# WIC Nutrition/Health Assessment - Child

Name: _____ Date of Birth: _____ Today's Date: _____

1. Does your child eat any of the following?
   - ☐ Raw or undercooked meat, fish, poultry, eggs
   - ☐ Raw sprouts like alfalfa or bean sprouts
   - ☐ Unheated: lunch meats, hot dogs, processed meats
   - ☐ Unpasteurized soft cheeses like Brie, Feta, Queso Fresco
   - ☐ Raw or unpasteurized milk or juice
   - ☐ Popcorn
   - ☐ Whole grapes
   - ☐ Whole hot dogs
   - ☐ Peanut Butter
   - ☐ Round, hard candy
   - ☐ Nuts or seeds
   - ☐ Marshmallows
2. Does your child drink any of the following?
   - ☐ Water

   Does the water have fluoride?
   - ☐ Yes ☐ No ☐ Unsure
   - ☐ Soft drinks/soda
   - ☐ Sweet tea
   - ☐ Kool-Aid
   - ☐ Other: _____
3. Does your child use a bottle?
   ☐ Yes☐ No

   If yes, Is your child 14 months or older? ☐ Yes☐ No
4. Does your child drink a bottle in bed at night or carry around a bottle or sippy cup?
   ☐ Yes☐No
5. Does your child eat or crave non-food items like clay, paint chips, dirt, or ice? ☐ Yes ☐ No
6. Does your child take daily vitamins or minerals?
   ☐ Yes ☐ No

   If yes, are they taken as instructed?
   ☐ Yes ☐ No ☐ Unsure

   Does your child take a vitamin D supplement?
   ☐ Yes ☐ No ☐ Unsure

   Does your child take herbal or botanical supplements? ☐ Yes ☐ No
7. Do you feel you have enough food to feed your family? ☐ Yes ☐ No
8. Has your child entered the foster care system in the last 6 months? ☐ Yes ☐ No
9. Has your child changed foster homes within the last 6 months? ☐ Yes ☐ No
10. Does your child visit a health care provider for routine check-ups? ☐ Yes ☐ No
11. Does your child visit a dentist regularly?
    ☐ Yes ☐ No
12. What health issues does your child have, if any?

    _____

    Have these health issues been diagnosed by your child's health care provider? ☐ Yes ☐ No
13. What would you like to discuss or learn more about today?
    - ☐ Feeding my child
    - ☐ Picky eating
    - ☐ Physical activity
    - ☐ Taking care of my child's teeth
    - ☐ Healthy Snacks
    - ☐ Other: _____

**For Staff Use Only**

- What are your mealtimes like? Tell me about your child's eating (such as, what do they eat and what would you like to see them eat more/less of?)

***This institution is an equal opportunity provider.***