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
   - 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:

<table>
<thead>
<tr>
<th>Food</th>
<th>Daily</th>
<th>Some days</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat, poultry, fish, beans,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or eggs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk, yogurt, or cheese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grains- cereal, bread, rice,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pasta, tortillas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cookies, cakes, pies, candy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fried foods, french fries,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sausage, hot dogs, bacon</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Check all that your child drinks:
   - Breast milk
   - Whole milk
   - 2% reduced fat milk
   - 1% reduced fat milk
   - Fat free milk
   - Soy milk
   - Water
   - Fruit drink
   - Tea
   - Gatorade
   - Other

7. Check all that your child eats:
   - Hard candies
   - Gum drops
   - Chewing gum
   - Chips
   - Popcorn
   - Pretzels
   - Nuts
   - Spoonfuls of peanut butter
   - Seed
   - Raisins
   - Dried fruit
   - Whole grapes
   - Hot dogs
   - Laundry starch
   - Comstarch
   - Baking soda
   - Crayons
   - Uncooked meat
   - Uncooked fish
   - Uncooked eggs
   - Dirt
   - Clay
   - Chalk
   -ashes
   - 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)**

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

**Inappropriate Nutrition Practices for Children**

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

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

**Primary Nutrition Contact**

*Comments:*

*Plan / Goals:*

*Sign./Title/Date:__

---

**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

---

**Primary Nutrition Contact**

*Comments:*

*Plan / Goals:*

*Sign./Title/Date:__