Please check all that apply.)
 Baby foods (Cereal, ___ Fruits, ___ Vegetables, ___ Meats, ___ Dinners, ___ Desserts)
 Table foods (___ Mashed/blended, ___ Finely chopped, ___ Coarsely chopped/sliced)
 Other: _____
 b. At mealtimes, how often does your child eat the same foods as the rest of the family?
 Most of the time Sometimes Rarely, what does your child eat? breastmilk & cereal
 c. How is your child fed these foods? (Please check all that apply.) Bottle Spoon Fingers/Self-feeding
 d. Can your child feed him/herself? No Yes
15. How many times does your child eat on a normal day? Meals 2 Snacks _____
16. Please mark the situations that describe where your child normally eats. (Check all that apply.)
 In a bed/crib In caregiver's arms /lap In a car seat In a high chair At a table On the sofa
 At home In a restaurant/fast food In the car At childcare/Head Start/preschool
 With the TV on With family / friends Alone Other: _____
17. Which snack foods does your child usually eat? (Please check all that apply.) Child does not eat snack foods
 Fruit Fruit Snacks Cookies / Snack Cakes Honey Graham Crackers Cereal / Cereal Bars Nuts
 Chips Hard Candies Popcorn Pretzels Crackers Ice Cream Other _____
18. How many times does your child eat fruits and vegetables (not juice) during a normal day? _____
 Which fruits and/or vegetables does your child usually eat? (Please check all that apply.) Does not eat fruits or vegetables
 Apples/Applesauce Bananas Grapes Oranges Pears Potatoes French Fries Corn
 Green Beans Carrots Sprouts Tomato Other: _____
19. How many times does your child eat protein foods during a normal day? _____ Child does not eat protein foods
 Which protein foods does your child usually eat? (Please check all that apply.)
 Beef/Buffalo Chicken/Turkey Fish/Seafood Dried/Canned Beans Hot Dogs/Lunch Meat
 Peanut Butter Pork/Lamb Eggs Tofu Yogurt Hard Cheese (American, Cheddar, Swiss...)
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Other _____
20. Which sweets does your child usually eat? (Please check all that apply.) Child does not eat anything sweet
 Sugar Honey Syrup Candy Other _____
 How are they usually eaten? (Please check all that apply.)
 Added to/in drinks In pre-sweetened drinks On the pacifier
 Added to/on foods In sweet foods (candies, cookies, cakes etc) Other _____
21. Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips? No Yes
22. Does your child have any health/medical/dental problems? No Yes, please list: _____
 Was this problem diagnosed by a doctor? No Yes
23. Please check and describe all of the following your child usually takes.
 Over-the-counter drugs (cold medicine, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements Poly - Vi - Flor
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____ Other _____
24. Do you worry about how much your child is eating? No Yes, please explain _____
25. Has your child had a blood lead test? No Yes Unsure
 If yes, where? _____ When? ___/___/___ What were the results? _____
26. What is one thing you like about your child's eating? _____
27. What is one thing that you would like to change about your child's eating? Starting more foods

Edgar Eggplant

Edgar Eggplant is at his initial WIC certification with his foster mom, Robin Ettinger.

Window	Info	
Anthropometric Measurements	Gestational Age	Unknown 🎵 Note: If the gestational age for any infant or child is unknown, assume a normal 40-week gestation and make a note that the information was unknown.
	Length	Birth: Unknown 🎵 Note: If the birth length for any infant or child is unknown, leave blank and make a note that the information was unknown. Current: 29 inches
	Weight	Birth: Unknown 🎵 Note: If the birth weight for any infant or child is unknown, leave blank and make a note that the information was unknown. Current: 17 pounds 4 ounces
Blood Measurements	Hemoglobin	11.2 g/dl
Health Interview	Breastfed	Feeding history unknown.
	Date BF Stopped	🎵 Note: If the feeding history for any infant or child is unknown, assume the child was never breastfed and make a note that the information was unknown.
	Date Formula/Milk Introduced	
	Date Solids Introduced	
	Vitamins/Minerals	None at this time
	Iron	No one smokes inside the home.
	Other	
Mom on WIC	Unknown	
Health Concerns	Foster mom states that she has just got Edgar and does not know of any health concerns.	
Review diet sheet on the next page.		

1. Which risk factor(s) should be autocalculated by the KWIC system?

2. Which risk factor(s) should be assigned by the CPA?

3. Where should the rationale for each assigned risk factor be documented?

Toddler (6 - 24 months) Diet Questionnaire

Child's Name: Edgar Eggplant Child's Birth Date: / / Today's date: / /

1. Please check all of the following you have that work. Stove Top Oven Microwave Refrigerator

2. What does your child usually drink? (Please check all that apply.)

<input type="checkbox"/> Cow's Milk	<input type="checkbox"/> Goat's Milk	<input type="checkbox"/> Sweetened Condensed Milk	<input type="checkbox"/> Breastmilk	<input checked="" type="checkbox"/> Formula
<input type="checkbox"/> Water	<input checked="" type="checkbox"/> Juice/Juice Drinks	<input type="checkbox"/> Regular Pop/Kool-Aid	<input type="checkbox"/> Evaporated Milk	<input type="checkbox"/> Soy Milk
<input type="checkbox"/> Gatorade/Sports Drinks	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sweetened Tea	<input type="checkbox"/> Herbal Tea	

3. From what does your child drink? (Please check all that apply.) Breast Bottle Sippy Cup Cup

4. Does your child ever walk around drinking from a bottle or a sippy cup? No Yes

5. How is breastfeeding going? _____ Child not breastfed
 - a. How often does your child nurse in a 24-hour period? _____
 - b. Can you hear your child swallowing during feedings? No Yes

6. How many wet diapers does your child have in a 24-hour period? 6

7. How many dirty diapers does your child have in a 24-hour period? 2

8. Do you pump or express breastmilk for your child? No Yes
 - a. How do you store breastmilk? Refrigerator Freezer Other _____
 - b. How long do you keep breastmilk in the refrigerator before you throw it away? _____ hours
 - c. How long do you keep breastmilk after it's been thawed? _____ hours

9. Please check all items that might be in your child's bottle during a normal day. Child does not take a bottle

<input type="checkbox"/> Milk (including breastmilk)	<input checked="" type="checkbox"/> Formula	<input type="checkbox"/> Water	<input type="checkbox"/> Juice/Juice Drinks	<input type="checkbox"/> Cereal
<input type="checkbox"/> Soda Pop/Kool-Aid/Sweetened Tea	<input type="checkbox"/> Corn Syrup	<input type="checkbox"/> Honey	<input type="checkbox"/> Baby Food	<input type="checkbox"/> Other _____

 - a. What do you do with any milk or formula left in the bottle?

<input type="checkbox"/> Leave it out to feed later	<input type="checkbox"/> Put it back into the refrigerator for later	<input checked="" type="checkbox"/> Throw it away	<input type="checkbox"/> Other _____
---	--	---	--------------------------------------
 - b. How long do you let a bottle sit at room temperature? 4 hours
 - c. Is your child's bottle ever propped on a pillow, blanket, stuffed animal, etc.? No Yes

10. What formula does your child take? Prosobee (with iron low iron) Child does not take formula
 - a. What type of formula do you use? Concentrate Powder Ready-to-feed
 - b. How do you mix the formula? 1 can amount water to 1 can amount formula
 - i. What kind of water do you usually use to make the formula? City/Rural Well Bottled Unsure
 - ii. Do you ever add anything besides water to the formula? No Yes, what? _____
 - c. Do you warm the formula? No Yes, how? microwave
 - d. How often does your child take formula during a normal day? 4 times
 - e. How much formula does your child take at each feeding? 6-8 ounces
 - f. How do you store formula after you mix it?

<input type="checkbox"/> Don't store, give to child right away	<input checked="" type="checkbox"/> Refrigerator	<input type="checkbox"/> Freezer	<input type="checkbox"/> Other _____
--	--	----------------------------------	--------------------------------------
 - g. How long do you keep mixed formula in the refrigerator before you throw it away? 1 days
 - h. How long does a can of formula last? _____

11. How many times does your child drink milk during a normal day? _____ Child does not drink milk
 - a. How much milk does your child drink each time? _____ ounces
 - b. What type of milk does your child usually drink?

<input type="checkbox"/> Cow's	(<u> </u> Whole (Vitamin D) _____ Reduced/Low Fat (2%, 1% or 1/2%) _____ Skim)
<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Goat's <input type="checkbox"/> Evaporated <input type="checkbox"/> Sweetened Condensed <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> Other: _____
 - c. Do you ever add any flavoring to the milk? No Yes, what? _____

12. How many times does your child drink water during a normal day? _____ Child does not drink water
 - a. How much water does your child drink each time? _____ ounces
 - b. What kind of water does your child usually drink? City/Rural Well Bottled Unsure
 - c. Do you ever add anything to the water? No Yes, what? _____

Edgar Eggplant

13. How many times does your child drink juice during a normal day? 1 Child does not drink juice.
a. How much juice does your child drink each time? 2 ounces
b. What kind of juice or juice drinks does your child usually drink? apple
c. Do you dilute the juice with water? No Yes
14. When did your child start eating something other than breastmilk or formula? - I don't know
 Hasn't started yet 0-3 month 4-6 months after 7 months
a. What types of food does your child eat? (Please check all that apply.)
 Baby foods (Cereal, Fruits, Vegetables, Meats, Dinners, Desserts)
 Table foods (Mashed/blended, Finely chopped, Coarsely chopped/sliced)
 Other: _____
b. At mealtimes, how often does your child eat the same foods as the rest of the family?
 Most of the time Sometimes Rarely, what does your child eat? _____
c. How is your child fed these foods? (Please check all that apply.) Bottle Spoon Fingers/Self-feeding
d. Can your child feed him/herself? No Yes sorta
15. How many times does your child eat on a normal day? Meals 3 Snacks _____
16. Please mark the situations that describe where your child normally eats. (Check all that apply.)
 In a bed/crib In caregiver's arms/lap In a car seat In a high chair At a table On the sofa
 At home In a restaurant/fast food In the car At childcare/Head Start/preschool
 With the TV on With family / friends Alone Other: _____
17. Which snack foods does your child usually eat? (Please check all that apply.) Child does not eat snack foods
 Fruit Fruit Snacks Cookies / Snack Cakes Honey Graham Crackers Cereal / Cereal Bars Nuts
 Chips Hard Candies Popcorn Pretzels Crackers Ice Cream Other _____
18. How many times does your child eat fruits and vegetables (not juice) during a normal day? 1
Which fruits and/or vegetables does your child usually eat? (Please check all that apply.) Does not eat fruits or vegetables
 Apples/Applesauce Bananas Grapes Oranges Pears Potatoes French Fries Corn
 Green Beans Carrots Sprouts Tomato Other: _____
19. How many times does your child eat protein foods during a normal day? 1 Child does not eat protein foods
Which protein foods does your child usually eat? (Please check all that apply.)
 Beef/Buffalo Chicken/Turkey Fish/Seafood Dried/Canned Beans Hot Dogs/Lunch Meat
 Peanut Butter Pork/Lamb Eggs Tofu Yogurt Hard Cheese (American, Cheddar, Swiss...)
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco) Other _____
20. Which sweets does your child usually eat? (Please check all that apply.) Child does not eat anything sweet
 Sugar Honey Syrup Candy Other _____
How are they usually eaten? (Please check all that apply.)
 Added to/in drinks In pre-sweetened drinks On the pacifier
 Added to/on foods In sweet foods (candies, cookies, cakes etc) Other _____
21. Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips? No Yes
22. Does your child have any health/medical/dental problems? No Yes, please list: _____
Was this problem diagnosed by a doctor? No Yes
23. Please check and describe all of the following your child usually takes.
 Over-the-counter drugs (cold medicine, pain killers, etc.) _____
 Prescription medication _____
 Vitamin and/or minerals supplements _____
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) _____ Other _____
24. Do you worry about how much your child is eating? No Yes, please explain _____
25. Has your child had a blood lead test? No Yes Unsure
If yes, where? _____ When? ___/___/___ What were the results? _____
26. What is one thing you like about your child's eating? He eats good
27. What is one thing that you would like to change about your child's eating? Self Feeding

Appendix A – WIC Staff Guidance Document for the Prenatal Diet Questionnaire

**WIC Staff Guidance Document for
Prenatal Diet Questionnaire
Revised 10/2010**

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC Staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Prenatal Diet Questionnaire. Refer to the Nutritional Risk Factor manual for the complete definition for each risk factor.

Question	Staff Action
Please check all of the following you have that work.	Assess ability to store and prepare food. Use information to assign a food package that meets the client's needs and target counseling on identified needs and concerns.
How many times do you eat each day?	Assess and assign " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate. Assess for signs of an eating disorder. Assign " <i>Eating Disorders</i> " as appropriate.
Are there any foods or beverages that you cannot or will not eat?	Assess and assign " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate. Assess for signs of an eating disorder. Assign " <i>Eating Disorders</i> " as appropriate. Use information for food package tailoring.
Are there any foods of which you think you do not eat enough?	Provides an opportunity to learn what the client would like to change about their eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.
What do you usually drink?	Assess for consumption of unpasteurized fruit juice. Assign " <i>Consuming Foods that Could be Contaminated</i> " as appropriate. Assess for consumption of herbal tea. Assign " <i>Intake of Dietary Supplements with Harmful Effects</i> " as appropriate. Assess alcohol consumption, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
How often do you drink milk?	Assess for adequacy of intake and target counseling on identified needs and concerns.
What type of milk do you usually drink?	Assess if she drinks unpasteurized milk or dairy products. Assign " <i>Consuming Foods that Could be Contaminated</i> " as appropriate. Assess for counseling and food package tailoring.

Question	Staff Action
How many times do you eat fruits and vegetables during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
Which fruits and/or vegetables (not juice) do you usually eat?	Assess for adequacy of intake and target counseling on identified needs and concerns.
How many times do you eat protein foods during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
Which protein foods do you usually eat?	Assess if she eats raw or undercooked meat, fish, poultry, or eggs. Assign “ <i>Consuming Foods that Could be Contaminated</i> ” as appropriate. Assess if she eats refrigerated smoked seafood, soft cheeses, or unheated deli meats, hot dogs, or other processed meats. Assign “ <i>Consuming Foods that Could be Contaminated</i> ” as appropriate.
Do you regularly eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)?	Assess for compulsive consumption of any nonfood items. Assign “ <i>Pica</i> ” as appropriate.
Are you on a special diet?	Assess and assign “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
How much weight do you think you should gain with this pregnancy?	Assess for signs of an eating disorder. Assign “ <i>Eating Disorders</i> ” as appropriate.
Have you seen a doctor for this pregnancy?	Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC. Assign “ <i>Inadequate Prenatal Care</i> ” as appropriate.
Are you expecting twins, triplets, etc?	Assess and compare with response on the Health tab of the Health Interview window in KWIC.
Are you having any problems/complications with this pregnancy?	
Heartburn	Assess, counsel and refer as appropriate.
Nausea and vomiting	Assess and assign “ <i>Hyperemesis Gravidarum</i> ” as appropriate.
Gestational diabetes	Assess and compare with response on the Health Interview tab of the Health Interview window in KWIC.
High blood pressure	Assess and compare with responses on the Health Interview tab of the Health Interview window in KWIC.
Constipation	Assess, counsel and refer as appropriate.
Diarrhea	Assess, counsel and refer as appropriate.
Weight loss	Assess, counsel and refer as appropriate. Assess for signs of an eating disorder. Assign “ <i>Eating Disorders</i> ” as appropriate.

Question	Staff Action
Do you have any medical/health/dental problems?	<p>Assess for dental problems. Assign “<i>Dental Problems</i>” as appropriate.</p> <p>Assess for disabilities that interfere with the ability to eat. Assign “<i>Disabilities Interfering with the Ability to Eat</i>” as appropriate.</p> <p>Assess for medical conditions. Assign the corresponding risk factor as appropriate.</p>
Was this problem diagnosed by a doctor?	Used to confirm diagnosis of conditions for risk factor documentation.
Please check and describe all of the following you usually take.	
Over-the-counter drugs	Assess medications that interfere with nutrient intake or utilization. Compare with response on the Health Interview tab of the Health Interview window in KWIC. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate.
Prescription medication	<p>Assess medications that interfere with nutrient intake or utilization. Compare with response on the Health Interview tab of the Health Interview window in KWIC. Assign “<i>Drug Nutrient Interactions</i>” as appropriate.</p> <p>Assess for medical conditions. Assign the corresponding risk factor as appropriate.</p>
Vitamin and/or minerals	<p>Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC. Assign “<i>Intake of Dietary Supplements with Harmful Effects</i>” as appropriate.</p> <p>Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC.</p> <p>Assess the amount of supplemental iron taken per day. Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p> <p>Assess the amount of supplemental iodine taken per day. Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p>
Herbs/Herbal Supplements	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate.
Tobacco	Assess, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
Street Drugs	Assess, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
Have you had a blood lead test?	Assess if woman has had a blood lead test within the past 12 months. Assign “ <i>Elevated Blood Lead Levels</i> ” as appropriate.

Question	Staff Action
Not including this time, how many times have you been pregnant?	Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC. Assess and compare with age at conception. Assign “ <i>High Parity and Young Age</i> ” as appropriate.
When did your last pregnancy end?	Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC.
Are you currently breastfeeding a baby/child?	Assess and assign “ <i>Pregnant Woman Currently Breastfeeding</i> ” as appropriate.
Please check any of the following that were true with any of your previous pregnancies.	
My baby was born more than 3 weeks early	Assess and assign “ <i>History of a Preterm Delivery</i> ” as appropriate.
My baby was born weighing less than 5 pounds 9 ounces	Assess and assign “ <i>History of Low Birth Weight</i> ” as appropriate.
My baby was born weighing 9 pounds or more	Assess and assign “ <i>History of Birth of a Large for Gestational Age Infant</i> ” as appropriate.
My baby was born with a birth defect	Assess and assign “ <i>History of Birth with Nutrition Related Birth Defect</i> ” as appropriate.
My doctor told me I had gestational diabetes	Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC.

**Appendix B – WIC Staff Guidance Document for the
Postpartum Diet Questionnaire**

**WIC Staff Guidance Document for
Postpartum Diet Questionnaire
Revised 10/2010**

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC Staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Postpartum Diet Questionnaire. Refer to the Nutrition Risk Factor manual for the complete definition for each risk factor.

Question	Staff Action
Please check all of the following you have that work.	Assess ability to store and prepare food. Use information to assign a food package that meets the client's needs and target counseling on identified needs and concerns.
How many times do you eat each day?	Assess and assign " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate. Assess for signs of an eating disorder. Assign " <i>Eating Disorders</i> " as appropriate.
Are there any foods or beverages that you cannot or will not eat?	Assess and assign " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate. Assess for signs of an eating disorder. Assign " <i>Eating Disorders</i> " as appropriate. Use for food package tailoring.
Are there any foods of which you think you do not eat enough?	Provides an opportunity to learn what the client would like to change about their eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.
What do you usually drink?	Assess for consumption of herbal tea. Assign " <i>Intake of Dietary Supplements with Harmful Effects</i> " as appropriate. Assess alcohol consumption, compare with responses on the ATOD tab of the Health Interview window in KWIC. Target counseling on identified needs and concerns. Provide referrals as appropriate.
How often do you drink milk?	Assess for adequacy of intake and target counseling on identified needs and concerns.
What type of milk do you usually drink?	Assess for counseling and food package tailoring.
How many times do you eat fruits and vegetables during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
Which fruits and/or vegetables (not juice) do you usually eat?	Assess for adequacy of intake and target counseling on identified needs and concerns.
Which protein foods do you usually eat?	Assess for adequacy of intake and target counseling on identified needs and concerns.
How many times do you eat protein foods during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.

Question	Staff Action
Do you regularly eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)?	Assess for compulsive consumption of any nonfood items. Assign “ <i>Pica</i> ” as appropriate.
Are you on a special diet or trying to lose weight?	Assess and assign “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
Do you have any medical/health/dental problems?	<p>Assess for dental problems. Assign “<i>Dental Problems</i>” as appropriate.</p> <p>Assess for disabilities that interfere with the ability to eat. Assign “<i>Disabilities Interfering with the Ability to Eat</i>” as appropriate.</p> <p>Assess for medical conditions. Assign the corresponding risk factor as appropriate.</p>
Was this problem diagnosed by a doctor?	Used to confirm diagnosis of conditions for risk factor documentation.
Please check and describe all of the following you usually take.	
Over-the-counter drugs	Assess medications that interfere with nutrient intake or utilization. Compare with response on the Health Interview tab of the Health Interview window in KWIC. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate.
Prescription medication	<p>Assess medications that interfere with nutrient intake or utilization. Compare with response on the Health Interview tab of the Health Interview window in KWIC. Assign “<i>Drug Nutrient Interactions</i>” as appropriate.</p> <p>Assess for medical conditions. Assign the corresponding risk factor as appropriate.</p>
Vitamin and/or minerals	<p>Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC. Assign “<i>Intake of Dietary Supplements with Harmful Effects</i>” as appropriate.</p> <p>Assess and compare with response on the Health Interview tab of the Health Interview window in KWIC. Assess the amount of supplemental folic acid taken per day. Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p> <p>Assess the amount of supplemental iodine taken per day. Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p>
Herbs/Herbal Supplements	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate.
Tobacco	Assess, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.

Question	Staff Action
Street Drugs	Assess, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
Have you had a blood lead test?	Assess if woman has had a blood lead test within the past 12 months. Assign “ <i>Elevated Blood Lead Levels</i> ” as appropriate.
How much did you weigh before your pregnancy that just ended?	Assess and compare with the pre-pregnancy weight entered on the Anthropometric Measurements window in KWIC.
Please check any of the following that are true about your pregnancy that just ended.	
My baby was born more than 3 weeks early	Assess and assign “ <i>Preterm Delivery at Last Delivery</i> ” as appropriate.
My baby was born weighing less than 5 pounds 9 ounces	Assess and assign “ <i>Low Birth Weight Infant born at Last Delivery</i> ” as appropriate.
My baby was born weighing 9 pounds or more	Assess and assign “ <i>Large for Gestational Age Infant born at Last Delivery</i> ” as appropriate.
My baby was born with a birth defect	Assess and assign “ <i>Birth with Nutrition Related Birth Defect at Last Delivery</i> ” as appropriate.
My doctor told me I had gestational diabetes	Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC.
My doctor told me I had Pregnancy Induced Hypertension	Assess and compare with response on the Health Interview tab of the Health Interview window in KWIC.
I had a C-Section	Assess and assign “ <i>Recent Major Surgery, Trauma, Burns</i> ” as appropriate.
I had more than one baby (twins, triplets, etc.)	Assess and assign “ <i>Multifetal Gestation</i> ” as appropriate.
Not including this last time, how many times have you been pregnant?	Assess and compare with age at conception. Assign “ <i>High Parity and Young Age</i> ” as appropriate.
When did your last (not this) pregnancy end?	Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC.
Have you breastfed your baby at any time since the delivery	Assess, verify client is being certified in the correct category and compare with response on the infant’s Health Interview tab of the Health Interview window in KWIC.
What do you think about breastfeeding?	Assess and target counseling on identified needs and concerns.
Are you experiencing any of the following situations?	
Baby always seems to be hungry	Assess and target counseling on identified needs and concerns.
Don’t have enough milk	Assess and target counseling on identified needs and concerns.
Baby refuses breast, arches back	Assess for the breastfeeding woman and assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
Sore nipples	Assess for the breastfeeding woman and assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
Sore breasts	Assess for the breastfeeding woman and assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
Engorged or full, hard breasts	Assess for the breastfeeding woman and assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.

**Appendix C – WIC Staff Guidance Document for the Toddler
Questionnaire**

**WIC Staff Guidance Document for
Toddler (6 – 24 months) Diet Questionnaire
Revised 10/2010**

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC Staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Toddler (6-24 months) Diet Questionnaire. Refer to the Nutritional Risk Factor manual for the complete definition for each risk factor.

Question	Cat	Staff Response
Please check all of the following you have that work.	I	Assess the availability of a heat source for sterilizing bottles. Assign <i>“Inappropriate Handling of Formula/Breastmilk”</i> as appropriate. Assess the availability of a refrigerator or freezer for storage of expressed breastmilk or formula. Assign <i>“Inappropriate Handling of Formula/Breastmilk”</i> as appropriate.
What does your child usually drink?	I	Assess if child drinks cow’s milk, goat’s milk, sweetened condensed milk, evaporated milk or soy milk. Assign <i>“Feeding a Substitute for Breastmilk or Iron Fortified Formula”</i> as appropriate. Assess if the child drinks any beverages that contain sugar. Assign <i>“Inappropriate Introduction of Complementary Foods”</i> as appropriate.
	I/C	Assess if the child drinks unpasteurized dairy products or juice. Assign <i>“Feeding Foods that Could be Contaminated”</i> as appropriate. Assess if the child drinks herbal teas and assign <i>“Intake of Dietary Supplements with Potentially Harmful Consequences”</i> as appropriate.
	C	Assess if the child drinks any beverages that contain sugar. Assign <i>“Feeding Sugar-Containing Fluids”</i> as appropriate.
From what does your child drink?	I	Assess if child drinks juice or any other fluids that contain sugar (question #2) from the bottle. Assign <i>“Inappropriate Use of Bottles or Cups”</i> as appropriate.
	C	Assess if a child beyond 14 months of age is routinely using a bottle for feeding or drinking. Assign <i>“Inappropriate Use of Bottles, Cups or Pacifiers”</i> as appropriate.
Does your child ever walk around drinking from a bottle or a sippy cup?	I	Assess if the child is routinely allowed to carry a cup or bottle around. Assign <i>“Inappropriate Use of Bottles or Cups”</i> as appropriate.
	C	Assess if the child is allowed to carry a cup or bottle around or use the bottle as a pacifier. Assign <i>“Inappropriate Use of Bottles, Cups or Pacifiers”</i> as appropriate.

Question	Cat	Staff Response
How is breastfeeding going?	I	Assess for issues relating to latching onto mother's breast. Assign " <i>Potential Breastfeeding Complications</i> " as appropriate.
How often does your child nurse in a 24-hour period?	I	Assess the timing and frequency of feedings. Assign the risk factors " <i>Feeding Practices that Disregard Developmental Needs</i> ," " <i>Inappropriate Frequency of Nursing the Exclusively Breastfed</i> " and/or " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate.
Can you hear your child swallowing during feedings?	I	Assess for weak or ineffective suck. Assign " <i>Potential Breastfeeding Complications</i> " as appropriate.
How many wet diapers does your child have in a 24-hour period?	I	Assess number of wet diapers. Assign " <i>Potential Breastfeeding Complications</i> " as appropriate.
How many dirty diapers does your child have in a 24-hour period?	I	Assess number of dirty diapers. Assign " <i>Potential Breastfeeding Complications</i> " as appropriate.
Do you pump or express breastmilk for your child?	I	Used to assess practice and need for a WIC issued breast pump.
How do you store breastmilk?	I	Assess and assign " <i>Inappropriate Handling of Formula/Breastmilk</i> " as appropriate.
How long do you keep breastmilk in the refrigerator before you throw it away?	I	Assess and assign " <i>Inappropriate Handling of Formula/Breastmilk</i> " as appropriate.
How long do you keep breastmilk after it's been thawed?	I	Assess and assign " <i>Inappropriate Handling of Formula/Breastmilk</i> " as appropriate.
Please check all items that might be in your child's bottle during a normal day.	I	Assess if child routinely drinks cow's milk, goat's milk, sweetened condensed milk, evaporated milk or soy milk. Assign " <i>Feeding a Substitute for Breastmilk or Iron Fortified Formula</i> " as appropriate. Assess if child routinely drinks juice or any other fluids that contain sugar from the bottle. Assign " <i>Inappropriate Use of Bottles or Cups</i> " as appropriate. Assess if the routinely child drinks any beverages that contain sugar. Assign " <i>Inappropriate Introduction of Complementary Foods</i> " as appropriate. Assess if the child is given honey in any form. Assign " <i>Feeding Foods that Could be Contaminated</i> " as appropriate.
	C	Assess if the child drinks any beverages that contain sugar. Assign " <i>Feeding Sugar-Containing Fluids</i> " as appropriate. Assess if a child beyond 14 months of age is routinely using a bottle for feeding or drinking. Assign " <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> " as appropriate. Assess if a child routinely uses a bottle containing juice, diluted cereal or any other solid foods. Assign " <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> " as appropriate.

Question	Cat	Staff Response
What do you do with any milk or formula left in the bottle?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.
How long do you let a bottle sit at room temperature?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.
Is your child’s bottle ever propped on a pillow, blanket, stuffed animal, etc.?	I	Assess if the bottle is routinely propped during feeding. Assign “ <i>Inappropriate Use of Bottles or Cups</i> ” as appropriate. Assess if the child routinely falls asleep or is put to bed with a bottle. Assign “ <i>Inappropriate Use of Bottles or Cups</i> ” as appropriate.
	C	Assess if the child routinely falls asleep or is put to bed with a bottle. Assign “ <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> ” as appropriate.
What brand of formula does your child take?	I	Assess if the child is taking low iron formula without iron supplementation (question 23). Assign “ <i>Feeding a Substitute for Breastmilk or Iron Fortified Formula</i> ” as appropriate.
What type of formula do you use?	I	Assess if the formula is prepared as directed for the brand (question #10) and type. Assign “ <i>Improperly Diluted Formula</i> ” as appropriate.
How do you make the formula?		
What kind of water do you usually use to make the formula?	I	Assess the safety of the water supply. Assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” and tailor food package as appropriate.
	I/C	Assess the fluoride content of the water and if a child 6 months old or older is taking a fluoride supplement (question #23). Assign “ <i>Inadequate Vitamin/Mineral Supplementation</i> ” or “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate
Do you ever add anything besides water to the formula?	I	Assess if any food (cereal or other solid foods) is added to the formula. Assign “ <i>Inappropriate Use of Bottles or Cups</i> ” as appropriate. Assess if any sweeteners, such as sugar, honey or syrup are added to the formula. Assign “ <i>Inappropriate Introduction of Complementary Foods</i> ” as appropriate. Assess if honey is added to the formula. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate. Assess and assign “ <i>Improperly Diluted Formula</i> ” as appropriate.
Do you warm the formula?	I	Assess for the unsafe practice of warming formula in the microwave.
How often does your child take formula during a normal day?	I	Assess the timing and frequency of feedings in a 24 hour period. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” and/or “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.

Question	Cat	Staff Response
How much formula does your child take at each feeding?	I	Assess the amount of formula consumed in a normal 24 hour period (with question #10d) and if the child is taking supplemental vitamin-D (question 23). Assign “ <i>Inadequate Vitamin/Mineral Supplementation</i> ” or “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate. Assess the amount of vitamin D fortified formula consumed and if the child is taking a vitamin D supplement (question #23). Assign “ <i>Inadequate Vitamin/Mineral Supplementation</i> ” as appropriate.
How do you store formula after you mix it?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.
How long do you keep mixed formula in the refrigerator before you throw it away?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.
How long does a can of formula last?	I	Assess if a can of formula lasts as long as expected for the brand and type (questions #10 and #10a) used and the stated frequency and amount of feeding (questions #10d and #10e). Assign “ <i>Improperly Diluted Formula</i> ” as appropriate.
How many times does your child drink milk during a normal day?	I	Assess if child drinks cow’s milk, goat’s milk, sweetened condensed milk, evaporated milk or soy milk. Assign “ <i>Feeding a Substitute for Breastmilk or Iron Fortified Formula</i> ” as appropriate.
How much milk does your child drink each time?		
What type of milk does your child usually drink?	C	Assess if a child between 12 and 24-months of age is routinely drinking non-fat or reduced-fat milk. Assign “ <i>Inappropriate Beverages as Primary Milk Source</i> ” as appropriate. Assess if sweetened condensed milk, or other inadequately or unfortified beverages are routinely provided as the primary milk source. Assign “ <i>Inappropriate Beverages as Primary Milk Source</i> ” as appropriate. Assess the amount of vitamin D fortified milk consumed and if the child is taking a vitamin D supplement (question #23). Assign “ <i>Inadequate Vitamin/Mineral Supplementation</i> ” as appropriate.
Do you ever add any flavoring to the milk?	I	Assess if any sugar containing flavors are added to the milk. Assign “ <i>Inappropriate Introduction of Complementary Foods</i> ” and “ <i>Inappropriate Use of Bottles or Cups</i> ” as appropriate.
	C	Assess if any sugar containing flavors are added to the milk. Assign “ <i>Feeding Sugar-Containing Fluids</i> ” as appropriate.
How many times does your child drink water during a normal day?	I	Assess if water is displacing breastmilk or formula in the child’s diet. Assign “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
How much water does your child drink each time?		
What kind of water does your child	I	Assess safety of the water supply.

Question	Cat	Staff Response
usually drink?	I/C	Assess the fluoride content of the water and if a child 6-months old or older is taking a fluoride supplement (question #23). Assign <i>“Inadequate Vitamin/Mineral Supplementation”</i> or <i>“Intake of Dietary Supplements with Harmful Effects”</i> as appropriate.
Do you ever add anything to the water?	I	Assess if any sweeteners, such as sugar, honey or syrup are added to the water. Assign <i>“Inappropriate Introduction of Complementary Foods”</i> and <i>“Inappropriate Use of Bottles or Cups”</i> as appropriate. Assess if honey is added to the water. Assign <i>“Feeding Foods that Could be Contaminated”</i> as appropriate.
	C	Assess if any sweeteners, such as sugar, honey or syrup are added to the water. Assign <i>“Feeding Sugar-Containing Fluids”</i> as appropriate.
How many times does your child drink juice during a normal day?	I	Assess if child routinely drinks juice from the bottle. Assign <i>“Inappropriate Use of Bottles or Cups”</i> as appropriate.
How much juice does your child drink each time?	I	Assess if juice is displacing breastmilk or formula in the child’s diet. Assign <i>“Diet Very Low in Calories and/or Essential Nutrients”</i> as appropriate.
What kind of juice or juice drinks does your child usually drink?	I	Assess if the child drinks sweetened juice. Assign <i>“Inappropriate Introduction of Complementary Foods”</i> as appropriate.
	I/C	Assess if the child drinks unpasteurized fruit or vegetable juice. Assign <i>“Feeding Foods that Could be Contaminated”</i> as appropriate.
	C	Assess if the child drinks sweetened juice. Assign <i>“Feeding Sugar-Containing Fluids”</i> as appropriate.
Do you dilute the juice with water?		Assess and target counseling on identified needs and concerns.
When did your child start eating something other than breastmilk or formula?	I	Assess and compare with response on the KWIC Health Interview window and target counseling on identified needs and concerns.
What types of food does your child eat?	I	Assess if the child is fed any foods that could be contaminated. Assign <i>“Feeding Foods that Could be Contaminated”</i> as appropriate. Assess if the child is routinely fed sweetened foods. Assign <i>“Inappropriate Introduction of Complementary Foods”</i> as appropriate.
	I/C	Assess whether the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not provided. Assign <i>“Feeding Practices that Disregard Developmental Needs”</i> as appropriate.

Question	Cat	Staff Response
At mealtimes, how often does your child eat the same foods as the rest of the family?	C	Assess whether the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not provided. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.
How is your child fed these foods?	I	Assess if any food (cereal or other solid foods) is in the child’s bottle. Assign “ <i>Inappropriate Use of Bottles or Cups</i> ” as appropriate.
	C	Assess if any food (cereal or other solid foods) is in the child’s bottle. Assign “ <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> ” as appropriate.
	I/C	Assess if the primary feeding method is appropriate for the child’s developmental stage. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.
Can your child feed him/herself?	C	Assess if the response is appropriate for the child’s developmental stage. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.
How many times does your child eat on a normal day?	I/C	Assess the timing and frequency of feedings. Assign the risk factors “ <i>Feeding Practices that Disregard Developmental Need</i> ” as appropriate.
Please mark the situations that describe how your child normally eats?	I	Assess appropriateness of eating situations and target counseling on identified needs and concerns.
Which snack foods does your child usually eat?	I	Assess if the child is routinely fed sweetened foods. Assign “ <i>Inappropriate Introduction of Complementary Foods</i> ” as appropriate.
	I/C	Assess whether the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not provided. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.
How many times does your child eat fruits and vegetables (not juice) during a normal day?	I/C	Assess whether the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not provided. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.
Which fruits and/or vegetables does your child usually eat?		
How many times does your child eat protein foods during a normal day?	I/C	Assess whether the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not provided. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.
Which protein foods does your child usually eat?	I/C	Assess if the child is fed raw or undercooked meat, fish, poultry, or eggs. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate.
		Assess if the child is fed soft cheeses, or unheated deli meats, hot dogs, or other processed meats. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate.

Question	Cat	Staff Response
Which sweets does your child usually eat?	I	Assess if the child eats any sweets. Assign “ <i>Inappropriate Introduction of Complementary Foods</i> ” as appropriate.
How are they usually eaten?		Assess if the child is given honey in any form. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate.
	C	Assess if the child drinks any sweetened beverages. Assign “ <i>Feeding Sugar-Containing Fluids</i> ” as appropriate. Assess if the child is using a pacifier dipped in sugar, honey or syrup. Assign “ <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> ” as appropriate.
Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips?	C	Assess if the child routinely eats any nonfood items. Assign “ <i>Pica</i> ” as appropriate.
Does your child have any health/medical/dental problems?	I	Assess for jaundice. Assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
	I/C	Assess for dental problems. Assign “ <i>Dental Problems</i> ” as appropriate. Assess for disabilities that interfere with the ability to eat. Assign “ <i>Disabilities Interfering with the Ability to Eat</i> ” as appropriate. Assess for medical conditions. Assign the corresponding risk factor as appropriate.
Was this problem diagnosed by a doctor?	I	Used to confirm diagnosis of conditions for risk factor documentation.
Please check and describe all of the following your child usually takes.		
Over-the-counter drugs	I	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate.
Prescription medication	I	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate. Assess for medical conditions. Assign the corresponding risk factor as appropriate.

Question	Cat	Staff Response
Vitamin and/or minerals	I	<p>Assess if the child is taking low iron formula (question 10) without iron supplementation. Assign “<i>Feeding a Substitute for Breastmilk or Iron Fortified Formula</i>” as appropriate.</p> <p>Assess the amount of vitamin-D fortified formula consumed on a normal day (questions #10d and 10e) and if the child is taking supplemental vitamin-D. Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p>
	I/C	<p>Assess and assign “<i>Intake of Dietary Supplements with Harmful Effects</i>” as appropriate.</p> <p>Assess the fluoride content of the water and if a child 6 months old or older is taking a fluoride supplement. Assign “<i>Intake of Dietary Supplements with Harmful Effects</i>” or “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p> <p>Assess the amount of vitamin D fortified milk or formula consumed and if the child is taking a vitamin D supplement. Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p>
Herbs/Herbal Supplements	I/C	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate.
Do you worry about how much your child is eating?	I/C	Provides an opportunity to identify specific parental concerns about their child's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.
Has your child had a blood lead test?	I/C	Assess if child has had a blood lead test within the past 12 months. Assign “ <i>Elevated Blood Lead Levels</i> ” and/or refer as appropriate.
What is one thing you like about your child’s eating?	I/C	Provides an opportunity to learn what parents like about their child's eating pattern. This open-ended question may identify positive feeding practices to reinforce. It may also provide information that explains other identified risks or inappropriate practices.
What is one thing that you would like to change about your child’s eating?	I/C	Provides an opportunity to learn what parents would like to change about their child's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.

**Appendix D – WIC Staff Guidance Document for the Child
Diet Questionnaire**

**WIC Staff Guidance Document for
Child (2 – 5 years) Diet Questionnaire
Revision 10/2010**

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC Staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Child (2-5 years) Diet Questionnaire. Refer to the Nutritional Risk Factor manual for the complete definition for each risk factor.

Question

Please check all of the following you have that work.

What does your child usually drink?

Staff Action

Assess ability to store and prepare food. Use information to assign a food package that meets the client's needs and target counseling on identified needs and concerns.

Assess if the child routinely drinks any beverages that contain sugar. Assign "*Feeding Sugar-Containing Fluids*" as appropriate.

Assess if the child drinks unpasteurized dairy products or juice. Assign "*Feeding Foods that Could be Contaminated*" as appropriate.

Assess if the child drinks herbal teas and assign "*Intake of Dietary Supplements with Potentially Harmful Consequences*" as appropriate.

What does your child drink from?

Assess if a child beyond 14 months of age is routinely using a bottle for feeding or drinking. Assign "*Inappropriate Use of Bottles, Cups or Pacifiers*" as appropriate.

Does your child ever walk around drinking from a sippy cup or a bottle?

Assess if the child is allowed to carry a cup or bottle around or use the bottle as a pacifier. Assign "*Inappropriate Use of Bottles, Cups or Pacifiers*" as appropriate

How many times does your child drink milk during a normal day?

Assess for adequacy of intake and target counseling on identified needs and concerns.

How much milk does your child drink each time?

What type of milk does your child usually drink?

Assess if sweetened condensed milk, or other inadequately or unfortified beverages are routinely provided as the primary milk source. Assign "*Inappropriate Beverages as Primary Milk Source*" as appropriate.

Assess the amount of vitamin D fortified milk or formula consumed and if the child is taking a vitamin D supplement (question #18). Assign "*Inadequate Vitamin/Mineral Supplementation*" as appropriate.

Do you ever add any flavoring to the milk?

Assess if any sugar containing flavors are added to the milk. Assign "*Feeding Sugar-Containing Fluids*" as appropriate.

How many times does your child drink water during a normal day?

Assess for adequacy of intake and target counseling on identified needs and concerns.

Question

How much water does your child drink each time?

What kind of water does your child usually drink?

Do you ever add anything to the water?

How many times does your child drink juice during a normal day?

How much juice does your child drink each time?

What kind of juice or juice drinks does your child usually drink?

Do you dilute the juice with water?

At mealtimes, how often does your child eat the same foods as the rest of the family?

What types of food does your child eat?

Can your child feed him/herself?

How many times does your child eat on a normal day?

What do you do when your child asks for food between meals and snacks?

Please mark the situations that describe how your child normally eats?

Which snack foods does your child usually eat?

Staff Action

Assess the fluoride content of the water and if a child is taking a fluoride supplement (question #18). Assign “*Inadequate Vitamin/Mineral Supplementation*” or “*Intake of Dietary Supplements with Harmful Effects*” as appropriate.

Assess if any sweeteners, such as sugar, honey or syrup are added to the water. Assign “*Feeding Sugar-Containing Fluids*” as appropriate.

Assess for adequacy of intake and target counseling on identified needs and concerns.

Assess if the child drinks unpasteurized fruit or vegetable juice. Assign “*Feeding Foods that Could be Contaminated*” as appropriate.

Assess if the child drinks sweetened juice. Assign “*Feeding Sugar-Containing Fluids*” as appropriate.

Assess for adequacy of intake and target counseling on identified needs and concerns.

Assess appropriateness and target counseling on identified needs and concerns.

Assess if the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not routinely provided. Assign “*Feeding Practices that Disregard Developmental Needs*” as appropriate.

Assess appropriateness and target counseling on identified needs and concerns.

Assess appropriateness and target counseling on identified needs and concerns.

Assess the caregiver’s ability to recognize the child’s hunger and/or satiety cues. Assign the risk factor “*Feeding Practices that Disregard Developmental Need*” as appropriate.

Assess appropriateness of eating situations and target counseling on identified needs and concerns.

Assess if the foods provided are an appropriate texture for the child’s developmental stage and no foods that put the child at risk of choking are provided. Assign “*Feeding Practices that Disregard Developmental Needs*” as appropriate.

Question

How many times does your child eat fruits and vegetables (not juice) during a normal day?

Which fruits and/or vegetables does your child usually eat?

How many times does your child eat protein foods during a normal day?

Which protein foods does your child usually eat?

Which sweets does your child usually eat?

How are they usually eaten?

Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips?

Does your child have any health/medical/dental problems?

Was this problem diagnosed by a doctor?

Please check and describe all of the following your child usually takes.

Over-the-counter drugs

Prescription medication

Staff Action

Assess if the foods provided are an appropriate texture for the child's developmental stage and foods that put the child at risk of choking are not routinely provided. Assign "*Feeding Practices that Disregard Developmental Needs*" as appropriate.

Assess if the child is fed raw vegetable sprouts. Assign "*Feeding Foods that Could be Contaminated*" as appropriate. Assess if the foods provided are an appropriate texture for the child's developmental stage and foods that put the child at risk of choking are not routinely provided. Assign "*Feeding Practices that Disregard Developmental Needs*" as appropriate. Assess if the child is fed raw or undercooked meat, fish, poultry, or eggs. Assign "*Feeding Foods that Could be Contaminated*" as appropriate.

Assess if the child is fed unheated soft cheeses, deli meats, hot dogs, or other processed meats. Assign "*Feeding Foods that Could be Contaminated*" as appropriate.

Assess if the child drinks any sweetened beverages. Assign "*Feeding Sugar-Containing Fluids*" as appropriate.

Assess if the child is using a pacifier dipped in sugar, honey or syrup. Assign "*Inappropriate Use of Bottles, Cups or Pacifiers*" as appropriate.

Assess if the child routinely eats any nonfood items. Assign "*Pica*" as appropriate.

Assess for dental problems. Assign "*Dental Problems*" as appropriate.

Assess for disabilities that interfere with the ability to eat. Assign "*Disabilities Interfering with the Ability to Eat*" as appropriate.

Assess for medical conditions. Assign the corresponding risk factor as appropriate.

Used to confirm diagnosis of conditions for risk factor documentation.

Assess medications that interfere with nutrient intake or utilization. Assign "*Drug Nutrient Interactions*" as appropriate. Assess medications that interfere with nutrient intake or utilization. Assign "*Drug Nutrient Interactions*" as appropriate.

Assess for medical conditions. Assign the corresponding risk factor as appropriate.

Question

Vitamin and/or minerals

Staff Action

Assess and assign “*Intake of Dietary Supplements with Harmful Effects*” as appropriate.

Assess the fluoride content of the water and if a child is taking a fluoride supplement. Assign “*Intake of Dietary Supplements with Harmful Effects*” or “*Inadequate Vitamin/Mineral Supplementation*” as appropriate.

Assess the amount of vitamin D fortified milk or formula consumed (question 5) and if the child is taking a vitamin D supplement. Assign “*Inadequate Vitamin/Mineral Supplementation*” as appropriate.

Herbs/Herbal Supplements

Assess and assign “*Intake of Dietary Supplements with Harmful Effects*” as appropriate.

Do you worry about how much your child is eating?

Provides an opportunity to identify specific parental concerns about their child's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.

Has your child had a blood lead test?

Assess if child has had a blood lead test within the past 12 months. Assign “*Elevated Blood Lead Levels*” and/or refer as appropriate.

What is one thing you like about your child's eating?

Provides an opportunity to learn what parents like about their child's eating pattern. This open-ended question may identify positive feeding practices to reinforce. It may also provide information that explains other identified risks or inappropriate practices.

What is one thing that you would like to change about your child's eating?

Provides an opportunity to learn what parents would like to change about their child's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.

How much time does your child spend actively playing each day?

Assess appropriateness and target counseling on identified needs and concerns.

About how many hours does your child sit and watch TV, videos, or DVDs on a normal day?

Assess and compare response to information on the KWIC Health Interview window, target counseling on identified needs and concerns.

**Appendix E – WIC Staff Guidance Document for Young Infant
Diet Questionnaire**

**WIC Staff Guidance Document for
Young Infant (0 – 6 months) Diet Questionnaire
Revised 10/2010**

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Young Infant (0-6 months) Diet Questionnaire. Refer to the Nutritional Risk Factor manual for the complete definition for each risk factor.

Question

Please check all of the following you have that work.

Staff Action

Assess the availability of a heat source for sterilizing bottles. Assign “*Inappropriate Handling of Formula/Breastmilk*” as appropriate.

What does your baby usually drink?

Assess the availability of a refrigerator or freezer for storage of expressed breastmilk or formula. Assign “*Inappropriate Handling of Formula/Breastmilk*” as appropriate.

Assess if baby drinks cow’s milk, goat’s milk, sweetened condensed milk, evaporated milk or soy milk. Assign “*Feeding a Substitute for Breastmilk or Iron Fortified Formula*” as appropriate.

Assess if baby drinks juice or any other fluids that contain sugar from the bottle (question #3). Assign “*Inappropriate Use of Bottles or Cups*” as appropriate.

Assess if the baby drinks any beverages that contain sugar. Assign “*Inappropriate Introduction of Complementary Foods*” as appropriate.

Assess if the baby drinks unpasteurized dairy products or juice. Assign “*Feeding Foods that Could be Contaminated*” as appropriate.

From what does your baby drink?

Assess if the baby drinks herbal teas. Assign “*Intake of Dietary Supplements with Potentially Harmful Consequences*” as appropriate.

Assess if baby drinks juice or any other fluids that contain sugar (question #2) from the bottle. Assign “*Inappropriate Use of Bottles or Cups*” as appropriate.

How is breastfeeding going?

Assess for issues relating to latching onto mother’s breast. Assign “*Potential Breastfeeding Complications*” as appropriate.

Refer to the “Staff Breastfeeding Evaluation Tool” and the “Mother – Baby First Weeks Log” for more information.

Question

How often does your baby nurse in a 24-hour period?

Can you hear your baby swallowing during feedings?

How many wet diapers does your baby have in a 24-hour period?

How many dirty diapers does your baby have in a 24-hour period?

Do you pump or express breastmilk for your baby?

How do you store breastmilk?

How long do you keep breastmilk in the refrigerator before you throw it away?

How long do you keep breastmilk after it's been thawed?

Please check all items that might be in your baby's bottle during a normal day.

What do you do with any milk or formula left in the bottle?

How long do you let a bottle sit at room temperature?

Is your baby's bottle ever propped on a pillow, blanket, stuffed animal, etc.?

What formula does your baby take?

What type of formula do you use?

Staff Action

Assess the timing and frequency of feedings. Assign "*Feeding Practices that Disregard Developmental Needs*," "*Inappropriate Frequency of Nursing the Exclusively Breastfed*" and/or "*Diet Very Low in Calories and/or Essential Nutrients*" as appropriate.

Assess for weak or ineffective suck. Assign "*Potential Breastfeeding Complications*" as appropriate.

Assess number of wet diapers. Assign "*Potential Breastfeeding Complications*" as appropriate.

Assess number of dirty diapers. Assign "*Potential Breastfeeding Complications*" as appropriate.

Use to assess practice and need for a WIC issued breast pump.

Assess and assign "*Inappropriate Handling of Formula/Breastmilk*" as appropriate.

Assess and assign "*Inappropriate Handling of Formula/Breastmilk*" as appropriate.

Assess and assign "*Inappropriate Handling of Formula/Breastmilk*" as appropriate.

Assess if baby drinks cow's milk, goat's milk, sweetened condensed milk, evaporated milk or soy milk. Assign "*Feeding a Substitute for Breastmilk or Iron Fortified Formula*" as appropriate.

Assess if baby drinks juice or any other fluids that contain sugar from the bottle. Assign "*Inappropriate Use of Bottles or Cups*" as appropriate.

Assess if the baby drinks any beverages that contain sugar. Assign "*Inappropriate Introduction of Complementary Foods*" as appropriate.

Assess if the baby is given honey in any form. Assign "*Feeding Foods that Could be Contaminated*" as appropriate.

Assess and assign "*Inappropriate Handling of Formula/Breastmilk*" as appropriate.

Assess and assign "*Inappropriate Handling of Formula/Breastmilk*" as appropriate.

Assess if the bottle is ever propped during feeding. Assign "*Inappropriate Use of Bottles or Cups*" as appropriate.

Assess if the baby ever falls asleep or is put to bed with a bottle. Assign "*Inappropriate Use of Bottles or Cups*" as appropriate.

Assess if the baby is taking low iron formula without iron supplementation (question 16). Assign "*Feeding a Substitute for Breastmilk or Iron Fortified Formula*" as appropriate.

Assess if the formula is prepared as directed for the brand

Question

How do you make the formula?

What kind of water do you usually use to make the formula?

Do you ever add anything besides water to the formula?

Do you warm the formula?

How often does your baby take formula during a normal day?

How much formula does your baby take at each feeding?

How do you store formula after you mix it?

How long do you keep mixed formula in the refrigerator before you throw it away?

How long does a can of formula last?

How many times does your baby drink water during a normal day?

How much water does your child drink each time?

What kind of water does your child usually drink?

Staff Action

(question #9) and type. Assign “*Improperly Diluted Formula*” as appropriate.

Assess the safety of the water supply. Assign “*Inappropriate Handling of Formula/Breastmilk*” and tailor food package as appropriate.

Assess if any food (cereal or other solid foods) is added to the formula. Assign “*Inappropriate Use of Bottles or Cups*” as appropriate.

Assess if any sweeteners, such as sugar, honey or syrup are added to the formula. Assign “*Inappropriate Introduction of Complementary Foods*” as appropriate.

Assess if honey is added to the formula. Assign “*Feeding Foods that Could be Contaminated*” as appropriate.

Assess and assign “*Improperly Diluted Formula*” as appropriate.

Assess for the unsafe practice of warming formula in the microwave.

Assess the timing and frequency of feedings. Assign “*Feeding Practices that Disregard Developmental Needs*” and/or “*Diet Very Low in Calories and/or Essential Nutrients*” as appropriate.

Assess the amount of vitamin-D fortified formula consumed on a normal day (with question #9d) and if the baby is taking supplemental vitamin-D (question 16). Assign “*Inadequate Vitamin/Mineral Supplementation*” as appropriate.

Assess and assign “*Inappropriate Handling of Formula/Breastmilk*” as appropriate.

Assess and assign “*Inappropriate Handling of Formula/Breastmilk*” as appropriate.

Assess if a can of formula lasts as long as expected for the brand and type (questions #9 and #9a) used and the stated frequency and amount of feeding (questions #9d and #9e). Assign “*Improperly Diluted Formula*” as appropriate.

Assess if water is displacing breastmilk or formula in the baby’s diet. Assign “*Diet Very Low in Calories and/or Essential Nutrients*” as appropriate.

Assess safety of the water supply.

Question

Do you ever add anything to the water?

Staff Action

Assess if any sweeteners, such as sugar, honey or syrup are added to the water. Assign “*Inappropriate Introduction of Complementary Foods*” and “*Inappropriate Use of Bottles or Cups*” as appropriate.

How many times does your baby drink juice during a normal day?

Assess if honey is added to the water. Assign “*Feeding Foods that Could be Contaminated*” as appropriate.
Assess if the baby is less than 4 months old and drinking juice. Assign “*Inappropriate Introduction of Complementary Foods*” as appropriate.

How much juice does your baby drink each time?

Assess if child routinely drinks juice from the bottle. Assign “*Inappropriate Use of Bottles or Cups*” as appropriate.
Assess if juice is displacing breastmilk or formula in the baby’s diet. Assign “*Diet Very Low in Calories and/or Essential Nutrients*” as appropriate.

What kind of juice or juice drinks does your child usually drink?

Assess if the baby drinks sweetened juice. Assign “*Inappropriate Introduction of Complementary Foods*” as appropriate.

Do you dilute the juice with water?

Assess if the baby drinks unpasteurized fruit or vegetable juice. Assign “*Feeding Foods that Could be Contaminated*” as appropriate.

When did your baby start eating something other than breastmilk or formula?

Assess if the baby is less than 4 months old and has started eating any food. Assign “*Inappropriate Introduction of Complementary Foods*” as appropriate.

What types of food does your baby eat?

Assess if the foods provided are an appropriate texture for the baby’s developmental stage and no foods that put the baby at risk of choking are provided. Assign “*Feeding Practices that Disregard Developmental Needs*” as appropriate.

How is your baby fed these foods?

Assess if the baby is fed any foods that could be contaminated. Assign “*Feeding Foods that Could be Contaminated*” as appropriate.

Assess if the child is routinely fed sweetened foods. Assign “*Inappropriate Introduction of Complementary Foods*” as appropriate.

Assess if any food (cereal or other solid foods) is in the baby bottle. Assign “*Inappropriate Use of Bottles or Cups*” as appropriate.

Assess if the primary feeding method is appropriate for the baby’s developmental stage. Assign “*Feeding Practices that Disregard Developmental Needs*” as appropriate.

Question

Please mark the situations that describe how your baby normally eats?

Which sweets does your baby usually eat?

How are they usually eaten?

Does your baby have any health/medical/dental problems?

Was this problem diagnosed by a doctor?

Please check and describe all of the following your baby usually takes.

Over-the-counter drugs

Prescription medication

Vitamin and/or minerals

Staff Action

Assess appropriateness of eating situations.

Assess if the baby eats any sweets. Assign “*Inappropriate Introduction of Complementary Foods*” as appropriate.

Assess if the baby is given honey in any form. Assign “*Feeding Foods that Could be Contaminated*” as appropriate.

Assess for jaundice. Assign “*Potential Breastfeeding Complications*” as appropriate.

Assess for dental problems. Assign “*Dental Problems*” as appropriate.

Assess for disabilities that interfere with the ability to eat. Assign “*Disabilities Interfering with the Ability to Eat*” as appropriate.

Assess for medical conditions. Assign the corresponding risk factor as appropriate.

Used to confirm diagnosis of conditions for risk factor documentation.

Assess medications that interfere with nutrient intake or utilization. Assign “*Drug Nutrient Interactions*” as appropriate.

Assess medications that interfere with nutrient intake or utilization. Assign “*Drug Nutrient Interactions*” as appropriate.

Assess for medical conditions. Assign the corresponding risk factor as appropriate.

Assess if the baby is taking low iron formula (question 9) without iron supplementation. Assign “*Feeding a Substitute for Breastmilk or Iron Fortified Formula*” as appropriate.

Assess and assign “*Intake of Dietary Supplements with Potentially Harmful Consequences*” as appropriate.

Assess the fluoride content of the water and if a baby 6 months old or older is taking a fluoride supplement. Assign “*Intake of Dietary Supplements with Potentially Harmful Consequences*” or “*Inadequate Vitamin/Mineral Supplementation*” as appropriate.

Assess the amount of vitamin-D fortified formula consumed on a normal day (questions #9d and 9e) and if the baby is taking supplemental vitamin-D. Assign “*Inadequate Vitamin/Mineral Supplementation*” as appropriate.

Question

Herbs/Herbal Supplements

Do you worry about how much your baby is eating?

What is one thing you like about your baby's eating?

What is one thing that you would like to change about your baby's eating?

Staff Action

Assess and assign "*Intake of Dietary Supplements with Potentially Harmful Consequences*" as appropriate.

Provides an opportunity to identify specific parental concerns about their infant's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.

Provides an opportunity to learn what parents like about their infant's eating pattern. This open-ended question may identify positive feeding practices to reinforce. It may also provide information that explains other identified risks or inappropriate practices.

Provides an opportunity to learn what parents would like to change about their infant's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.

Appendix F – Answers to Progress Checks

Progress Check #1

Kathy Kale

1. The risk factors “History of Gestational Diabetes” and “Low Hemoglobin/Hematocrit, 2nd Trimester” should be autocalculated by the KWIC system.
2. The risk factors, “Inadequate Prenatal Care”, “Inadequate Vitamin/Mineral Supplementation” and “Consuming Foods that Could be Contaminated” should be assigned by the CPA. The risk factor “Assumed Risk for Women and Children over 2 Yrs” should not be assigned because at least one other risk factor has been identified.
3. The rationale for the risk factor “Low Hemoglobin/Hematocrit, 2nd Trimester is documented on the measures tab.

The rationale for the risk factor “History of Gestational Diabetes” is documented on the Health Interview window. The “Based on MD Diagnosis” box must be marked to document the risk condition was diagnosed by a doctor as self reported by the WIC client.

The rationale for the risk factors “Inadequate Prenatal Care” and “Inadequate Vitamin/Mineral Supplementation” are documented on the Health Interview window. Best Practice is to also “Inadequate Prenatal Care” in either a risk note or on the notes tab, since the information on the Health Interview window may be updated during the WIC Prenatal Certification. For example, the risk note could state, “0 prenatal visits:20 wks gestation.”

The rationale for the risk factor “Consuming Foods that Could be Contaminated” should be documented either as a risk note or on the notes tab. The documentation should include details from the client interview that support assigning the risk factor. For example, the risk note could state, “regularly eats deli meat, does not heat before eating.”

Lisa Leek

1. The risk factors, “Low Maternal Weight Gain”, “Maternal Smoking”, “Overweight”, and “Weight Loss during Pregnancy 2nd or 3rd Trimester” should be autocalculated by the KWIC.
2. The risk factor “Inadequate Vitamin/Mineral Supplementation” should be the only risk conditions assigned by the CPA.

The risk factor “Tobacco Smoke Exposure in the Home” should not be assigned because Courtney is the only one in the household that smokes.

The conditions indicated do not meet the definition for “Hyperemesis Gravidarium.”

Phenergan[®] has no significant “Drug Nutrient Interactions”.

The risk factor “Assumed Risk for Women and Children over 2 Yrs” should not be assigned because at least one other risk factor has been identified.

3. The rationale for the risk factor “Maternal Smoking” is documented on the ATOD tab of the Health Interview window.

The rationale for the risk factors “Low Maternal Weight Gain”, “Overweight”, and “Weight Loss during Pregnancy 2nd or 3rd Trimester” are documented on the Anthropometric Measurement window.

The rationale for the risk factor “Inadequate Vitamin/Mineral Supplementation” is documented on the Health Interview window.

Rita Rhubarb

1. The risk factors “Closely Spaced Pregnancies”, “High Maternal Weight Gain” and “Multifetal Gestation” should be autocalculated by the KWIC system based on the information provided.
2. The risk factors “Tobacco Smoke Exposure in the House” and “Pica” should be assigned by the CPA.

Since she reported only one miscarriage the risk factor “History of Fetal or Neonatal Loss” should not be assigned.

Since she reports she does take a prenatal supplement but does not know the iodine content of the supplement she is taking, the risk “Inadequate Vitamin/Mineral Supplementation” should not be assigned.

The risk factor “Assumed Risk for Women and Children over 2 Yrs” should not be assigned because at least one other risk factor has been identified.

3. The rationale for the risk factor “Closely Spaced Pregnancies” is documented by the “Last Pregnancy End Date” on the health interview window.

The rationale for the risk factor “Multifetal Gestation” is documented by the response to the “Pregnant with Multiples” question on the health interview window.

The rationale for the risk factor “Tobacco Smoke Exposure in the Home” should be documented on the ATOD window.

The rationale for the risk factor “High Maternal Weight Gain” is documented on the anthropometric measurement window.

The rationale for the risk factor “Pica” should be documented either as a risk note or on the notes tab.

Olivia Onion

1. The risk factor “Maternal Smoking” should be autocalculated by the KWIC system.
2. The CPA should assign the risk factors “History of Preterm Delivery”, “History of Low Birth Weight”, and “Intake of Dietary Supplements with Potentially Harmful Effects”.

The risk factor “Assumed Risk for Women and Children over 2 Yrs” should not be assigned because at least one other risk factor has been identified.

The risk factor “Tobacco Smoke Exposure in the Home” should not be assigned because Olivia is the only one in the house who smokes.

3. The rationale for the risk factor “Intake of Dietary Supplements with Potentially Harmful Effects” should be documented on the Health Interview window. Ideally the reason the CPA determined there were potentially harmful effects would be documented either in a risk note on the Assign Risk Factor window, or on the notes window.

The rationale for the risk factor “Maternal Smoking” is documented on the ATOD tab of the Health Interview window.

The rationale for the risk factors “History of Preterm Delivery” and “History of Low Birth Weight” are documented either as a risk note or on the notes window, if the child is not a WIC client. If the infant/child is a WIC client, the rationale could be documented in the child’s WIC record.

Progress Check #2

Ruth Rutabaga

1. No risk factors should be autocalculated by the KWIC system.
2. The risk factor “Assumed Risk for Women & Children over 2 yrs” should be assigned.

Inadequate information is available to assess if one of the Dyad risk factors should be assigned until the infant’s nutritional risk is assessed.

3. Since the risk factor “Assumed Risk for Women & Children over 2 yrs” is an assumed risk factor there is no rationale to document. However, the record should document that a complete risk assessment was done.

Fanny Fig

1. The risk factor “High Maternal Weight Gain” should be autocalculated by the KWIC system.

While Fanny’s **current** BMI is ≥ 25 the definition for the risk factor “Overweight < 6 months postpartum” is based upon the woman’s **prepregnancy** weight. Fanny’s prepregnancy BMI was 24.9.

The definition for “Alcohol and Illegal Drug Use” for breastfeeding is routine use of 2 drinks per day, Fanny only reported drinking 1 drink/day.

2. The risk factors “Inadequate Vitamin/Mineral Supplementation” and “Recent Major Trauma, Surgery, Burns” should be assigned. The definition for “Recent Major Trauma, Surgery, Burns” includes the self report of a C-Section within the past 2 months.

The risk factor “Assumed Risk for Women and Children over 2 Yrs” should not be assigned because at least one other risk factor has been identified.

Inadequate information is available to assess if one of the Dyad risk factors should be assigned until the infant’s nutritional risk is assessed.

3. The rationale for the risk factor “High Maternal Weight Gain” is documented on the anthropometric measurement window.

The rationale for the risk factor “Recent Major Trauma, Surgery, Burns” is documented by marking the delivery method was by C-Section on the Health Interview window.

The rationale for the risk factor “Inadequate Vitamin/Mineral Supplementation” is documented on the Health Interview window.

Mary Mandarin

1. The risk factor “Pregnancy at a Young Age” should be autocalculated by the KWIC system.
2. The risk factors “Low Birth Weight Infant Born at Last Delivery”, “Preterm Delivery at Last Delivery”, “Tobacco Smoke Exposure in the Home” and “Pica” should be assigned by the CPA.

More information about the makeup of the vitamin/mineral supplement would be needed before the risk factors “Intake of Dietary Supplements with Harmful Effects” or “Inadequate Vitamin/Mineral Supplementation” could be assigned.

The risk factor “Intake of Dietary Supplements with Harmful Effects” should not be assigned for drinking Chamomile Tea on some evenings, that amount is neither inappropriate nor excessive for a breastfeeding woman.

The risk factor “Assumed Risk for Women and Children over 2 Yrs” should not be assigned because at least one other risk factor has been identified.

Inadequate information is available to assess if one of the Dyad risk factors should be assigned until the infant’s nutritional risk is assessed.

3. The rationale for the risk factor “Pregnancy at a Young Age” is documented by the Date of Birth entered on the Demographics window and the Pregnancy End Date from the Health Interview window.

The rationale for the risk factors “Low Birth Weight Infant born at Last Delivery” and “Preterm Delivery at Last Delivery” should be documented in the infant’s WIC record.

The rationale for the risk factor “Tobacco Smoke Exposure in the Home” should be documented on the ATOD window.

The rationale for the risk factor “Pica” should be documented either as a risk note or on the notes window.

Kathy Kale

Yes, if she was being certified as a Breastfeeding Woman, only the risk factor “Inadequate Vitamin/Mineral Supplementation” should be assigned. The risk factor “Consuming Foods that Could be Contaminated” is not a risk factor for Breastfeeding Women.

Progress Check #3

Polly Pomegranate

1. The risk factor “Low Hemoglobin/Low Hematocrit” and “Maternal Smoking” should be autoassigned by the KWIC system.
2. No additional risk factors should be assigned by the CPA.

The risk factor “Fetal or Neonatal loss during Last Pregnancy” should not be assigned because the still birth was from a previous pregnancy (for this risk factor the term last pregnancy refers to the pregnancy that has just ended).

The risk factor “Inadequate Vitamin/Mineral Supplementation” should not be assigned since she stated that she is still taking her prenatal vitamins. Since prenatal vitamins generally contain folic acid, it can be assumed that she is taking an adequate amount.

“Consuming Foods that Could be Contaminated” is only considered a risk factor for pregnant woman and should not be assigned to Polly.

The risk factor “Assumed Risk for Women and Children over 2 Yrs” should not be assigned because at least one other risk factor has been identified.

3. The rationale for the risk factor “Low Hemoglobin/Low Hematocrit” is documented on the Blood Measurement window.

The rationale for the risk factor “Maternal Smoking” is documented on the ATOD

Gayle Guava

1. The risk factors “Closely Spaced Pregnancies” and “Overweight, < 6 Months Postpartum” should be autocalculated by the KWIC system.
2. The risk factors “Diet Very Low in Calories and/or Essential Nutrients”, “Large for Gestational Age Infant born at Last Delivery” and “Inadequate Vitamin/Mineral Supplementation” should be assigned by the CPA.

Not enough information is provided in the scenario to determine if the risk factor “Intake of Dietary Supplements with Potentially Harmful Effects” should be assigned. The CPA would need to find out what is in the herbal diet tea and assess if any of the ingredients have potentially harmful consequences.

The risk factor “Assumed Risk for Women and Children over 2 Yrs” should not be assigned because at least one other risk factor has been identified.

3. The rationale for the risk factor “Overweight, < 6 Months Postpartum” is documented on the Anthropometric Measurements window.

The rationale for the risk factor “Closely Spaced Pregnancies” is documented on the Health Interview window.

The rationale for the risk factor “Diet Very Low in Calories and/or Essential Nutrients” should be documented either as a risk note or on the Notes window.

If her infant is on WIC, The rationale for the risk factor “Large for Gestational Age Infant born at Last Delivery” should be documented in the infants WIC record. If her infant is not on WIC, the rationale for the risk factor “Large for Gestational Age Infant born at Last Delivery” should be documented either as a risk note or on the Notes window.

Progress Check #4

Randy Pea

1. No risk factors are autocalculated by KWIC.

2. The risk factor “Feeding Sugar Containing Fluids” should be assigned by the CPA.

The risk factor “Possibility of Regression of Hemoglobin/Hematocrit” should also be assigned because “Feeding Sugar Containing Fluids” is a priority 5 risk factor.

Since the diet questionnaire states that he does carry around a sippy cup, the CPA would need to gather more information from the caregiver to assess if the risk factor “Inappropriate Use of Bottles, Cups or Pacifiers” should be assigned.

Since the diet questionnaire states that he eats carrots, hot dogs and lunchmeats, the CPA would need to gather more information from the caregiver to assess if either of the risk factors “Feeding Foods that Could be Contaminated” or “Feeding Practices that Disregard Developmental Needs” should be assigned.

Since the diet questionnaire states that Randy does not take a fluoride supplement (Flintstones plus Iron do not contain any fluoride) and does not indicate whether the water is fluoridated, the CPA would need to gather more information from the caregiver to assess if the risk factors “Inadequate Vitamin/Mineral Supplementation” should be assigned for inadequate fluoride intake. This risk factor would not be assigned for inadequate Vitamin D intake because Flintstones plus Iron contain 400 IU of Vitamin D. Note: it is not necessary for the CPA to know the Vitamin D content of all supplements provided to children, but it would be suggested that a listing of the Vitamin D content of commonly used supplements be maintained.

The risk factor “Assumed Risk for Infants and Children between 4 and 24 mos” should not be assigned because at least one other risk factor has been identified.

3. The rationale for the risk factor “Feeding Sugar Containing Fluids” should be documented either as a risk note or on the notes window.

The rationale for the risk factor “Possibility of Regression of Hemoglobin/Hematocrit” was documented on the Blood Measurements window from the previous certification period. A note should be added either as a risk note or on the notes window documenting the reason there is a possibility of regression in nutrition status without the WIC benefits.

Christa Cucumber

1. No risk factors are autocalculated by KWIC.
2. The risk factors “Feeding Sugar Containing Fluids” and “Tobacco Smoke Exposure in the Home” should be assigned by the CPA.

Since the diet questionnaire states that she eats carrots, hot dogs and lunchmeats, the CPA would need to gather more information from the caregiver to assess if either of the risk factors “Feeding Foods that Could be Contaminated” or “Feeding Practices that Disregard Developmental Needs” should be assigned.

Since the diet questionnaire states that Christa does not take a fluoride supplement and does not indicate whether the water is fluoridated, the CPA would need to gather more information from the caregiver to assess if the risk factor “Inadequate Vitamin/Mineral Supplementation” should be assigned for inadequate fluoride intake. Since the diet questionnaire states that Christa drinks 8 oz of milk a day, the CPA would also need to evaluate the vitamin D content of the store brand supplement to assess if the risk factor “Inadequate Vitamin/Mineral Supplementation” should be assigned for inadequate Vitamin D intake. Note: it is not necessary for the CPA to know the Vitamin D content of all supplements provided to children, but it would be suggested that a listing of the Vitamin D content of commonly used supplements be maintained.

The risk factor “Assumed Risk for Infants and Children between 4 and 24 mos” should not be assigned because at least one other risk factor has been identified.

3. The rationale for the risk factor “Feeding Sugar Containing Fluids” should be documented either as a risk note or on the notes window.

The rationale for the risk factor “Tobacco Smoke Exposure in the Home” should be documented on the Health Interview window.

4. No, the risk factor “Inappropriate Beverages as Primary Milk Source” for the reduced-fat milk would also be assigned if Christa was less than 24 months of age.

Cathleen Cranberry

1. The risk factors “At Risk of Underweight, Weight/Length”, “Low Birth Weight”, and “Low Hemoglobin/Hematocrit” should be autocalculated by the KWIC system.
2. The risk factors “Inappropriate Beverages as Primary Milk Source” and “Inappropriate Use of Bottles, Cups and Pacifiers” should be assigned by the CPA.

Even though the mother stated she smokes, the risk factor “Tobacco Smoke Exposure in the Home” should not be assign because the she does not smoke in the house.

Since the diet questionnaire states that Cathleen does not take a fluoride supplement and does not indicate whether the water is fluoridated, the CPA would need to gather more information from the caregiver to assess if the risk factor “Inadequate Vitamin/Mineral Supplementation” should be assigned for inadequate fluoride intake. The diet questionnaire states that Cathleen drinks 32 oz of milk a day, so this risk factor should not be assigned for inadequate Vitamin D intake.

The risk factor “Assumed Risk for Infants and Children between 4 and 24 mos” should not be assigned because at least one other risk factor has been identified.

Since the diet questionnaire indicates that Cathleen is not eating very much, the CPA would need to gather more information from the caregiver to assess if the risk factor “Diet Very Low in Calories and/or Essential Nutrients” should be assigned.

3. The rationale for the risk factors “At Risk of Underweight, Weight/Length” and “Low Birth Weight” are documented on the Anthropometric Measurements window.

The rationale for the risk factor “Low Hemoglobin / Hematocrit” is documented on the Blood Measurements window.

The rationale for the risk factors “Inappropriate Beverages as Primary Milk Source” and “Inappropriate Use of Bottles, Cups and Pacifiers” should be documented either as a risk note or on the notes window.

4. No, your answers should not be the same. The risk factor “Low Birth Weight” would not have been autocalculated by the KWIC system. It is only assigned if the child is less than 24 months of age. The risk factor “Inappropriate Beverages as Primary Milk Source” should not have been assigned by the CPA since using skim milk as the primary milk source is only a risk until 24 months of age.

Lance Lima

1. The risk factors “At Risk of Short Stature, Recumbent Length” and “Low Hemoglobin / Hematocrit” should be autocalculated by the KWIC system.
2. The risk factors “Feeding Practices that Disregard Developmental Needs” (for foods that put Lance at a risk of choking, “Inadequate Vitamin/Mineral Supplementation” (24 oz vitamin D fortified milk and no supplement), and “Tobacco Smoke Exposure in the Home”) should be assigned by the CPA.

The risk factor “Genetic and Congenital Disorders” should not be assigned for Osteogenesis Imperfecta because it is a genetic disorder of collagen, and not a calcium or nutrient deficiency and neither the record nor diet questionnaire indicate that the condition is interfering with Lance’s ability to consume foods (mechanical alteration of nutrition status).

The risk factor “Assumed Risk for Infants and Children between 4 and 24 mos” should not be assigned because at least one other risk factor has been identified.

Since the diet questionnaire states that Lance does not take any supplements and drinks 24 oz of milk the risk factor “Inadequate Vitamin/Mineral Supplementation” should be assigned for inadequate Vitamin D intake.

Since the diet questionnaire indicates that Lance eats hot dogs and lunch meats, the CPA would need to gather more information from the caregiver to assess if the risk factor “Feeding Foods that Could be Contaminated” should be assigned.

3. The rationale for the risk factor “At Risk of Short Stature, Recumbent Length” is documented on the Anthropometric Measures window.

The rationale for the risk factor “Low Hemoglobin/Hematocrit” is documented on the Blood Measurements window.

The rationale for the risk factor “Tobacco Smoke Exposure in the Home” should be documented on the Health Interview window.

The rationale for the risk factor “Feeding Practices that Disregard Developmental Needs” should be documented either as a risk note or on the notes window.

Kenny Kale

1. The risk factor definition states that the problem must “impair the ability to ingest food” and be diagnosed, but allows for “adequate documentation by the CPA”. In this case, the mother has self-reported that the mouth pain is interfering with Kenny’s ability to eat and the visual examination by the CPA is considered “adequate documentation by the CPA”.
2. Yes, additional risk factors may be assigned at any time during a certification period. CPA’s are encouraged to add risk factors identified during the course of the certification period.
3. The contact, including the CPA’s impressions of her visual examination, should be documented either as a risk note or on the notes window. Documentation of appropriate referrals to a dental health professional would also be expected.

Progress Check #5

Frank Fig

1. The risk factor “At Risk of Short Stature, Recumbent Length” should be autocalculated by the KWIC system.
2. The risk factor “Infant Born to a WIC Eligible Woman” should be assigned because information documented in the mother’s WIC record indicates that she was smoking during pregnancy.

The risk factor “Inadequate Vitamin/Mineral Supplementation” should be assigned because Frank is exclusively breastfeeding and not taking supplemental Vitamin D.

The risk factor “Assumed Risk for Infants and Children between 4 and 24 mos” should not be assigned because Randy is less than 4 months old.

3. Since both Frank and Fanny are eligible at Priority 1 nutritional risk, no changes to Fanny Figs’ risk factors should be made.

4. The rationale for the risk factor “At Risk of Short Stature, Recumbent Length” is documented on the Anthropometric Measurements window.

The rationale for the risk factor “Infant Born to a WIC Eligible Woman” is documented on the infant’s Health Interview window and on the ATOD tab of the Health Interview window in the mother’s WIC record.

The rationale for the risk factor “Inadequate Vitamin/Mineral Supplementation” should be documented either as a risk note or on the notes window.

Randy Rutabaga

1. No risk factors should be autocalculated by the KWIC system.
2. The risk factor “Infant Born to a WIC Eligible Woman” should be assigned because information stated that the mother was on WIC in another state during pregnancy.

The risk factor “Inadequate Vitamin/Mineral Supplementation” should be assigned because Randy is taking less than 32 oz of formula a day and not taking supplemental Vitamin D.

The risk factor “Assumed Risk for Infants and Children between 4 and 24 mos” should not be assigned because Randy is less than 4 months old.

3. Since Ruth is eligible at Priority 4 nutritional risk and Randy is eligible at Priority 2 nutritional risk, the risk factor “Breastfeeding Mother of Infant at Priority 2 Nutritional Risk” should be assigned to Ruth.
4. The rationale for the risk factor “Infant Born to a WIC Eligible Woman” is documented on the infant’s Health Interview window and in the mother’s WIC record.

The rationale for the risk factor “Inadequate Vitamin/Mineral Supplementation” should be documented either as a risk note or on the notes window.

The rationale for assigning the risk factor “Breastfeeding Mother of Infant at Priority 2 Nutritional Risk” to Ruth is documented on the Assign Risk Factor window in Randy’s WIC record.

Molly Mandarin

1. The risk factors “Low Birth Weight” and “Prematurity” should be autocalculated by the KWIC system. “Short Stature, Recumbent Length” would not be assigned because it is assessed based upon the adjusted gestational age and not the actual age of the infant.
2. The risk factor “Tobacco Smoke Exposure in the Home” should be assigned by the CPA.

The risk factor “Infant Born to a WIC Eligible Woman” should not be assigned because it should only be assigned to infants less than 6 months old, Molly is 7 months old.

The risk factor “Inadequate Vitamin/Mineral Supplementation” should not be assigned because Randy is taking the supplement Poly-Vi-Flor. Poly-Vi-Flor contains at least 0.25 mg/Fluoride and 400 IU Vitamin D.

The risk factor “Assumed Risk for Infants and Children between 4 and 24 mos” should not be assigned because at least one other risk factor has been identified.

3. No, since both Mary and Molly are eligible at the same priority (Priority 1) it is not necessary to assign any additional risk factors.
4. The rationale for the risk factors for “Prematurity”, and “Low Birth Weight” are documented on the Anthropometric Measurements window.

The rationale for the risk factor “Tobacco Smoke Exposure in the Home” should be documented on the Health Interview window.

Edgar Eggplant

1. The risk factor “Underweight (Weight/Length)” should be autocalculated by the KWIC system.
2. The risk factor “Foster Care” should be assigned by the CPA.

The risk factor “Assumed Risk for Infants and Children between 4 and 24 mos” should not be assigned because at least one other risk factor has been identified.

3. The rationale for the risk factor “Underweight (Weight/Length)” is documented on the measures tab.
4. The rationale for the risk factor “Foster Care” should be documented by checking the “Foster Child” field on the Demographics tab of the Homepage and indicating the length of time the child has been in this foster home as a risk note or on the notes window.