Nutrition Assessment Module

Introduction to Nutrition Assessment- Section 1

Objectives

After completing this lesson, you will be able to:

- State the main purposes of a nutrition assessment.
- Define medical and dietary risks.
- Describe medical and dietary risks codes as they relate to all nutrition risk codes.

Overview

As a CPA, one of your certification tasks will be to complete a nutrition assessment to determine if a participant has a dietary or medically diagnosed risk. This process involves conducting a medical, as well as a dietary assessment. Doing these assessments requires the CPA to understand what the different medical and dietary risk codes are and how they apply to each participant. The nutrition assessment guides your discussion and determines what information, referrals, or resources need to be shared with the participant.

What is a medical assessment?

A medical assessment is when the CPA gathers information from the participant to see if the person has a physical or medical condition that may impact their health and nutritional status. The CPA evaluates information gathered from the participant's health history, current medical condition, and health/lifestyle habits. For example, a pregnant woman's health history has information regarding past pregnancies that is helpful to know for the current pregnancy.

Knowing that the participant has a current medical condition, such as diabetes, is critical for risk code assignment and nutrition counseling. Finally, lifestyle habits such as alcohol, drug, or tobacco use, are also important for the CPA to know about in order to provide appropriate referrals and education. This information is gathered by using the fields in the Health Information tab in the WIC Information System, as well as a few of the medical-related questions in the Nutrition Assessment Tab.

What is a dietary assessment?

A dietary assessment is when the CPA gathers information from the participant about their eating behaviors and uses that information to determine any risks. The term "eating behaviors" is used to describe everything about a person's relationship with food. Eating behaviors are more than just what or how much a person eats on any given day. Behaviors include how a person feels about foods, their normal eating pattern, foods they prefer or avoid, dietary supplements they take, and foods or food habits that are specific to their culture.

The questions in the "Nutrition Assessment Tab" are used to find out about these eating behaviors. The questions ask about appetite, meal patterns, attitudes/beliefs about feeding their children, favorite foods, cultural food preferences, etc. Assessment of eating behaviors results in a better understanding of the family's nutrition status and possible nutrition risks. These assessments are just parts of a full assessment.

Anthropometric and biochemical assessments should be completed first. Identifying any height, weight, or hemoglobin concerns provides context for medical and dietary assessment. The following shows the ideal order to conduct the assessments during a typical certification.

FULL ASSESSMENT

- Income screening/applicant demographics
- Anthropometric measurements (height & weight)
- Biochemical measurement (iron level)
- Medical assessment
- Dietary assessment

COUNSELING

- Nutrition Education
- Referrals
- Food package assignment
- Benefit issuance

There is a step-by-step process that guides us through a participant-centered certification process. It is important to note that all the assessment steps are used to determine eligibility. Once all the information gathering steps have been completed (**full assessment**), it is then time for counseling (**participant-centered counseling**) and offering individualized nutrition education and referrals (as needed).

Let's take a moment to quickly go over the five steps in the nutrition assessment process.

Assessment Steps:

Nutrition assessment can be divided into 5 steps:

1. **Ask** the participant about their health status and feeding behaviors.

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2. Use **probing questions** to gather more information.

3. **Determine** medical and dietary risk codes, where applicable.

4. Use **critical thinking skills** to **review** all information and to determine counseling needs and appropriate nutrition intervention.

5. **Document** risk codes and other pertinent information in the WIC Information System.

What is the purpose of the nutrition assessment?

1. **To identify risks.** During the nutrition assessment, you will have the opportunity to identify health conditions and discuss feeding behaviors with the participant. Through this conversation, you will be able to identify the participant's medical and dietary risks. Identifying medical and dietary risk codes will involve the use of probing questions and critical thinking skills.

2. **To guide nutrition education.** By identifying participants' risks and concerns, you will be able to provide targeted nutrition education specific to their interests and concerns. You will then be able to refer them appropriately (as needed) and make a plan for their return visit.

3. **To collect data.** The pertinent information and data gathered during a nutrition assessment should be entered into the WIC Information System. This allows other staff to review the participant's record in order to see the reason the participant is enrolled in the WIC program. This data may also be used to generate reports to demonstrate the effectiveness of the WIC program.

What are Medical and Dietary Risk Codes?

WIC's nutrition risk factors can be classified into four groups:
All risk codes are found on the WIC Risk Criteria page

- Anthropometric Risk Codes

- Biochemical/Clinical/Health Medical Risk Codes

- Dietary Risk Codes

- Other Risk Codes

NOTE: This module will focus on the Medical and Dietary Risk Codes. The Anthropometric and Biochemical Risk Codes are described in other modules.

Medical risk codes reflect a person's health history and current medical condition. These also include health or lifestyle habits, such as alcohol, drug, or tobacco use. Medical risk codes are a subset of all the nutrition risk codes used. These risk codes refer to things like prenatal and postpartum conditions as well as nutrition-related conditions and substance abuse behaviors. All of the medical risk codes are in the 300s.

Medical Risk Codes

There are seven main Medical Risk Codes:

- **300's** – Pregnancy-Induced Conditions
- **310's** – Delivery of Low-Birthweight/Premature Infant
- **320's** – Prior Stillbirth, Fetal, or Neonatal Death
- **330's** – General Obstetrical Risks
- **340-360's** – Nutrition-Related Risk Conditions (e.g., Chronic Disease, Genetic Disorder, Infection)
- **370** – Substance Abuse (Drugs, Alcohol, Tobacco)
- **380** – Other Health Risks

Dietary risk codes reflect a participant's feeding behaviors and are based on food intake. Dietary risk codes are only a small portion of all of the nutrition risks. Dietary risk codes are based on the actions and behaviors of the participant, rather than any physical or medical factors. All of the dietary risk codes are in the 400s.

Dietary Risk Codes

There are five main Dietary Risk Codes:

- **401** – Failure to Meet Dietary Guidelines for Americans for Women and Children (Ages 2-5 years).
- **411** – Inappropriate Nutrition Practices for Infants.
- **425** – Inappropriate Nutrition Practices for Children.
- **427** – Inappropriate Nutrition Practices for Women.
- **428** – Dietary Risk Associated with Complementary Feeding Practices (Infants and Children ages 4-23 months).

Even though there are only 5 major dietary risk code categories, you will see that the dietary risk codes **411**, **425**, and **427** have numerous sub-risks, or subsets of inappropriate nutrition practices. Each sub-risk code has an alphabetical letter that helps identify its specific inappropriate nutrition practice. For example, risk code **411 – Inappropriate Nutrition Practices for Infants**, is broken down into 11 sub-risks. Each sub-risk is indicated by an alphabetical letter. So, risk code **411B – *Routinely using bottles or cups improperly***, is one type of an inappropriate nutrition practice for infants.

Practice Activity- A

1. Observe another CPA doing a nutrition assessment.

   a) Where in the certification process did, they complete the assessment?

   b) How did they get the information needed to assign medical and/or dietary risk codes?

   c) How did the medical and/or dietary risk code relate to the nutrition education provided to the participant?

2. Look at the Risk Code Criteria for Dietary Risk Codes (400s). (See WIC Risk Criteria)

   a) How many sub-risks are there for 411? _____

   b) How many sub-risks are there for 425? _____

   c) How many sub-risks are there for 427? _____

   d) How many sub-risks are there for 401? _____

   e) How many sub-risks are there for 428? _____

Skills Check #1

1. What are the 5 steps of a nutrition assessment?

2. What are the 4 groups of nutrition risk codes?

3. What are the 3 reasons to do a nutrition assessment?

4. How is a dietary risk code different than other nutrition risk codes?

The CPA's Role- Section 2

Objectives

After completing this lesson, you will be able to:

- Correctly assign risk codes using both objective and subjective information from the participant.
- Correctly document medical and dietary risk codes.

Overview

It is the CPA's role to do a complete nutrition assessment to determine WIC eligibility. The CPA will use Participant Centered Services and critical thinking skills to identify medical or dietary risk codes and determine the appropriate course of action based on the participant's specific needs. The CPA is responsible for completing documentation as appropriate.

Considerations for Assigning Risk Codes

During a certification, a CPA collects information to help assign risk codes. Some information will come from the conversation with the participant and may include their answers to both open-ended and closed-ended questions. Other information will come from observation, like the participant's weight, height, and blood test. Comments from the participant are considered 'subjective'. Things you observe are considered 'objective' and are true to the best of your knowledge.

Subjective information

- Information from the participant
- What they tell you (**verbal**)

Objective information

- Information you gather or observe (**nonverbal**)
- Weight, height, blood work

Both objective and subjective information should be considered when deciding what risk code to assign to a participant. Take a moment to consider all the information you have gathered and make sure that what you hear matches what you observed. For example, if a pregnant woman says she feels great and is eating well, but she has lost a lot of weight, you will need to dig deeper to figure out what is going on.

Critical Thinking

In nutrition assessment, critical thinking enables the nutrition professional to organize assessment data into a nutrition care plan. It is a process of putting together facts, informed opinions, active listening, and observations to arrive at conclusions that lead to the relevant plan of care.

Most people use critical thinking each day, to solve problems.

5 basic components to critical thinking:

1. **Collect all pertinent information;** including the objective data (measurements, blood work, etc.), details gained from discussions with the participant, clues from observing the participant (subjective data) and any other relevant information.

2. **Ask additional questions**; clarify responses while disregarding irrelevant information.

3. **Recognize which factors contribute;** include identifying relationships between behaviors and nutritional risks.

4. **Consider the participant's point of view;** discuss nutrition and health priorities, needs, and concerns. Remain open-minded and avoid stereotyping participants.

5. **Check for accuracy;** determine if there are unusual or inconsistent measurements.

Critical thinking requires the ability to observe, interpret, analyze, and come to a conclusion from both the subjective and objective information gathered during an assessment. The CPA can prioritize the concerns and develop the appropriate plan of action.

Documentation for Medical and Dietary Risk Codes

In addition to selecting the risk code in the WIC Information System, those that are selected in the Nutrition Assessment Tab require additional documentation. Additional documentation is required to clarify why the risk code was selected. You will also need to document any special concerns you had or why you referred a participant to a health care or social service organization.

Each local agency has a procedure that states where a CPA should document additional information. Be sure to check with your local agency coordinator to determine where and how you need to document additional information about medical and dietary risk codes.

Medical & Dietary Risk Codes- Additional Documentation:

When?

- If more information is needed to clarify why the risk code was selected.
- If you made a health or community referral.

What?

- Document the exact medical situation or specific feeding behavior that caused the selection of the risk code.
- Document what referral you provided, so staff are able to follow up with the participant at the next appointment.

Where?

- Follow your local agency procedure for the appropriate documentation process.

Practice Activity- B

1. What is your agency's procedure for documenting medical and dietary risk codes? Write the location of the documentation here.

2. Who would you consult with if you had a question about either a medical or dietary risk code or a referral?

Skills Check #2

1. What is the difference between subjective and objective information? Give an example of each.

2. What are the five basic components to critical thinking?

3. Show an example of documentation for a medical and a dietary risk code using the procedure at your local agency.

Gathering Information from the Participant- Section 3

Objectives

After completing this lesson, you will be able to:

- Use open-ended and probing questions to gather information from the participant.
- Use the appropriate nutrition assessment tools.

Overview

Gathering information from the participant in order to complete the nutrition assessment requires using a skill-based technique to interpret both verbal and nonverbal responses and behaviors in a culturally sensitive and appropriate manner. It is up to the CPA to engage the participant in a conversation about their medical condition(s), lifestyle behaviors, attitudes and actions relating to food. The exchange of information should not feel intrusive to the participant while still allowing the CPA to complete the assessment.

Information Needed

Use the appropriate WIC Nutrition Assessment tool as a guide for collecting and evaluating relevant information about the participant's health and diet and eating/feeding patterns. The questions are found in the Nutrition Assessment Tab in the WIC Information System. (Your agency may choose to use a paper copy of the questions rather than the tab). Personalizing these questions is acceptable, as long as you gather all the necessary information covered by the fields found in the Health Information tab and the questions in the Nutrition Assessment Tab. You may find that asking the questions in a different way or in a different order feels more comfortable to you. Knowing when to use probing questions will help you to get a better understanding of the participant. The intent of the Nutrition Assessment is to collect adequate information to assess for all possible risk codes for the participant's category.

Here is an example that demonstrates how you could reword the questions:

- **Instead of**: "How do you know when your baby is ready to eat?"
- **You may ask**: "What are some ways that your baby lets you know it's time to eat?"

> **NOTE**: Remember that the questions in the Nutrition Assessment Tab are a guide to collect information for assessing risk.

Asking Open-ended Questions

To encourage as much discussion with clients as possible, **open-ended questions** rather than close-ended questions should be used. Open-ended questions allow the participant to share, in their words, how they feel about an issue or about changing their behavior. Close-ended questions will result in only "yes" or "no" responses or short answers.

A helpful hint:

- **Use** questions that begin with the words: What, When, Where Why, and How.

- **Avoid** questions that begin with the words: Will, Do, Does, Would, and Have.

Open-ended questions allow for the participant to do the sharing and builds on trust while gathering information. For example: When talking with a pregnant woman who has gained a lot of weight in the first few months, ask her what she thinks caused such rapid weight gain. She is the expert on her eating habits and will be able to best explain changes. If you then ask her what she thinks she should do to slow down the weight gain, she can probably tell you that too. Affirm her responses by reflecting on what has been shared. If she's missed an important factor or you are not sure you understand, you can probe to get more information.

Allowing adequate time for people to think and respond is important. Silence can feel awkward to people. Try to control your own impulse to fill the gap so that the participant can do the talking. Silence can effectively motivate most people into sharing.

Characteristics of open-ended questions

- Often start with what, how, or tell me.

- Client does most of the talking.

- Encourages the participant to give specific details.

- Rarely elicit a yes/no or very short answer.

- There are no right or wrong answers.

Examples of open-ended questions

- "What have you tried already?"

- "Why do you think that did not work for you?"

- "How do you feel about your child's weight?"

- "Tell me about a time your child refused dinner and how you would respond."

Conversation with the participant will move from open-ended questions to more specific probing questions as you discuss the participant's feeding attitudes and actions.

Probing Questions

Using probing questions helps to gain a better understanding of the participant's desire to address concerns and move forward to plan for change. Probing questions also clarify and elicit information needed to complete a full nutrition assessment. Probing questions seem less threatening if you soften or personalize them. You can do this by using the participant's exact words, using their name, pausing, or adding extra words.

Extending probes

Ask the participant to tell you more about what she just said.

- "So, Jamie, what are thoughts on introducing Parker to solid foods?"
- "Sara, could you tell me more about the special diet you are on?"
- "What else have you heard about weaning from the bottle, Margie?"

Clarifying probes

Ask the participant to clarify what she said.

- "Joyce, what are your reasons for avoiding those foods?"
- "Minnie, tell me why you are pretty sure Mickey is allergic to milk."

Reflecting probes

Restate what the participant said so she knows that you've heard her, and it may encourage her to say more.

- "So, Sally, you don't think Patrick will eat any vegetables?"
- "Your concern is about Ben's allergies; what has his doctor shared with you about that?"

Redirecting probes

Direct the participant to explore a different but related concern.

- "Your main concern is about Ben's allergies; what thoughts do you have about the way he is eating?"

A time for closed-ended questions

Sometimes you need specific information in order to correctly assign a risk code. In those situations, you may occasionally need to ask a close-ended question to get a specific answer.

- "Is your child receiving fluoride?"

Example: Putting it all together

You may be wondering, "How will I know when I need to ask more probing questions?" The answer is quite simple – once you get the information you need, move on! Let's look at a scenario that demonstrates how this might look.

CPA: So, Kay, now that you are pregnant, how is eating going for you? **(Open-ended question)**

Kay: Not so good.

CPA: I'm sorry to hear that you're struggling. Can you tell me a bit about what that looks like for you? **(Probing question)**

Kay: Well, I can't seem to keep anything down. I get sick all the time.

CPA: That can be difficult. What have you tried that helps? **(Probing question)**

Kay: I try to nibble on some saltines. That seems to be the only food I can stomach.

CPA: Oh my, it sounds like you are not able to eat very much at all.

[The CPA mentally compares what Kay is saying to Kay's reported weight gain and notes that her weight gain is a little lower than ideal.] **(Critical thinking)**

CPA: What does your doctor say about your nausea and weight gain? **(Probing question)**

Kay: The doctor was the one that suggested the crackers. He said that this is pretty normal for the first part of the pregnancy and not to worry if I don't gain much weight at first. He thinks I will make up for it later.

CPA: I bet you were glad to hear that! So, Kay, given how nauseous you are feeling, are you taking any vitamins to supplement your diet? **(Close-ended question)**

Kay: I've tried, but I usually end up throwing them up, too.

Continue to the next page for skills check and practice activity

Skills Check #3

1. For each of the following scenarios, develop a probing question that will allow you to gather more information from the participant. You can use the Nutrition Assessment Tools (WIC Nutrition Assessment) for ideas.

> **CPA:**   "What concerns do you have regarding your health or eating?"
> **Participant:** "It's hard for me to find time to eat because I'm so busy."
> **CPA probe:**

> **CPA:**   "What textures do you feed Dylan?" (1 year old)
> **Participant:** "He doesn't have any teeth, so I just give him really soft, mushy foods."
> **CPA probe:**

> **CPA:**   "How is breastfeeding going?"
> **Participant:** "Not good."
> **CPA probe:**

2. Change these close-ended questions into open-ended questions.

   - "Are you giving solid foods yet?"

   - "Do you want to breastfeed?"

   - "Is your child's appetite good?"

   - "Do you give your child fruits and vegetables?"

Practice Activity- C

1. Review the Health Information Tab in the WIC Information System as well as the Nutrition Assessment Tools (WIC Nutrition Assessment) found on the MN WIC website. Think about how you will ask the questions to get the information that you need.

2. Ask a co-worker to role-play as the participant and practice asking open-ended and probing questions. Use the Nutrition Assessment Tools (WIC Nutrition Assessment) as well as the Health Information tab in the WIC Information System. Repeat the exercise for each category of participant that WIC serves.

Variation in Diet- Section 4

Objectives

After completing this lesson, you will be able to:

▪ Identify the different considerations that impact dietary risk code assignment.

Overview

In some ways, assessing for dietary risk codes is more difficult than assessing for other types of risk codes. If a person has been diagnosed by their health care provider with a specific disease, it is easy to say they have a particular risk based on that diagnosis. If the hemoglobin falls below a certain level, the WIC Information System will even assign the risk code for you! Dietary risk codes are based on the participant's behavior related to food. What, where, when, and how a person eats or feeds their child changes from one day to the next. CPAs will have to get clarification from the participant, interpret what is shared, and use critical thinking to determine if they have a particular dietary risk.

After reviewing the WIC Risk Criteria, you will find that there are certain terms that are used which may indicate that a risk code is not clear-cut. A few of these terms will be addressed in this module.

Routine

Many risk descriptions use the word "**routine**". What does routine mean? As it relates to dietary risk codes, a routine feeding behavior is one that happens on a regular basis. If a feeding behavior only happened once, or happens rarely, and doesn't impact the participant's health, then it would not be considered routine, and therefore, would not be a dietary risk.

Critical Thinking: It will be very important to use probing questions to get more information from the mother to find out if the feeding behavior is routine.

Examples of "routine" behaviors:

- "I never let Rosie use the spoon. She is just too messy."

- "I always put him to bed with a bottle."

- "The only thing Lexie drinks from a cup is Kool-Aid."

Examples of behaviors that are NOT routine:

- "She tried Pepsi once, and really didn't like it."

- "Since she is so close to a year old, we have been giving her a little whole milk in her cup every once in a while."

- "Even though he is over a year, his nana still gives him baby food sometimes."

Appropriate and Inappropriate

Two other words that are not clear-cut are the words "appropriate" or "inappropriate". What is appropriate for one participant could be inappropriate for another. Appropriate feeding practices could be matched to the person's age, development, and abilities. For example, giving an infant a bottle is appropriate for their age and development. Giving a bottle to a healthy three-year-old would be inappropriate for their age and development.

There are many variables to consider when determining if something is appropriate or not. Children develop at different rates, which means that each infant or child could be developmentally ready for a change of feeding practice at different times. Illness or special health care needs can also impact what is appropriate for an infant or child.

You will learn more about what is appropriate for each category of participants by completing other training modules.

Practice Activity- D

Use the Risk Code Criteria 411 Inappropriate Nutrition Practices for Infants document to answer the questions for the following scenarios. Discuss your answers with your supervisor.

1. Marcia is in your office today with her 6-month-old, Ben. Marcia says, "I run out of formula by the end of the month, so I have to give Ben cow's milk for about a week every month."

    ▪ What probing questions might you ask?

    ▪ Would this be considered routine?

2. Esmeralda has her 8-month-old son, Jaime, to see you today. Esmeralda says, "Jamie's dad says that the baby cereal tastes pretty bad by itself, so when he feeds him, he puts in a little sugar to make it taste better. He watches Jaime when I work on the weekends and gives him cereal then."

    ▪ What probing questions might you ask?

    ▪ Would this be considered routine?

A Complete Nutrition Assessment- Section 5

Objectives

After completing this lesson, you will be able to:

- Define a complete nutrition assessment.

Overview

How will you know when you are done with the nutrition assessment and ready to move on to the next part of the certification? It can be difficult to tell when you have gathered all the information you need. Before you begin providing nutrition education, it is important to make sure you have done a thorough and complete assessment and that you have assigned all the appropriate risk codes.

Five Steps for Completing a Nutrition Assessment

Let's start by reviewing the five steps for completing a nutrition assessment that were covered in Section 1 of this module.

STEP 1:   Ask the participant about their health status and feeding behaviors.

STEP 2:   Use probing questions to gather more information.

STEP 3:   Determine medical and dietary risk codes, where applicable.

STEP 4:   Use critical thinking skills to review all information and determine risk codes are appropriately assigned.

STEP 5:   Document risk codes in the WIC Information System.

STEP 1: Ask About Health Status and Feeding Behaviors

When talking with a participant, ask enough questions so you feel that you have a complete picture of health status and normal feeding behaviors. The Health Information tab is straightforward which helps make it easy to determine when you've gathered the pertinent information.

Feeding behaviors can be more difficult to understand. It may be helpful to think about feeding behaviors as having 3 basic topic areas: **attitudes**, **actions**, and **supplementation**. The questions listed in the Nutrition Assessment Tab are broad-based questions that touch on each of these three topic areas. Using open-ended questions will help elicit thoughts or feelings surrounding feeding behaviors. As the conversation unfolds, you will hear clues about potential dietary risk codes.

Attitudes

This broad topic area addresses what the mother **thinks** or **feels** about her or her child's diet and food intake. When talking to a mother, you might hear her talk about her appetite or about how she feels about certain foods or groups of foods. She may express concerns about what her child is eating or whether they are getting the right nutrients. The mother's attitudes about food and feeding will give you your first clues as to what to ask about next.

Actions

This topic area relates to the actions of a participant as they relate to food. These actions address what the mother **does**, rather than what she thinks. She might talk about how often she eats, foods her children like or dislike, or what she has tried or will avoid eating. She may talk about how or what she feeds her children. She may also talk about foods typical to her culture or what she eats during certain cultural or religious events.

Supplementation

Supplementation is when a mother discusses with you any kind of vitamin or mineral that has been prescribed by her health care provider for herself or her child. The mother may also speak about over-the-counter supplements, herbs, botanical remedies, herbal teas, or items purchased at a health food store.

STEP 2: Use Probing Questions

In a participant-centered discussion, you will need to be prepared to ask probing questions to learn more about a particular issue that has been raised by the mother. Only after getting all of the information, will you be able to decide whether or not to assign a risk code and if you are finished with the nutrition assessment.

The **Training Tools for Nutrition Assessment** have been developed for training purposes. Each tool shows the reason for asking each question, including suggesting some possible probing questions. Review these training tools for each WIC participant category so that you have a better understanding of each question and possible probing questions to help you ensure that you have a complete picture of the participant's feeding behaviors.

Review the other WIC Nutrition Assessment Tools and training materials to help build your skills in completing a comprehensive nutrition assessment.

STEP 3: Determine Risk Codes

After your discussion with the participant, you will need to use your critical thinking skills to determine if you have identified possible risk codes. Once you have decided on the appropriate risks, be sure that the correct risk codes are assigned. You can review risk codes on the WIC Risk Criteria page.

STEP 4: Critical Thinking and Review

Use the following questions to help you determine if you are done with your nutrition assessment.

- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)

- Is there any other information you need in order to complete the nutrition assessment?

- What topic(s) would you propose to the participant as a priority for nutrition education?

To decide if you are done:

1. Think about what you have heard and what you have seen; make sure you feel like all of the information makes sense or you know why it doesn't.

2. Think about all the possible medical risk codes for the participant's category; decide if you have heard the mother speak about those topics.

3. Think about what the mother has talked about; decide if you have heard her talk about attitudes, actions, and supplementation related to food and diet.

4. Review the risk codes assigned and make sure they are correct.

STEP 5: Document Risk Codes

Once you feel like you have covered the appropriate areas and selected the appropriate risk codes, provide documentation for the risk codes selected. Follow your local agency's procedures regarding documentation.

Moving to Nutrition Education

You have done a great job of identifying risk codes and getting relevant information from the participant, now you can move on to provide individualized participant-centered nutrition education. Remember that one of the purposes of a nutrition assessment is to guide nutrition education discussion and determine what information and resources to share with the participant. **Only after doing a complete assessment**, including gathering weight, height, blood work, health history and the diet assessment, will you have determined what the participant's concerns may be and how best to address them.

Practice Activity- E

1. Review all of the Nutrition Assessment Tools and determine which topic area – attitudes, actions and supplementation – each question addresses.

2. How do you know when you are done with the assessment phase of certification?

Final Skills Check

1. Risk Code 411, Inappropriate Nutrition Practices for Infants could be assigned to an infant who carries around a training cup filled with milk.

   T   F

2. Risk Code 425, Inappropriate Nutrition Practices for Children, could be assigned to a child who drinks untested well water.

   T   F

3. Risk Code 427, Inappropriate Nutrition Practices for Women, could be assigned to a breastfeeding woman who eats cold hot dogs.

   T   F

4. Risk Code 401, Failure to Meet Dietary Guidelines for Americans, has 3 sub units.

   T   F

5. The four groups of nutrition risk codes are: anthropometric, medical, dietary, and other.

   T   F

6. The ideal time to do the anthropometric assessment is following the nutrition assessment.

   T   F

7. The only purpose for the nutrition assessment required in WIC is to identify and assign risk codes.

   T   F

8. Height, weight and blood work are examples of objective data

   T   F

9. An example of subjective data is when a pregnant woman tells you she is eating well and feels healthy.

   T   F

10. Critical thinking draws on a person's life experiences as well as his/her education.

   T   F

11. Asking additional questions not found in the Nutrition Assessment Tab is a vital component of critical thinking.

   T   F

12. "Do you plan to breastfeed?" is an example of a close-ended question.

   T   F

13. Questions that begin with the words, "what", "when", "why" and "how" are open-ended questions.

   T   F

14. Probing questions can help you determine if a dietary practice is routine or not.

    T   F

15. Counseling is the last step in the assessment process.

    T   F

WIC Module Answer Keys

References- Complete Listing of Hyperlinks:

WIC Risk Criteria
(https://www.health.state.mn.us/people/wic/localagency/riskcodes/index.html)

411 Inappropriate Nutrition Practices for Infants
(https://www.health.state.mn.us/people/wic/localagency/riskcodes/411.html)

Nutrition Assessment Training
(https://www.health.state.mn.us/people/wic/localagency/index.html#natrain1)

WIC Risk Criteria
(https://www.health.state.mn.us/people/wic/localagency/riskcodes/index.html#dietary1)

WIC Nutrition Training
(https://www.health.state.mn.us/people/wic/localagency/index.html#nuttrain1)

Nutrition Assessment
(https://www.health.state.mn.us/people/wic/localagency/training/na.html)

Tools (https://www.health.state.mn.us/people/wic/localagency/training/na.html#tools)

WIC Module Answer Keys
(https://www.health.state.mn.us/people/wic/localagency/training/answerkeys.html)