

Child Assessment Questions (AQ) Tool			
Assessment Question	Risk(s)	Probing Questions	Cascades
<b>Family Demographics</b>			
Tell me a little bit about your living situation	<ul style="list-style-type: none"> <li>Homelessness</li> <li>Migrancy</li> </ul>		Homeless/Incarcerated Status Migrant Status
<b>Participant Demographics</b>			
	Foster Care (new/change in home past 6 mos.)	When did you receive the child? Do you have the foster care letter?	Foster Care Foster Child Entry Date Proof of Foster Care
<b>Health Information</b>			
<b>Introduction Statement:</b> We ask everyone these questions and we keep your information private. These are to help me learn about your child.			
<b>Would it be OK to ask you some questions?</b>			
What questions or concerns do you have today?		Tell me more...	
What was your child's birth length and weight?			Enter Birth Length Enter Birth Weight
Do you know how many weeks along you were when your child was born?			Weeks Gestation
When was the last time your child saw the health care provider?			Last Seen by Physician
<b>Can we review your child's immunization record?</b> <i>(Required to ask up to age 2. Review immunization record and document on Immunization Status pop-up)</i>	<ul style="list-style-type: none"> <li>Immunizations</li> </ul>		Immunization Status (bottom left side of screen)  Referral (if needed)
<b>Has your child been tested for lead in the past 12 months?</b> (If yes, ask the following questions): <ul style="list-style-type: none"> <li>Do you know the value?</li> <li>What was the date of the test?</li> <li>What did the health care provider say about the test?</li> </ul>	<ul style="list-style-type: none"> <li>High Blood Lead Level</li> </ul>		Assigned Risk Factors Note: Beginning in January/February 2025, the lead value will be entered on the Anthro/Lab screen, if known
<b>Does your child have any diagnosed health conditions or medical concerns?</b>	<b>Medical Health Conditions like:</b> <ul style="list-style-type: none"> <li>Drug Nutrient Interactions</li> <li>Food Allergy (severe diet impact)</li> </ul>	Tell me more...	Medical Health Conditions

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	<ul style="list-style-type: none"> <li>Fetal Alcohol Spectrum Disorders</li> <li>Gastrointestinal Disorder</li> <li>Genetic and Congenital Disorders</li> <li>Lactose Intolerance</li> <li>Nutrient Deficiency or Disease</li> <li>Oral Health Condition</li> <li>Other Medical Conditions (impacts nutritional status)</li> <li>Recent Major Surgery, Physical Trauma, Burns</li> </ul>		
<b>Is your child taking any prescribed or over-the-counter medications?</b>	<ul style="list-style-type: none"> <li>Drug Nutrient Interactions</li> </ul>	How often? What (health condition) is the medication for?	Medical Health Conditions <ul style="list-style-type: none"> <li>Add sticky note to document the name of the medication and how impacts nutrition</li> </ul>
<b>Anthro/Lab</b>			
<b>Would you like to see your child's growth chart?</b> Share growth chart or have a discussion about the chart if participant is interested.	Cascades: <ul style="list-style-type: none"> <li>Plots growth when measurements are entered.</li> <li>Auto calculates growth-related risks</li> </ul>	<ul style="list-style-type: none"> <li>What has your child's health care provider said about their growth?</li> <li>How do you feel about your child's growth?</li> </ul>	Identify Measurement Type <ul style="list-style-type: none"> <li>Enter Height</li> <li>Enter Weight</li> </ul> Share growth chart
What has your child's health care provider said about their iron?	<ul style="list-style-type: none"> <li>Low Hematocrit/Hemoglobin</li> </ul>		Enter bloodwork (Hgb. or Hct.) Enter Collected by if different than WIC staff
<b>Family Assessment</b>			
<b>The goal of the next few questions is to find out how I can support you and your family to connect you with any programs or referrals you might not be aware of. We ask all participants these questions.</b>			
<b>In the past few weeks, have you or your child been in an enclosed space (at home, in a car, at work or daycare, etc.) while someone smoked or vaped?</b>	Environmental Tobacco Smoke Exposure		Question #1 response
<b>Do you feel safe and supported at home?</b> (Follow with: We know relationships can be stressful and there are resources I can share with you.)	Recipient of Abuse (past 6 months)		Question #2 response Assigned Risk Factors

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<b>Do you have what you need to store and prepare food?</b>		Tell me more...	Question #3 response
Do you have any limitations in preparing food?	Limited Skills for Proper Nutrition	Tell me more...	Assigned Risk Consider a sticky note
Do you currently worry about running out of food and not having money to buy more?		Tell me more...	Question #4 response
Does your child have a health care provider, if so, who?			#5, #6, #7 – Medical Provider
Where did you hear about WIC? (Initial certification only)			#8 dropdown
<b>Dietary &amp; Health</b>			
<b>Your child is growing and learning quickly. Some caregivers have questions or concerns about what or how their child is eating.</b>			
<b>Tell me about your child’s eating.</b> <ul style="list-style-type: none"> <li>What kind of foods does your child typically eat?</li> <li>How do you feel about their fruit and vegetable intake?</li> <li>Tell me what mealtimes look like.</li> </ul>	No specific risk; could bring up any of the Dietary & Health risks <ul style="list-style-type: none"> <li>Not Supporting Development/Feeding Relationship</li> </ul>	Consider feeding relationship Do you enjoy mealtimes? Who serves your child at meals?	<b>Document risk(s):</b> <ul style="list-style-type: none"> <li>Participant’s Inappropriate Nutrition Practice (top of screen)</li> <li>Assigned Risk Factors</li> </ul> <b>Document Ppt response:</b> Open field
<b>What do they drink throughout the day?</b> <ul style="list-style-type: none"> <li><b>Follow up with: what type of milk and how much?</b></li> <li>Follow up with: what type of juice?</li> <li><b>Follow up with: What are they drinking out of?</b></li> </ul>	<ul style="list-style-type: none"> <li>Feeding Sugar Containing Drinks</li> <li>Inappropriate Use of Bottle/Cup</li> <li>Reduced-fat or Non-fat milk (12-23 months)</li> <li>Inappropriate Milk Substitute</li> </ul>	Tell me about how often they’re using a bottle? What’s in the bottle?  Is your child drinking out of an open top cup, sippy cup or bottle?	<b>Document risk(s):</b> <ul style="list-style-type: none"> <li>Participant’s Inappropriate Nutrition Practice (top of screen)</li> <li>Assigned Risk Factors</li> </ul> <b>Document Ppt response:</b> Open field
<b>Are there any foods your child is unable to eat because of allergies or other reasons?</b>	<ul style="list-style-type: none"> <li>Very Restrictive Diet</li> <li>Food Allergy (Health Info screen)</li> </ul>	Tell me more about the reaction	<b>Document risk(s):</b> <ul style="list-style-type: none"> <li>Participant’s Inappropriate Nutrition Practice (top of screen)</li> <li>Assigned Risk Factors</li> </ul> <b>Document Ppt response:</b> Open field

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Does your child eat lunchmeat, hot dogs, runny eggs, unpasteurized foods, or raw fish?	<ul style="list-style-type: none"> <li>Potentially Contaminated Foods</li> </ul>	<p>How are eggs cooked for your child?</p> <p>Do you heat up the lunchmeat, hotdog before your child eats it? Tell me more how these are prepared?</p> <p>How do you prepare meat for your child?</p>	<p><b>Document risk(s):</b></p> <ul style="list-style-type: none"> <li>Participant's Inappropriate Nutrition Practice (top of screen)</li> <li>Assigned Risk Factors</li> </ul> <p><b>Document Ppt response:</b> Open field</p>
Does your child eat any items, such as carpet fibers, paint chips, soil, or other items that are not food?	<ul style="list-style-type: none"> <li>Pica</li> </ul>	<p>How often do they eat this? Tell me more...</p> <p>Other examples: ashes, baking soda, foam rubber, chalk, cigarette/butts, foam rubber, paint chips, large quantities of ice</p>	<p><b>Document risk(s):</b></p> <ul style="list-style-type: none"> <li>Participant's Inappropriate Nutrition Practice (top of screen)</li> <li>Assigned Risk Factors</li> </ul> <p><b>Document Ppt response:</b> Open field</p>
<b>What vitamins, supplements, remedies, or teas do you give your child?</b>	<ul style="list-style-type: none"> <li>Inappropriate or Excessive Supplements</li> </ul>		<p><b>Document risk(s):</b></p> <ul style="list-style-type: none"> <li>Participant's Inappropriate Nutrition Practice (top of screen)</li> <li>Assigned Risk Factors</li> </ul> <p><b>Document Ppt response:</b> Open field</p>
Does your child take a Vitamin D supplement? (Follow up question if Vitamin D isn't mentioned)	<ul style="list-style-type: none"> <li>Inadequate Vitamin D Supplementation (&lt; 400 IU)</li> </ul>		<p><b>Document risk(s):</b></p> <ul style="list-style-type: none"> <li>Participant's Inappropriate Nutrition Practice (top of screen)</li> <li>Assigned Risk Factors</li> </ul> <p><b>Document Ppt response:</b> Open field</p>
Does your child take a Fluoride supplement? (Follow up question if Fluoride isn't mentioned)	<ul style="list-style-type: none"> <li>Inadequate Fluoride Supplementation (&gt; 6 mos.)</li> </ul>		<p><b>Document risk(s):</b></p> <ul style="list-style-type: none"> <li>Participant's Inappropriate</li> </ul>

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			Nutrition Practice (top of screen) • Assigned Risk Factors <b>Document Ppt response:</b> Open field
If you could change one thing about your child's eating, what would it be?	No risk Last question before moving into Nutrition Education helps transition to participants goals		Open field
<b>Eco Social (Optional)</b>			
<b>Assigned Risk Factors</b>			
	<i>Listen and assess for:</i> <ul style="list-style-type: none"> <li>• Oral Health Conditions</li> <li>• Developmental Delays Affecting Chewing/Swallowing</li> <li>• Limited Skills for Proper Nutrition or to Make Feeding Decisions</li> <li>• If no risks are identified:                             <ul style="list-style-type: none"> <li>○ Not Meeting Feeding Guidelines (12-23 months)</li> <li>○ Not Meeting Dietary Guidelines (2-5 years)</li> </ul> </li> </ul>		Assigned Risk Factors-consider a sticky note

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### Child Mid Certification Assessment Questions

(Review for a previous goal in the Individual Care Plan and follow up as appropriate.)

- **Last time you set a goal(s) of \*\*\*\*, how has that been going for your family?**
- **Has anything changed in your child’s health, eating, or physical activity since the certification on (date)?**
- **What concerns do you have?**

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To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).



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