

## Infant 5-8 Months Assessment Questions

Cascades Screen	Assessment Questions	
<p><b>Family Demographics</b></p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Migrancy</li> </ul>	<p>Tell me a little bit about your living situation.</p>	
<p><b>Participant Demographics</b></p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> <li>• Foster Care (new/change in home past 6 mos.)</li> </ul>		
<p><b>Health Information</b></p> <p><i>Listen and assess for</i></p> <p><b>Health Conditions like:</b></p> <ul style="list-style-type: none"> <li>• Drug Nutrient Interactions</li> <li>• Food Allergy (severe diet impact)</li> <li>• Gastrointestinal Disorder</li> <li>• Genetic and Congenital Disorders</li> <li>• Metabolic Disorder</li> <li>• Neonatal Abstinence Syndrome (<math>\leq 6</math> mos.)</li> <li>• Oral Health Condition</li> <li>• Other Medical Conditions (impacts nutritional status)</li> <li>• Recent Major Surgery, Physical Trauma, Burns</li> </ul> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> <li>• Immunizations</li> <li>• Breastfeeding Complications</li> <li>• Breast pump need/use</li> </ul>	<p><b>Introduction Statement:</b> We ask everyone these questions and we keep your information private. These are to help me learn about your baby. Would it be OK to ask you some questions?</p> <ul style="list-style-type: none"> <li>• <b>What questions or concerns do you have today?</b></li> <li>• <b>What was your baby's birth length and weight?</b></li> <li>• <b>At how many weeks was your baby born?</b></li> <li>• <b>Does your baby have any diagnosed health conditions or medical concerns?</b></li> <li>• <b>Is your baby taking any prescribed or over-the-counter medications?</b></li> <li>• When was the last time your baby saw the health care provider?</li> <li>• <b>Can we review your baby's immunization record?</b> (<i>Required to ask and document status on the immunization pop-up.</i>)</li> <li>• <b>How are you feeding your baby?</b></li> <li>• <b>How is feeding going?</b></li> </ul>	
	<p><b>Breastfeeding</b></p> <ul style="list-style-type: none"> <li>• <b>How often are you providing your milk to your baby?</b></li> <li>• <b>Besides your milk, what else has your baby had?</b></li> <li>• <b>How much? (In a 24-hour period)</b></li> </ul>	<p><b>Formula</b></p> <ul style="list-style-type: none"> <li>• <b>Did your baby ever receive your milk?</b> <ul style="list-style-type: none"> <li>○ <b>If yes, when was the last time your baby had your milk?</b></li> <li>○ <b>If no longer receiving your milk, tell me why your baby stopped?</b></li> </ul> </li> <li>• <b>How much formula do you give in a 24-hour period?</b></li> <li>• <b>Besides formula, what else has your baby had?</b></li> </ul>
<p><b>Anthro/Lab</b></p> <p>Share growth chart</p>	<ul style="list-style-type: none"> <li>• <b>Would you like to see your baby's growth chart?</b></li> <li>• What has your baby's health care provider said about their growth?</li> <li>• How do you feel about your baby's growth?</li> </ul>	

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	<ul style="list-style-type: none"> <li>&gt;6 months, what has your health care provider said about your baby's iron?</li> </ul>					
<p><b>Family Assessment</b></p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> <li>Environmental Tobacco Smoke Exposure</li> <li>Recipient of Abuse (past 6 months) – select on Assigned Risk Factors screen</li> </ul>	<p><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></p> <ul style="list-style-type: none"> <li><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></li> <li><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.)</li> <li><b>Do you have what you need to store and prepare food?</b></li> <li>Do you have any limitations in preparing food?</li> <li>Do you currently worry about running out of food and not having money to buy more?</li> <li>Does your baby have a health care provider, if so, who?</li> <li>Where did you hear about WIC? (Initial certification only)</li> </ul>					
<p><b>Dietary &amp; Health</b></p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> <li>Early Introduction to Solids (&lt; 6 mos.)</li> <li>Feeding Sugar-containing drinks</li> <li>Inadequate Fluoride Supplementation (≥ 6 mos.)</li> <li>Inadequate Vitamin D Supplementation (&lt; 400 IU)</li> <li>Inappropriate Formula Dilution</li> <li>Inappropriate or Excessive Supplements</li> <li>Inappropriate Substitute for Breastmilk/Formula</li> <li>Inappropriate Use of Bottle/Cup</li> <li>Limited Frequency of Breastfeeding (&lt; 2 mos.)</li> </ul>	<p><b>Some caregivers have questions about changes to the way their baby is eating. Some common topics that come up are about tastes and textures and learning to drink from a cup.</b></p> <ul style="list-style-type: none"> <li><b>Tell me about your experience feeding your baby.</b></li> <li><b>What have you heard about starting solid foods?</b></li> <li>Do you offer your baby lunchmeat, hot dogs, runny eggs, unpasteurized foods, or raw fish?</li> <li><b>What's your plan for offering a cup?</b></li> <li><b>What vitamins, supplements, remedies, or teas do you give your baby?</b></li> <li>Does your baby take a vitamin D supplement? (Follow-up question if Vitamin D isn't mentioned)</li> <li>Does your baby take a Fluoride supplement? (Follow up question if Fluoride isn't mentioned)</li> </ul> <table border="1" data-bbox="539 1480 1399 1837"> <thead> <tr> <th data-bbox="539 1480 966 1512"><b>Breastfeeding</b></th> <th data-bbox="972 1480 1399 1512"><b>Formula</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1520 966 1837"> <ul style="list-style-type: none"> <li><b>Do you pump your milk? Tell me more about that.</b></li> <li><b>How do you store your milk?</b></li> <li><b>What do you do with leftover milk after a feeding?</b></li> <li>(If no to pumping)</li> <li>Do you anticipate that changing?</li> </ul> </td> <td data-bbox="972 1520 1399 1837"> <ul style="list-style-type: none"> <li>What type of formula do you feed your baby?</li> <li><b>Can you walk me through how you prepare your baby's formula?</b></li> <li>What type of water do you use?</li> <li><b>What do you do with formula after a feeding?</b></li> </ul> </td> </tr> </tbody> </table>		<b>Breastfeeding</b>	<b>Formula</b>	<ul style="list-style-type: none"> <li><b>Do you pump your milk? Tell me more about that.</b></li> <li><b>How do you store your milk?</b></li> <li><b>What do you do with leftover milk after a feeding?</b></li> <li>(If no to pumping)</li> <li>Do you anticipate that changing?</li> </ul>	<ul style="list-style-type: none"> <li>What type of formula do you feed your baby?</li> <li><b>Can you walk me through how you prepare your baby's formula?</b></li> <li>What type of water do you use?</li> <li><b>What do you do with formula after a feeding?</b></li> </ul>
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<ul style="list-style-type: none"> <li>• Not Supporting Development/Feeding Relationship</li> <li>• Potentially Contaminated Foods</li> <li>• Unsafe Handling/Storage of Breastmilk/Formula</li> <li>• Very Restrictive Feeding</li> <li>• Developmental Delays Affecting Chewing/Swallowing</li> </ul>		
<b>Eco-Social</b>	Optional screen <b>Note:</b> If any entry's made on this screen, the Physical Activity and TV/Video Viewing dropdown requires a response for infant and child.	
<b>Assigned Risk Factors</b> <i>Assess for:</i> <ul style="list-style-type: none"> <li>• Breastfeeding Infant of Woman at Nutrition Risk (Priority 1, 2, or 4 to match priority)</li> <li>• Caregiver with Limited Ability to Make Feeding Decisions</li> <li>• Infant of WIC Eligible Mom (&lt;6 months)</li> <li>• Maternal Substance Use (during pregnancy)</li> </ul>	If no risks have been identified, assign: Not Meeting Feeding Guidelines	

This institution is an equal opportunity provider.

Washington WIC doesn't discriminate.

For persons with disabilities, this document is available on request in other formats.

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



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