TRAINING TOOL: CHILD (2 - 4 YEARS) NUTRITION QUESTIONS HEALTH/MEDICAL #1-5	FOR ELIGIBILITY PURPOSES
Child's Name:	ISIS RISK CODES
Please circle or write your answers to the following questions: **NOTE: Questions 2, 4, 6, 7, 11, 13, 14 and 18 are mandatory and should be answered.**	
1. When is your child's next doctor appointment?_____ dentist?_____ **(Reason for asking question)** ♦ Verify ongoing medical and dental care ♦ Lets you help parent overcome barriers to getting care, and make referrals as needed **(Probing questions)** ♦ If not scheduled, is there a reason why? What problems do you have, like transportation?	**Question 1** **C57** Severe Dental Problems
2. What do you give your child? Vitamins/Minerals Fluoride Iron None **Other Medications (list)_____** **(Reason for asking question)** ♦ Shows if child is getting appropriate supplements ♦ May need to refer to RD **(Probing questions)** ♦ Tell me more about when and why you started the… ♦ Does the medication or _____ affect your child's appetite?	**Question 2** **D423** Inappropriate/Excess Intake Dietary Supplements **D425** Inappropropriate Nutrition Practices for Children
3. My child currently has: Allergies Wheezing Rash Constipation Diarrhea None **(Reason for asking question)** ♦ Helps you find out if child has allergies or other reactions to foods, etc. ♦ May need to refer to RD **(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? ♦ Has your child recently started eating any new foods?	**Question 3** **C80** Gastro-Intestinal Disorders **C89** Food Allergies
4. What things, other than food, does your child eat? Dirt Clay Carpet Fibers **Laundry Starch Cigarette Butts Paint Chips Dust Ashes Ice** **Foam Rubber None Other list)_____** **(Reason for asking question)** ♦ May mean child takes in toxic substances ♦ Need to evaluate, find out how much child takes in ♦ May need to refer to RD or local lead program **(Probing questions)** ♦ Tell me more about … ♦ What does your child's doctor say about ….	**Question 4** **D421 Pica***
5. 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?	**Question 5** **B92** Lead Poisoning*
Suggested Education Materials Feed Me Age 1-3 / Tips for Picky Eaters / Snacks Feed Me Age 4-5 / Time for a Cup / Playing With Your Toddler Help Me Be Healthy 2-5 Years / Healthy Choices for Kids / Playing With Your 3-5 Year old	

TRAINING TOOL: CHILD (2 - 4 YEARS) NUTRITION QUESTIONS FOOD AND NUTRITION #6-14	FOR ELIGIBILITY PURPOSES ISIS RISK CODES
6. How would you describe your child's eating? **OK Picky Too much Not enough Other_____** **(Reason for asking question)** • Tells you about parent's perception of child's eating pattern and how the child eats or should eat • Lets you discuss typical childhood eating behaviors and appropriate portion sizes **(Probing questions)** • Tell me more about why you describe it as _____. • What have you tried?	**Questions 6-11** ***D401** Failure to meet Dietary Guidelines **D402** Vegan/Highly Restrictive Diets **D423** **D425**
7. How many times a week does an adult eat a meal with your child? **Never 1-3 times 4-6 times 7 or more times** **(Reason for asking question)** • Adults are role models during meals. They provide healthy foods for the child; the child chooses which healthy foods to eat and how much. **(Probing questions)** • What are some of the barriers that make it hard to eat together? • Which meals (breakfast, lunch, dinner, snacks) are harder to eat with your child?	*Use only after Assessing for **D402, D421, D423, D425**
8. Who prepares the meals for your family? **(Reason for asking question)** • Helps you understand who prepares meals, (i.e., parents, other family members, babysitters, fast food restaurants). **(Probing questions)** • Who shops or decides what to buy and eat? • Who all prepares and/or offers food to your child? • Does your child help you prepare the meal or set the table?	
9. How would you describe meals with your family? **Usually pleasant Sometimes pleasant Not pleasant Other_____** **(Reason for asking question)** • Lets you know about parents' perceptions and concerns about meal times • Lets you discuss typical childhood eating behaviors and appropriate portion sizes **(Probing questions)** • What makes them _____? • Tell me more about family meal time. • Where does the family gather or sit at mealtime?	
10. How many times a week does your family eat fast food or food from a restaurant? **Never 1-2 times 3-4 times 5 or more times** **(Reason for asking question)** • Gives you an idea how much fast food the child eats, and helps you discuss strategies to help **(Probing questions)** • Which restaurants? What does your family usually order? • Tell me about challenges you have with cooking and preparing meals.	
11. What does your child eat/drink on most days? ➢ **Juice Soda Punch/Kool Aid Gatorade Water** ***(Reason for asking question)*** • Shows what fluids she drinks • Look at sugar and calories – may be related to food group intake or weight gain ➢ **Fruits Vegetables** ***(Reason for asking question)*** • Fruits and vegetables contain vitamins A, C, folic acid, & others; minerals; & fiber • Fruits and vegetables are important every day for vitamin, mineral and fiber intake ➢ **Milk (Skim/Lowfat/Whole) Cheese Yogurt Cottage Cheese Pudding/Custard** ***(Reason for asking question)***	

- Milk group contains protein, calcium, phosphorus, magnesium, vitamin D, riboflavin and others
- Whole milk products mean higher fat intake & may add to weight gain

➢ **Meat Hotdogs Chicken Turkey Fish Tofu Beans/Lentils PB Eggs Nuts**

(Reason for asking question)

- Protein group contains protein, B-complex vitamins, and iron
- May affect fat intake; may be related to weight gain
- May show the child is a vegetarian

➢ **Breads Cereals Tortillas Rice Noodles Rolls Crackers Pan Dulce**

(Reason for asking question)

- Bread group is a major source of energy; also contains protein; B-complex vitamins; and iron and other minerals
- Recommend to eat some whole grain foods every day
- Be aware of fat and sugar content of some choices; may be related to weight gain

➢ **Candy Cookies Cakes Donuts Ice Cream Chips French Fries**

(Reason for asking question)

- Higher in calories due to fat and/or sugar content; may be related to weight gain; low in nutrients

➢ **Other (list)**_____

(Reason for asking question)

- Look at types of foods to see if they are important
- Foods listed here may be similar to foods listed above

(Probing questions)

- Tell me about the kind of food(s) or beverage(s) you circled or did not circle.
- Any unpasteurized (not heat-treated to destroy harmful bacteria) juices or dairy products consumed?
- Do you heat up your tofu, hotdogs, and/or cold cuts right before eating them?
- Is there a food or beverage that your child eats/drinks regularly that's not on the list?
- How many times a day do you drink _____ ? What is the serving size?_____
- Tell me more about the portion sizes of the foods circled

Questions 11&12
***D401**
D402
D423
D425

*Use only after Assessing for **D402, D421, D423, D425**

_____

12. What are your child's favorite food(s)?

(Reason for asking question)

- Tells you what types of food the child prefers, and what the parent will offer the child
- Lets you discuss the types of food the child likes and give praise or guidance to the parent

(Probing questions)

- What do you think about your child's favorite foods?
- How often does your child have _____? How much?
- Where does your child eat his or her favorite foods?

13. What food(s) does your child dislike or is unable to eat?

(Reason for asking question)

- Gives you an idea of parent's perception of child's preferences. Children are exploring their world and may refuse to eat a specific food or to eat at all.
- Lets you discuss Division of Responsibility with parent. The child chooses what and how much to eat and the parent continues to offer foods the child may not like

(Probing questions)

- Have you tried preparing it a different way?
- Do you still offer _____ from time to time?
- Do you (parent) eat the food?

Question 13
C80 GI Disorders
C89 Food Allergies
C111 Lactose Intolerance
D402
D425

14. My child uses the following to eat or drink: Breast Bottle Cup Spoon Fork Fingers

(Reason for asking question)

- Helps you know if child's eating abilities are age-appropriate. It may show too much control or too little guidance from the parent
- Lets you encourage using cup, weaning from bottle, self-feeding using child-sized spoon and fork, and patience while child learns to feed himself
- Lets you provide support if mother is breastfeeding

(Probing questions)

- When does your child have a bottle? What do you put in the bottle?
- Does your child use a pacifier or a training cup?

Question 14
C72 Developmental Delays-
D425

TRAINING TOOL: CHILD (2 - 4 YEARS) NUTRITION QUESTIONS OTHER #15-19	FOR ELIGIBILITY PURPOSES ISIS RISK CODES
Please circle or write your answers to the following questions: **15. What do you think about your child's size?: Too little Too big OK** **(Reason for asking question)** • Helps you understand parent's perception of child's growth, and parent's *stage of change* about underweight and overweight **(Probing questions)** • Tell me more about …. • What has the doctor said about your child's weight?	**Question 15** **C72** Developmental Delays **C102** Thyroid Disorders **C110** Failure to Thrive
16. What kinds of activity does your child do? **(Reason for asking question)** • Daily physical activity is very important for health and wellbeing. Opens a dialogue about age-appropriate activity and how active the child is • Can help parents be good role models by playing with children and being active themselves. Encourage parent to let child decide which activities the family might do together **(Probing questions)** • What types of activities does your child enjoy? How often? How long? • What kinds of indoor activities or games does your child enjoy?	
17. How many hours is a TV on (includes video games, movies, gameboy) in your house each day? **(Reason for asking question)** • Too much TV (and computer and video games) can lead to poor health and overweight. American Academy of Pediatrics recommends no more than 2 hours a day of "screen time" • Help the participant choose alternative, active physical activities that the whole family can enjoy **(Probing questions)** • What do you think about the having the TV on even if no one is watching? • What do you think about the time that your child spends _____?	
18. Do you ever run out of money or food stamps to buy food? Yes No **(Reason for asking question)** • Helps to show food security or insecurity • May need to refer **(Probing questions)** • What do you do when…? • Tell me about shopping and meal planning. • Would you like some ideas for handling this (referrals)?	**Question 18** **C91** Homeless **D401** **D425**
19. What nutrition and health questions do you have today? **(Reason for asking question)** • May find other topics participant wants to talk about • May find other needs **(Probing questions)** • Tell me more about……	**Question 19** **D401** **D425**