MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

WIC NUTRITION ASSESSMENT FOR CHILDREN AGES 1-5

CHILD'S NAME:	AGE: √ MONTH RANGE ☐ 12-23 ☐ 24-59	DATE COMPLETED:

1. Is your child following a special diet? ..... ☐ Yes ☐ No **[341- 362] [425.6]**
   If yes, select: ☐ Vegetarian ☐ Vegan ☐ Low calorie/weight loss
   ☐ Macrobiotic ☐ Food allergy ☐ Tube Feeding ☐ Other: _____
   If yes, is there a medical condition related to this diet? ..... ☐ Yes ☐ No

2. Which of the following foods does your child eat? (Select all that apply): **[425.5]**
   - ☐ Fresh squeezed fruit or vegetable juices
   - ☐ Raw or undercooked meats, fish, chicken, turkey or eggs
   - ☐ Soft cheeses such as Feta, Brie, Camembert, Blue-veined cheese, Queso Blanco, Queso Fresco
   - ☐ Uncooked luncheon meats, deli meats, hot dogs
   - ☐ Unpasteurized (farm fresh) dairy products
   - ☐ Raw sprouts (alfalfa, clover, bean, radish)
   - ☐ None of the above

3. Does your child routinely eat things that are non-food items? ..... ☐ Yes ☐ No **[425.9]**
   If yes, select all that apply:
   ☐ Ashes ☐ Clay ☐ Paint chips
   ☐ Carpet fibers ☐ Dust ☐ Paper ☐ Starch (laundry or cornstarch)
   ☐ Cigarettes or cigarette butts ☐ Foam Rubber ☐ Soil ☐ Other: _____

4. On a typical day, how many times does your child eat fruit? ..... ☐ 5 or more ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ None

5. On a typical day, how many times does your child eat vegetables? ..... ☐ 5 or more ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ None

6. What <u>type</u> of milk does your child drink? (Select all that apply): **[425.1] [425.8]**
   ☐ Breastmilk ☐ Formula (name)_____ ☐ Milk (Cow) ☐ Goat Milk
   ☐ Rice Milk or Almond Milk ☐ Soy Milk ☐ Lactose Free Milk ☐ None ☐ Other: _____
   What <u>kind</u> of milk does your child drink? ☐ Fat-free (skim) ☐ Low-fat (1%) ☐ Reduced fat (2%) ☐ Whole ☐ NotApplicable
   On a typical day, how many times does your child drink milk? .
   ☐ 4 cups or more/Many times/day ☐ 3 cups/Three times/day ☐ 2 cups/Twice/day ☐ 1 cup or less/Once/day or less

7. On a typical day, how many times does your child drink juice, fruit/sports drinks, regular pop/soda, sweet tea and/or water with Kool- Aid or sugar? ..... ☐ 4 or more ☐ 3 ☐ 2 ☐ 1 ☐ None **[425.2] [425.3]**
   On a typical day, how many times does your child drink diet pop/soda and/or coffee/tea? ..... ☐ 4 or more ☐ 3 ☐ 2 ☐ 1 ☐ None
   On a typical day, how many times does your child drink plain water? ..... ☐ 4 or more ☐ 3 ☐ 2 ☐ 1 ☐ None

8. What is your child's water source? (Select all that apply): **[425.8]**
   ☐ City/County water system ☐ Rural water system ☐ Private well ☐ Bottled water

9. Does your child drink any beverages, other than water from a baby bottle or sippy cup? ..... ☐ Yes ☐ No **[425.3]**
   When does your child drink beverages, other than water from a bottle/sippy cup? (Select all that apply):
   ☐ In bed at night ☐ At naptime ☐ At meals and snacks ☐ Carries a bottle/sippy cup around during the day

10. Does your child take any vitamins, minerals, herbs or herbal supplements? ..... ☐ Yes ☐ No **[425.7] [425.8]**
    If yes, select all that apply: ☐ Children's multivitamin ☐ Iron supplement ☐ Fluoride supplement
    ☐ Herbal supplement ☐ Vitamin D ☐ Other: _____

11. On a typical day, how many hours is your child in front of a screen? (TV, computer, video game, cell phone)
    ☐ None ☐ less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 or more hours ☐ Unknown
    On a typical day, how many minutes does your child spend in active play/exercise? (breathing harder or sweating)
    ☐ Less than 15 minutes ☐ 15 minutes ☐ 30 minutes ☐ 45 minutes ☐ 60 minutes (1 hour)
    ☐ 90 minutes (1½ hours) or more ☐ Not Applicable

12. Has your child visited a dentist within the past 12 months? ..... ☐ Yes ☐ No **[425.8]**
    Does your child have tooth decay (including baby bottle tooth decay), broken teeth, bleeding gums, missing teeth and/or misplaced teeth that make chewing difficult? ..... ☐ Yes ☐ No
    Does your child brush their teeth with toothpaste that has fluoride? ..... ☐ Yes ☐ No ☐ Don't know

Your CPA/Nutritionist will discuss your child's eating and activity habits and will ask more questions.