

Infant 0-4 Months Assessment Questions

Cascades Screen	Assessment Questions					
<p>Family Demographics</p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Homelessness • Migrancy 	<p>Tell me a little bit about your living situation.</p>					
<p>Participant Demographics</p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Foster Care (new/change in home past 6 mos.) 						
<p>Health Information</p> <p><i>Listen and assess for</i></p> <p>Health Conditions like:</p> <ul style="list-style-type: none"> • Drug Nutrient Interactions • Food Allergy (severe diet impact) • Gastrointestinal Disorder • Genetic and Congenital Disorders • Metabolic Disorder • Neonatal Abstinence Syndrome (\leq 6 mos.) • Other Medical Conditions (impacts nutritional Status) • Recent Major Surgery, Physical Trauma, Burns <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Immunizations • Breastfeeding Complications • Breast pump need/use 	<p>Introduction Statement: 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"> • What questions or concerns do you have today? • What was your baby's birth length and weight? • At how many weeks was your baby born? • Does your baby have any diagnosed health conditions or medical concerns? • Is your baby taking any prescribed or over-the-counter medications? • When was the last time your baby saw the health care provider? • Can we review your baby's immunization record? (Required to ask and document status on the immunization pop-up.) • How are you feeding your baby? • How is feeding going? 	<table border="1"> <thead> <tr> <th data-bbox="690 1289 1084 1325">Breastfeeding</th> <th data-bbox="1084 1289 1464 1325">Formula</th> </tr> </thead> <tbody> <tr> <td data-bbox="690 1325 1084 1824"> <ul style="list-style-type: none"> • How often are you providing your milk to your baby? • Besides your milk, what else has your baby had? • How much? (In a 24-hour period) • How many wet diapers does your baby have in 24 hours? • How many soiled (poopy) diapers does your baby have in 24 hours? </td> <td data-bbox="1084 1325 1464 1824"> <ul style="list-style-type: none"> • Did your baby ever receive your milk? <ul style="list-style-type: none"> ○ If yes, when was the last time your baby had your milk? ○ If no longer receiving your milk, tell me why your baby stopped? • How much formula do you give in a 24-hour period? • Besides formula, what else has your baby had? </td> </tr> </tbody> </table>	Breastfeeding	Formula	<ul style="list-style-type: none"> • How often are you providing your milk to your baby? • Besides your milk, what else has your baby had? • How much? (In a 24-hour period) • How many wet diapers does your baby have in 24 hours? • How many soiled (poopy) diapers does your baby have in 24 hours? 	<ul style="list-style-type: none"> • Did your baby ever receive your milk? <ul style="list-style-type: none"> ○ If yes, when was the last time your baby had your milk? ○ If no longer receiving your milk, tell me why your baby stopped? • How much formula do you give in a 24-hour period? • Besides formula, what else has your baby had?
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<p>Anthro/Lab</p> <p>Share growth chart</p>	<ul style="list-style-type: none"> • Would you like to see your baby’s growth chart? • What has your baby’s health care provider said about their growth? • How do you feel about your baby’s growth? 					
<p>Family Assessment</p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Environmental Tobacco Smoke Exposure • Recipient of Abuse (past 6 months) – select on Assigned Risk Factors screen 	<p>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:</p> <ul style="list-style-type: none"> • In the past few weeks, have you or your baby been in an enclosed space (at home, in a car, at work or daycare, etc.) while someone smoked or vaped? • Do you feel safe and supported at home? (Follow with: We know relationships can be stressful and there are resources I can share with you.) • Do you have what you need to store and prepare food? • Do you have any limitations in preparing food? • Do you currently worry about running out of food and not having money to buy more? • Does your baby have a health care provider, if so, who? • Where did you hear about WIC? (Initial certification only) 					
<p>Dietary & Health</p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> • Early Introduction to Solids (< 6 mos.) • Feeding Sugar-containing drinks • Inadequate Vitamin D Supplementation (< 400 IU) • Inappropriate Formula Dilution • Inappropriate or Excessive Supplements • Inappropriate Substitute for Breastmilk/Formula • Inappropriate Use of Bottle/Cup • Limited Frequency of Breastfeeding (< 2 mos.) 	<p>You and your baby are learning a lot from each other. Some caregivers have questions about feeding times and amounts.</p> <ul style="list-style-type: none"> • Tell me about your experience feeding your baby. • What does your baby do to let you know they’re hungry and full? • What vitamins, supplements, remedies, or teas do you give your baby? • Does your baby take a vitamin D supplement? (Follow-up question if Vitamin D isn’t mentioned) <table border="1" data-bbox="690 1654 1461 1831"> <thead> <tr> <th data-bbox="690 1654 1084 1686">Breastfeeding</th> <th data-bbox="1084 1654 1461 1686">Formula</th> </tr> </thead> <tbody> <tr> <td data-bbox="690 1686 1084 1831"> <ul style="list-style-type: none"> • Do you pump your milk? Tell me more about that. • How do you store your milk? </td> <td data-bbox="1084 1686 1461 1831"> <ul style="list-style-type: none"> • What type of formula do you feed your baby? • Can you walk me through how you </td> </tr> </tbody> </table>		Breastfeeding	Formula	<ul style="list-style-type: none"> • Do you pump your milk? Tell me more about that. • How do you store your milk? 	<ul style="list-style-type: none"> • What type of formula do you feed your baby? • Can you walk me through how you
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<ul style="list-style-type: none"> • Not Supporting Development/Feeding Relationship • Potentially Contaminated Foods • Unsafe Handling/Storage of Breastmilk/Formula • Very Restrictive Feeding • Developmental Delays Affecting Chewing/Swallowing 	<ul style="list-style-type: none"> • What do you do with leftover milk after a feeding? • (If no to pumping) Do you anticipate that changing? 	<p>prepare your baby's formula?</p> <ul style="list-style-type: none"> • What type of water do you use? • What do you do with formula after a feeding?
<p>Eco-Social</p>	<p>Optional screen Note: If any entry's made on this screen, the Physical Activity and TV/Video Viewing dropdown requires a response for infant and child.</p>	
<p>Assigned Risk Factors</p> <p><i>Assess for:</i></p> <ul style="list-style-type: none"> • Breastfeeding Infant of Woman at Nutrition Risk (Priority 1, 2, or 4 to match priority) • Caregiver with Limited Ability to Make Feeding Decisions • Infant of WIC Eligible Mom (<6 months) • Maternal Substance Use (during pregnancy) 	<p>If no other risks are found assess for the risk factor of Infant of WIC eligible Mom (<6 months)</p>	

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