
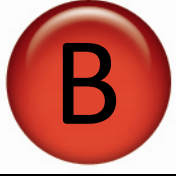
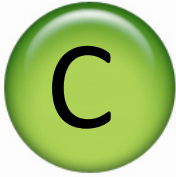




## A Complete Assessment - As Easy As ABCDE

✓ = Potential WIC Codes/Key Areas to Assess

	<p><b>100's Anthropometric = HT/WT, %tiles</b> <i>(Anything related to weight gain, loss, growth)</i></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your child's growth/your weight?</li> <li>• What are your thoughts on your weight?</li> <li>• How do you feel about your child's growth?</li> </ul> <p><i>Probe for these topics depending on what participant shares from questions to assess for all risks</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓ Family's feelings on growth/gain</td> <td style="text-align: center;">✓ Weight change</td> </tr> <tr> <td style="text-align: center;">✓ Women: Feelings on weight gain/loss</td> <td style="text-align: center;">✓ Prematurity/Birth weight</td> </tr> </table>	✓ Family's feelings on growth/gain	✓ Weight change	✓ Women: Feelings on weight gain/loss	✓ Prematurity/Birth weight																													
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	<p><b>200's Biochemical = Blood Tests</b> <i>(Anything related to blood- anemia, lead)</i></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your/your child's iron?</li> <li>• What do you know about anemia?</li> <li>• Have you or your child had a lead test before?</li> </ul>																																	
	<p><b>300's Clinical = Health/Medical Conditions</b> <i>(Anything related to medical history, medical conditions, doctor access or pregnancy)</i></p> <ul style="list-style-type: none"> <li>• What has your doctor said about your pregnancy/baby/child?</li> <li>• Do you have any concerns in regards to health for you/baby/child?</li> <li>• How does this pregnancy compare to your previous pregnancies?</li> </ul> <p><i>Probe for these topics depending on what participant shares from questions to assess for all risks</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">MOM</th> <th style="text-align: center;">BABY</th> <th style="text-align: center;">CHILD</th> </tr> </thead> <tbody> <tr> <td>✓ Prenatal Care</td> <td>✓ Allergies</td> <td>✓ Oral/Dental Health</td> </tr> <tr> <td>✓ Nausea/Vomiting</td> <td>✓ Medical Conditions</td> <td>✓ Allergies</td> </tr> <tr> <td>✓ Previous Pregnancy</td> <td>✓ Immunizations</td> <td>✓ Medical Conditions</td> </tr> <tr> <td>✓ Medical History</td> <td>✓ Oral/Dental Health</td> <td>✓ Immunizations</td> </tr> <tr> <td>-Recent Surgery</td> <td>✓ Medications</td> <td>✓ Medications</td> </tr> <tr> <td>-Delivery</td> <td></td> <td></td> </tr> <tr> <td>✓ Medications</td> <td></td> <td></td> </tr> <tr> <td>✓ Allergies</td> <td></td> <td></td> </tr> <tr> <td>✓ Oral/Dental Health</td> <td></td> <td></td> </tr> </tbody> </table>	MOM	BABY	CHILD	✓ Prenatal Care	✓ Allergies	✓ Oral/Dental Health	✓ Nausea/Vomiting	✓ Medical Conditions	✓ Allergies	✓ Previous Pregnancy	✓ Immunizations	✓ Medical Conditions	✓ Medical History	✓ Oral/Dental Health	✓ Immunizations	-Recent Surgery	✓ Medications	✓ Medications	-Delivery			✓ Medications			✓ Allergies			✓ Oral/Dental Health					
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	<p><b>400's Diet and Nutrition</b></p> <ul style="list-style-type: none"> <li>• What is meal time like for you/your family?</li> <li>• When do you know baby is hungry? How does baby tell you?</li> <li>• How do you feel about your child's eating?</li> </ul> <p><i>Probe for these topics depending on what participant shares from questions to assess for all risks</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">MOM</th> <th style="text-align: center;">BABY</th> <th style="text-align: center;">CHILD</th> </tr> </thead> <tbody> <tr> <td>✓ Beverage/Water</td> <td>✓ Solids foods/Beverages</td> <td>✓ Beverage Intake/Cup Use</td> </tr> <tr> <td>✓ Appetite</td> <td>- Plan/What/how/when</td> <td>✓ Milk Intake &amp; Type</td> </tr> <tr> <td>-Likes/Aversions/Cravings</td> <td>✓ Food Safety</td> <td>✓ Vitamins</td> </tr> <tr> <td>✓ Prenatal Vitamins</td> <td>✓ Vitamins</td> <td>✓ Food Safety</td> </tr> <tr> <td>✓ Food Safety</td> <td>✓ Breastfeeding</td> <td>✓ Intake/ Foods</td> </tr> <tr> <td>✓ Breastfeeding</td> <td>- How often/typical feeding</td> <td>- Picky?</td> </tr> <tr> <td>-Questions/Feelings</td> <td>✓ Formula</td> <td>- Textures</td> </tr> <tr> <td>✓ Milk Consumption and Type</td> <td>- Oz/day</td> <td>- Number of Meals</td> </tr> <tr> <td>✓ Eating patterns</td> <td>- Preparation</td> <td>- Portions</td> </tr> <tr> <td></td> <td>✓ Bottle use</td> <td>✓ Parent/Child Roles</td> </tr> </tbody> </table>	MOM	BABY	CHILD	✓ Beverage/Water	✓ Solids foods/Beverages	✓ Beverage Intake/Cup Use	✓ Appetite	- Plan/What/how/when	✓ Milk Intake & Type	-Likes/Aversions/Cravings	✓ Food Safety	✓ Vitamins	✓ Prenatal Vitamins	✓ Vitamins	✓ Food Safety	✓ Food Safety	✓ Breastfeeding	✓ Intake/ Foods	✓ Breastfeeding	- How often/typical feeding	- Picky?	-Questions/Feelings	✓ Formula	- Textures	✓ Milk Consumption and Type	- Oz/day	- Number of Meals	✓ Eating patterns	- Preparation	- Portions		✓ Bottle use	✓ Parent/Child Roles
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	<p><b>900's Environmental/Other Factors</b> <i>(Anything related to smoking, substance use, safety)</i></p> <ul style="list-style-type: none"> <li>• Does anyone in the house smoke?</li> <li>• What are your concerns about your/your child's safety?</li> <li>• What concerns do you have about drugs or alcohol?</li> </ul> <p><i>Probe for these topics depending on what participant shares from questions to assess for all risks</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓ Smoking - Maternal smoking/In the home</td> <td style="text-align: center;">✓ Drug or Alcohol Abuse</td> </tr> <tr> <td style="text-align: center;">✓ Safety/Abuse</td> <td style="text-align: center;">✓ Foster Care</td> </tr> </table>	✓ Smoking - Maternal smoking/In the home	✓ Drug or Alcohol Abuse	✓ Safety/Abuse	✓ Foster Care																													
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