



Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_

## 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 ☐ uncooked fish ☐ crayons  
peanut butter ☐ 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. \_\_\_\_\_

STOP HERE



## 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)			
<b>Only use risk 401 – (Other Dietary Risk) if no other risk is identified.</b> ➤ 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: _____	