

## Complete Questions – Child

### Participant Centered Conversation

- As a part of WIC services, I'm going to ask you a variety of questions about your child's health and eating.
- Before we get started, what health, nutrition, or other topics would you like to be sure we talk about today?

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| <b>A</b> | <p><b>100's Anthropometric = HT/WT, % tiles</b> <i>(Anything related to weight gain, loss, growth)</i></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your child's growth?</li> <li>• How do you feel about your child's growth?             <ul style="list-style-type: none"> <li>○ PROBE for these topics depending on what participant shares: Family's feelings on growth, weight change, prematurity/birth weight (if under 2 years)</li> </ul> </li> </ul>   |
| <b>B</b> | <p><b>200's Biochemical = Blood Tests</b> <i>(Anything related to blood – anemia, lead)</i></p> <ul style="list-style-type: none"> <li>• (If low hgb) What has your doctor said about your child's iron?</li> <li>• (If low hgb) What do you know about anemia?</li> <li>• Has your child had a lead test before? 211</li> </ul>  |
| <b>C</b> | <p><b>300's Clinical = Health/Medical Conditions</b> <i>(anything related to medical history or medical conditions)</i></p> <ul style="list-style-type: none"> <li>• Tell me about any medical or nutrition conditions your child has, such as jaundice, allergies, lactose intolerance, weight loss, recent surgery, or dental issues. 134, 353, 355, 357, 359, 360, 381, others</li> <li>• When was the last time your child had a checkup at the doctor?</li> <li>• Are immunizations up-to-date?</li> </ul>   |
| <b>D</b> | <p><b>400's Diet and Nutrition</b></p> <ul style="list-style-type: none"> <li>• What is meal time like for your family?</li> <li>• How do you feel about your child's eating?</li> <li>• What vitamins, supplements, or herbal remedies do you offer? 425G, 425H</li> <li>• Tell me about any special diet or restrictions your child has. 425F, 425D</li> <li>• Does your child eat anything that isn't food? 425I</li> <li>• How does your child do with feeding themselves? 425D</li> <li>• How do you feel if your child doesn't finish their plate? 425D</li> <li>• Tell me about the beverages your child drinks.             <ul style="list-style-type: none"> <li>○ Water – what kind?</li> <li>○ Milk – which type? 425A</li> <li>○ Juice/sugary beverages – how often? 425B</li> </ul> </li> <li>• What does your child drink from? (bottle, sippy, open cup) 425C</li> <li>• What are some of your child's favorite foods/snacks? (Look for choking hazards &amp; appropriate textures) 425D</li> <li>• What cold deli meat, cold hot dogs, or soft cheese do you offer to your child? How about unpasteurized milk or juice? 425E</li> </ul> |
| <b>E</b> | <p><b>900's Environmental/Other Factors</b></p> <ul style="list-style-type: none"> <li>• What are some physical activities that your child enjoys?</li> <li>• What concerns do you have about your or your child's safety? 901</li> <li>• PROBE for safety/abuse, drug/alcohol abuse, foster care 902, 903, 904</li> <li>• Do you feel your family could use support from other programs for housing, utilities, or food at this time?</li> <li>• Within the past 12 months, have you worried whether your food would run out before you got money to buy more?</li> <li>• Within the past 12 months, has the food you bought run out and you didn't have money to get more?</li> </ul>   |