

**TRAINING TOOL: BABY/CHILD NUTRITION QUESTIONS (6-23 months)
MEDICAL/BREASTFEEDING #1-3**

**FOR ELIGIBILITY
PURPOSES**

Baby's/Child's Name: _____

ISIS RISK CODES

Please circle or write your answers to the following questions.

NOTE: Questions 2, 3, 4, 5, 6, 7, 8, 9 and 10 are mandatory and should be answered.

- 1. What month is your baby's/child's next doctor's appointment? _____**
(Reason for asking question)
 ♦ Verify regular medical care:
 • Prevention: early detection of health problems
 • Monitoring growth and development
 • Timely immunizations
 ♦ Make referral if necessary
(Probing questions)
 ♦ What problems/concerns did your baby have at birth?
 ♦ How often does your child see the doctor?
 ♦ Do you know if your child is up to date with immunizations?
 ♦ What special doctor does your child see?
- 2. How do you know when your baby/child is ready to eat? _____**
(Reason for asking question)
 ♦ Discuss signs of readiness with parent
 ♦ Discuss age appropriate foods
(Probing questions)
 ♦ What is your child able to do now?
 ♦ How is your baby holding his head up? Can he sit up with support?
 ♦ Does your baby make side to side chewing motions with her jaw?
 ♦ What does he do when you put food in his mouth?
 ♦ How does your baby react when she sees a toy or bottle in front of her?
- How do you know when your baby/child is full? _____**
(Reason for asking question)
 ♦ Help to avoid underfeeding or overfeeding
 ♦ Mealtimes are more pleasant when there's no force feeding
 ♦ Help to prevent poor eating habits and obesity
 ♦ Encourage healthy eating habits
(Probing questions)
 ♦ How long does it take your baby to finish a feeding?
 ♦ What does your baby usually do after a feeding?
- 3. If you breastfeed your baby/child:
 How many times in 24 hours do you breastfeed? _____**
(Reason for asking question)
 ♦ Frequency of breastfeeding helps to show whether baby is getting enough breastmilk
 ♦ Helps you to encourage breastfeeding
(Probing questions)
 ♦ How much time passes before you breastfeed again?
 ♦ Are you feeding baby any other foods or liquids?
- How is breastfeeding going? 1 (not good)2.....3.....4.....5 (great)**
(Reason for asking question)
 ♦ Lets mom express her feelings about her breastfeeding experience. Lets you explore her challenges and support her successes
(Probing questions)
 ♦ Do you look for signals from your baby or do you follow a schedule? Tell me more ...

Question 2
D411 Inappropriate Nutrition Practices for Infants
D425 Inappropriate Nutrition Practices for Children
D428 Dietary Risk Associated With Complementary Feeding Practices

Question 3
C201-Breastfed Infant with Suck Problems
C209 Infant with Difficulty Latching on Mother's Breast
D411
D428

Suggested Education Materials		
Feeding Your Baby 6-12 Months	Time for a Cup	Healthy Choices for Kids
How to Prepare Formula	Making Your Own Baby Food	Tips for Picky Eaters
Breastfeeding Handouts	Playing With Your Baby	Help Me Be Healthy 1-2 Years
Feed Me Age 1-3	Playing With Your Toddler	

**TRAINING TOOL: BABY/CHILD NUTRITION QUESTIONS (6-23 months)
FORMULA/BOTTLE/CUP #4-5**

**FOR ELIGIBILITY
PURPOSES**

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4. If you feed your baby/child formula:

How often does your baby/child take a bottle of formula? _____

How many ounces of formula does your baby/child drink at a feeding? _____

(Reason for asking questions)

- ◆ Helps you assess if parent is over- or underfeeding child

(Probing questions)

- ◆ IF COMBO FEEDING, what are your reasons for using formula?
- ◆ What size bottle do you give? How full do you make the bottle?
- ◆ How much is left when your child is done?

What brand of formula do you give your baby/child? _____

(Reason for asking question)

- ◆ Helps you know if parent is feeding an appropriate formula, and may also show a medical condition (if a medically-necessary formula is used)

(Probing questions)

- ◆ [LIST BRANDS, STARTING WITH WIC CONTRACT BRANDS]
- ◆ Do you remember what the label looks like?
- ◆ Can you find it in these photos (or this display)?

Explain how you make the formula. _____

(Reason for asking question)

- ◆ Asking about preparation is required for all infants and children using formula. Lets you discuss proper preparation and sanitation

(Probing questions)

- ◆ Tell me how you make the formula one step at a time.
- ◆ Do you buy additional cans of formula? How many?

How is formula feeding going? 1 (not good)2.....3.....4.....5 (great)

(Reason for asking question)

- ◆ Lets parent express feelings about the feeding experience, and lets you explore challenges (such as formula intolerance and difficult feeders) and support successes

(Probing questions)

- ◆ Is there anything you want to talk about regarding formula?"

5. If your baby or child uses a bottle or a cup:

**Where are all the places your baby/child takes a bottle or a cup? Bed Stroller Car Seat
Held in someone's arms High-Chair Holds his/her own bottle Other (list) _____**

(Reason for asking question)

- ◆ Helps you assess for the parent's attachment or detachment when feeding by bottle. Opens a dialogue about holding and interacting with baby/child when feeding, and how important this is for growth and development. Can also point to unsafe feeding practices

(Probing questions)

- ◆ Tell me about how long your baby or child takes the bottle in the _____?

What does your baby/child drink from a bottle or a cup?

Water	Rice Water	Hi-C/Punch	Coffee	Breastmilk
Water with Sugar	Cereal	Soda	Tea	Formula
Water with Honey	Skim Milk	Lemonade	Manzanilla/Chamomile Tea	
Water with Karo Syrup	Lowfat Milk	Juice	Pedialyte	
Jell-O Water	Whole Milk	Gatorade	Other _____	

(Reason for asking question)

- ◆ Lets you talk about appropriate fluids for bottle. Helps you learn about inappropriate fluids, feeding solids in bottle, honey and other sweeteners
- ◆ Helps identify risk for beverage contamination (harmful microorganisms)

(Probing questions)

- ◆ What made you think of trying that (if inappropriate)? How is that working for you?
- ◆ Any unpasteurized juices or dairy products consumed?

Question 4

**C111 Lactose
Intolerance**

**D121 Infant of Primary
Caregiver with Limited
Ability to Make Feeding
Decisions &/or Prepare
Food**

D411

D425

D428

Question 5

C89 Food Allergies

**C111 Lactose
Intolerance**

**D402 Vegan Diet or
Highly Restrictive**

D411

D425

D428

**TRAINING TOOL: BABY/CHILD NUTRITION QUESTIONS (6-23 MONTHS)
COMPLEMENTARY FEEDING #6-9**

**FOR ELIGIBILITY
PURPOSES**

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- 6. What do you feed your baby/child? Family/Table Food Baby Food in Jars Both None**
(Reason for asking question)
 ♦ Shows stage of development/readiness
 ♦ Lets you discuss guidelines for preparing foods, and appropriate foods for different stages of maturity
(Probing questions)
 ♦ Tell me how your baby or child eats. Can she feed herself?
 ♦ Who else feeds your child besides you?
 ♦ At what age did you start giving your baby solid foods?
 ♦ (Family food) What types? How is it prepared? How much and how often?
- 7. Which textures of food do you feed your baby or child?**
Pureed Chunky Chopped Soft Pieces Other_____
(Reason for asking question)
 ♦ Helps start dialogue about appropriate textures for stage of readiness/maturity/normal growth and development
(Probing questions)
 ♦ How does your child prefer his food?
 ♦ What is hard for your child to chew or swallow?
 ♦ How does your child react to lumpy foods?
- 8. What foods does your baby/child eat?**
- | | | | | |
|--------------------------|--------------------------|-------------------|--------------------------|-----------------|
| Cold/Hot Cereal | Beef/Chicken/Fish | Fruits | Yogurt | Crackers |
| Rice | Eggs Yolks Whites | Vegetables | Ice Cream | Candy |
| Noodles/Spaghetti | Peanut Butter | Beans | Pudding/Custard | Nuts |
| Tortillas | Meat Sticks | Soup | Popsicles | Popcorn |
| Bread/Toast | Hotdogs | Cheese | Raisins | Cookies |
| French Fries | Chips | Tofu | Other (list)_____ | Honey |
- (Reason for asking question)**
 ♦ Gives you an idea of baby or child's food intake, appropriate or inappropriate introduction of solids, including allergenic foods
 ♦ Helps identify risk for food contamination (harmful microorganisms)
 ♦ Lets you discuss good nutrition, balanced meals with variety of foods
 ♦ Lets you discuss introduction of appropriate foods according to development/readiness
(Probing questions)
 ♦ How often does your child eat with the family?
 ♦ Do you heat up your tofu, hotdogs, and/or cold cuts before eating them?
 ♦ What kinds of fruits and vegetables does your child eat?
- 9. My baby/child uses the following: Breast Bottle Cup Spoon Fork Fingers**
(Reason for asking question)
 ♦ Lets you discuss appropriate use of bottle, weaning to cup, self-feeding, growth and development
 ♦ Lets you encourage mom to continue breastfeeding
(Probing questions)
 ♦ What can your baby or child feed herself?

Question 6
C72 Developmental
 Delay
D402
D411
D425
D428

Question 7
C72 Developmental
 Delay
D411
D425
D428

Question 8
C89 Food Allergies
D411
D425
D428

Question 9
C72 Developmental
 Delay
D402
D411
D425
D428

TRAINING TOOL: BABY/CHILD NUTRITION QUESTIONS (6-23 months) HEALTH/OTHER #10-13	FOR ELIGIBILITY PURPOSES ISIS RISK CODES
<p>10. I give my baby/child: Vitamins Fluoride Iron Drops Medicine None Other_____ (Reason for asking question) ♦ Shows if child is getting appropriate supplements ♦ Helps show any health problems (Probing questions) ♦ Tell me more about when and why you started the...</p> <p>11. My baby/child currently has: Allergies Wheezing Rash Constipation Diarrhea None (Reason for asking question) ♦ Helps you find out if baby/child has allergies or other reactions to foods, formulas, etc. ♦ Lets you provide recommendations if needed (Probing questions) ♦ What causes symptoms? How long do they last? What helps? ♦ Have you talked to your child's doctor about this? What did he/she say? ♦ Is your child on a special diet?</p> <p>12. Has your child had a blood lead test? Yes No If yes, when? _____ (Reason for asking question) ♦ Very important test to help prevent brain damage – usually done at 12 and 24 months ♦ May refer to RD and/or lead poisoning prevention program (Probing questions) ♦ If yes, what were the results? ♦ If not, what are your questions about this test?</p> <p>13. What questions do you have about your baby's/child's eating and growth? (Reason for asking question) ♦ Lets you know about parent's concerns about eating behaviors and growth patterns, and helps you talk with parent about something that really interests her (Probing questions) ♦ Tell me more about...</p>	<p>Question 10 D411 D425 D428 D423 Inappropriate or Excess Intake Dietary Supplementation</p> <p>Question 11 C80 Gastro-Intestinal Disorders C89 Food Allergies</p> <p>Question 12 B92 Lead Poisoning* D421 Pica?</p> <p>Question 13 D411 D425 D428</p> <p>*In most cases, additional information will be necessary to assign this ISIS code.</p>