

Complete Questions - Child

JULY 2014

A: 100's Anthropometric

Height/weight, %tiles, anything related to weight gain, loss, growth

- (Ask only if concern) What has your doctor said about your child's growth?
- How do you feel about your child's growth?
- PROBE for these topics depending on what participant shares: Family's feelings on growth, weight change, prematurity/birth weight (if under 2 years)

B: 200's Biochemical

Blood tests, anything related to blood- anemia, lead

- (If low hgb) What has your doctor said about your child's iron?
- (If low hgb) What do you know about anemia?
- Has your child had a lead test before? 211

C: 300's Clinical

Health/medical conditions, anything related to medical history, medical conditions

- Does your child have any medical or nutrition conditions such as jaundice, allergies, lactose intolerance, weight loss, recent surgery, or dental issues? 134, 353, 355, 357, 359, 360, 381, others
- When was the last time your child had a checkup at the doctor?
- Are immunizations up-to-date?

D: 400's Diet and Nutrition

- What is meal time like for your family?
- What makes you the most happy about your child's eating?
- Do you offer any vitamins, supplements, or herbal remedies? 425G, 425H
- Does your child follow a special diet or have any restrictions? 425F, 425D
- Does your child eat non-foods item? 425I
- Does your child feed themselves? 425D

COMPLETE QUESTIONS - CHILD

- How do you feel if your child doesn't finish his/her plate? 425D
- Tell me about the beverages your child drinks.
 - Water – what kind?
 - Milk – which type? 425A
 - Juice/sugary beverages – how often? 425B
- What does your child drink from? (bottle, sippy, open cup) 425C
- What are some of your child's favorite foods/snacks? (Look for choking hazards & appropriate textures) 425D
- Are you offering cold deli meat, cold hot dogs, or soft cheese to your child? 425E

E: 900's Environmental/Other Factors

- What are some physical activities that your child enjoys?
- Are there times when anyone makes you feel unsafe for your child or yourself? 901
PROBE for safety/abuse, drug/alcohol abuse, foster care 902, 903, 904
- Do you feel your family could use support from other programs for housing or food at this time?

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