

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

HEALTH

Answer questions in the Health and Nutrition sections below, as applicable.

1. *Do you have any questions or concerns about your baby's:

- Appetite, Breastfeeding, Formula Intake, Health, Weight Gain/Growth, No Concerns, Other: _____

2. *How do you feel about your baby's growth?

- Too slow, Just right, Too fast

3. *Parent Present with BMI ≥ 30: *Mother

- Yes, No, Not present

*Father

- Yes, No, Not present

(Risk 114, if Father's BMI ≥30 at cert)

(Risk 114, if Mother's BMI ≥30 at conception or 1st trimester)

4. *Does your baby have any health or medical issues?

- Yes, No

Details:

- AIDS, Asthma, Bronchitis, Cancer, Cardio-respiratory/heart disease, Celiac disease, CNS disorders, Cerebral Palsy, Cystic Fibrosis, Depression, Developmental, sensory, or motor delays, Diabetes mellitus, Down syndrome, Eating disorders, Epilepsy, Gallbladder diseases, Gastroesophageal reflux, Gastrointestinal diseases, Genetic/congenital diseases, Hepatitis (A, E), Hepatitis (B, C, D), HIV, Hypertension and prehypertension, Hypoglycemia, Inborn errors of metabolism, Limited Ability, Listeriosis, Liver disease, Meningitis, Multiple sclerosis, Muscular dystrophy, Neural tube defects, Nutrient deficiency diseases, Parasitic infections, Recipient of Abuse <6 mos, PKU, Pneumonia, Renal disease, Surgery/trauma/burns within the past 2 mos, Thyroid disorders, Other: _____

5. *Does your baby regularly take any medications?

- Yes, No, Unknown

*If yes, check all that apply.

- Antigout, Blood formation/coagulation, Cardiac/blood pressure/lipid, Digestive enzymes, Diuretic, Hormones: growth, steroid, other, Insulin/antidiabetic, Thyroid/antithyroid, Other: _____

Nutrition Risk(s) Identified:

Illinois State WIC Program

Category: Infant

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6. *Does your baby have any food allergies? Yes No

*If yes, please select. (Risk 353)

- Milk Nuts Fish Shellfish
- Soy Peanuts Wheat Corn
- Eggs Other: _____

6. *Does your baby take any of the following?

- *Vitamin/Minerals Yes No #/wk____ Excessive Inadequate
- *Herbs/Supp/Remedies Yes No

(Risk 411.10 if 'excessive' is selected for any; if yes, to Herbs/Suppl/Remedies.)

(Risk 411.11 if 'inadequate' or 'no' are selected for fluoride (6mo and older) or Vit. D (if exclus BF.)

8. *Does your baby have access to dental care? Yes No N/A

9. *Does your baby have any dental problems? Yes No N/A

*If yes, please select. (Risk 381)

- Tooth decay Gingivitis Periodontal disease
- Oral conditions which impairs eating (tooth loss/ineffectively replaced teeth/oral infections)
- Other: _____

10. *Does anyone living in the home smoke inside? Yes (Risk 904) No

Nutrition Risk(s) Identified: _____