

Child 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 • High Blood Lead Level • Lactose Intolerance • Oral Health Condition • 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 	<p>Introduction Statement: We ask everyone these questions and we keep your information private. These are to help me learn about your child. 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 child’s birth length and weight? • Do you know how many weeks along you were when your child was born? • When was the last time your child saw the health care provider? • Can we review your child’s immunization record? <i>(Required to ask up to age 2. Review immunization record and document status on the immunization pop-up)</i> • Has your child been tested for lead in the past 12 months? (If yes, ask the following questions): <ul style="list-style-type: none"> ○ Do you know the value? ○ What was the date of the test? ○ What did the health care provider say about the test? • Does your child have any diagnosed health conditions or medical concerns? • Is your child taking any prescribed or over-the-counter medications?
<p>Anthro/Lab</p> <p>Share growth chart</p>	<ul style="list-style-type: none"> • Would you like to see your child’s growth chart? • What has your child’s health care provider said about their growth? • How do you feel about your child’s growth? • What has your child’s health care provider said about their iron?
<p>Family Assessment</p>	<p>The goal of the next few questions is to find out how I can support you and your family to connect you with</p>

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<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>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 child 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 child 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> <p>Nutrition concerns such as:</p> <ul style="list-style-type: none"> • Feeding Sugar-Containing Drinks • Inadequate Fluoride Supplementation (> 6 mos.) • Inadequate Vitamin D Supplementation (< 400 IU) • Inappropriate Milk Substitute • Inappropriate or Excessive Supplements • Inappropriate Use of Bottle/Cup • Not Supporting Development/Feeding Relationship • Pica • Potentially Contaminated Foods • Reduced-fat or Non-fat milk (12 – 23 months) • Very Restrictive Diet 	<p>Your child is growing and learning quickly. Some caregivers have questions or concerns about what or how their child is eating.</p> <ul style="list-style-type: none"> • Tell me about your child’s eating. <ul style="list-style-type: none"> ○ What kind of foods does your child typically eat? ○ How do you feel about their fruit and vegetable intake? ○ Tell me what mealtimes look like. • What do they drink throughout the day? <ul style="list-style-type: none"> ○ Follow up with: what type of milk and how much? ○ Follow up with: what type of juice? ○ Follow up with: What are they drinking out of? • Are there any foods your child is unable to eat because of allergies or other reasons? • Does your child eat lunchmeat, hot dogs, runny eggs, unpasteurized foods, or raw fish? • Does your child eat any items, such as carpet fibers, paint chips, soil, or other items that are not food? • What vitamins, supplements, remedies, or teas do you give your child? • Does your child take a vitamin D supplement? (Follow-up question if Vitamin D isn’t mentioned) • Does your child take a Fluoride supplement? (Follow up question if Fluoride isn’t mentioned)

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	<ul style="list-style-type: none"> If you could change one thing about your child's eating, what would it be?
Eco-Social	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.
Assigned Risk Factors <i>Assess for:</i> <ul style="list-style-type: none"> Oral Health Conditions Developmental Delays Affecting Chewing/Swallowing Limited Skills for Proper Nutrition or to Make Feeding Decisions 	If no risk identified , assign: Not Meeting Feeding Guidelines (12 – 23 months) or Not Meeting Dietary Guidelines (2 – 5 years)

Mid Cert 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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