

Child Nutrition Questionnaire (English)

1. Check all that your child takes:

- Medicine \_\_\_\_\_
- Vitamins/Minerals \_\_\_\_\_
- Herbal teas/herbal products \_\_\_\_\_
- Home remedies \_\_\_\_\_
- none

2. Check all that your child uses to eat or drink:

- breast  baby bottle  sippy cup  his/her fingers
- regular cup  spoon or fork  other \_\_\_\_\_

3. Does your child skip meals or have a limited amount of food at meals because there is not enough money to buy food?  Yes  No

4. Do you have a working stove, refrigerator, and sink?  Yes  No

5. Check how often your child eats these foods:

Meat, poultry, fish, beans, or eggs	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Milk, yogurt, or cheese	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fruits	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Vegetables	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Grains- cereal, bread, rice, pasta, tortillas	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Cookies, cakes, pies, candy	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fried foods, french fries, sausage, hot dogs, bacon	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never

6. Check all that your child drinks:

- breast milk  soy milk  soda
- whole milk  water  Gatorade
- 2% reduced fat milk  fruit drink  tea
- 1% reduced fat milk  100% fruit juice
- fat free milk  other \_\_\_\_\_

7. Check all that your child eats:

- hard candies  seeds  dirt
- Gum drops  raisins  clay
- chewing gum  dried fruit  chalk
- chips  whole grapes  ashes
- popcorn  hot dogs  laundry starch
- pretzels  Cornstarch
- nuts  uncooked meat  baking soda
- spoonfuls of peanut butter  uncooked fish  crayons
- uncooked eggs  large amounts of ice

8. Does your child eat fast food meals more than 2 times a week?  Yes  No

9. How do you know when your child is hungry?

How do you know when your child is full?

10. Does your child go for:

- regular health check-ups?  Yes  No
- regular dental check-ups?  Yes  No

11. Check all your child has had in the last month:

- diarrhea  constipation  vomiting  nausea
- difficulty chewing or swallowing  unable to feed self
- dental problems
- special diet: \_\_\_\_\_
- health or medical problem: \_\_\_\_\_
- food allergy or problem: \_\_\_\_\_
- none

12. What is your child's usual daily activity?

- Very active (plays actively 2 or more hours per day)
- Active some of the time (plays actively about 1 to 2 hours per day)
- not active

13. How many hours a day does your child watch TV, play at the computer, or play video games? \_\_\_\_\_ hours per day.

14. Does your child eat meals provided by a child care center or at school?  Yes  No

15. Do you have any questions or concerns about your child's health, diet, feeding, or growth?

- Yes  No

If yes, please describe \_\_\_\_\_

16. Please offer any suggestions on what WIC can do to better serve you and your family. \_\_\_\_\_



## Nutrition Education Flow Sheet (Child)

✓ Topics Discussed		Primary Education	Secondary Nutrition	Secondary Nutrition
			Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____
	Reinforce Good Points in Diet			
	Nutritional Value of WIC Foods			
General Nutrition	Meat / Meat Substitutes			
	Dairy / Milk / Milk Substitutes			
	Fruits / Vegetables			
	Bread / Cereal			
	Good Quality Snacks			
	↑ Calcium Sources			
	Foods to Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)			
	Medicine / Vitamins / Minerals			
	↓ Empty Calories & Sweet Drinks			
	Dental Care / Weaning to Cup / Baby Bottle Caries			
Physical Activity	Weight Management			
	Exercise Benefits / Frequency			
	Physical Activity / Play as a Family			
	Alternatives to TV / Video Time			
Parenting Skills	Modeling Positive Behaviors			
	Stress Free Feeding			
	Picky Eating			
	Goal Setting			
	Immunizations			
	<b>*Alcohol, Tobacco, Drugs &amp; other Harmful Substances</b>			
	Other: (Specify)			

**Only use risk 401 – (Other Dietary Risk) if no other risk is identified.**

- 12-23 months- Risk of Inappropriate Complementary Feeding Practices
- ≥ 2 years of age- Failure to meet Dietary Guidelines

### Inappropriate Nutrition Practices for Children

**WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.**  
 Yes     No

- Routinely feeding inappropriate beverages as the primary milk source.<sup>(6)</sup> \_\_\_\_\_
- Routinely feeding a child any sugar containing fluids.<sup>(6)</sup> \_\_\_\_\_
- Routinely using nursing bottles, cups, or pacifiers improperly.<sup>(2)</sup> \_\_\_\_\_
- Routinely using feeding practices that disregard the developmental needs or stages of the child.<sup>(2,7)</sup> \_\_\_\_\_
- Potentially unsafe food consumption.<sup>(7)</sup> \_\_\_\_\_
- Routinely feeding a diet very low in calories and/or essential nutrients.<sup>(3,5)</sup> \_\_\_\_\_
- Feeding dietary supplements with potentially harmful consequences.<sup>(1)</sup> \_\_\_\_\_
- Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.<sup>(1,5,6)</sup> \_\_\_\_\_
- Routine ingestion of nonfood items (pica).<sup>(7)</sup> \_\_\_\_\_

Note: the number(s) after each statement correspond to the related nutrition questionnaire.

### \*Required Documentation

Primary Nutrition Contact	
Comments:	
*Plan / Goals:	
	*Sign./Title/Date: _____