

Health & Nutrition Questionnaire
Toddler: 1 and 2 years old

Staff use only:

Child's name: _____ Child's Age: _____

At today's visit, we will talk about:

- * How your child is eating
- * Ways to keep your child healthy
- * How your child is growing
- * Questions you may have

Please answer the following questions:

When was your child's last regular check-up at the doctor? _____

Has there been any change in your child's health since your last WIC visit?

- No
- Yes: _____
- Not on WIC before

My child is growing:

- Too slow
- Just enough
- Too fast

Do you give your child any of the following?

- Iron No Yes
- Fluoride No Yes
- Children's vitamins No Yes
- Medication No Yes: _____

Was your child ever breastfed?

- No
- Yes, for _____ # of months
- Still breastfeeding

Has your child seen a dentist in the past 6 months?

- No
- Yes
- I would like to find a dentist

Does your child have a cavity that needs to be filled?

- No
- Yes
- Don't know

About how many hours did your child sit and watch television or videos yesterday?

- <1 hour₀
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 or more hours
- None₆

How often is your child around someone who smokes (includes home, childcare and car)?

- Never
- 3 days per week or less
- 4 days per week or more
- Person only smokes outside

Over Please.....

Date:

♣ Medical home: Y N
Provider: _____

Dental home: Y N
IZ utd: Y N
 request

♣ Growth pattern:
01 02 03 04 06 07 08 12

♣ Hgb value shared: Y N n/a

♣ Health/medical
10 11 13 14 15 16 17
18 19 31 32 33 34 35
36 37 38 39 40 41 43

Family support:
90 92 96 97

63

How would you describe your child's usual daily activity: (check one)

- Very active (plays actively *outside* 2 or more hours per day)
- Moderately active (plays actively *inside* and *outside* 2 hours per day)
- Somewhat active (plays actively *inside* 1 to 2 hours per day)
- Not very active (plays mostly inside)

My child's appetite is:

- Great
- Good
- Fair
- Little or no appetite

My child eats with the family:

- Always
- Most of the time
- Sometimes
- Rarely

My child eats: _____ # meals each day _____ # snacks each day

My child drinks: (check all that apply)

- Milk
- 100% Juice
- Water
- Fruit punch
- Soda or Pop
- Sports drinks
- Other drinks: _____

My child drinks from a:

- Cup
- Sippy cup
- Bottle

Does your child take a bottle to sleep at naptime or bedtime?

- No
- Yes

What is your child's favorite food? _____

What food or food group is challenging for your child? _____

From the following list, check any food(s) your child eats:

- Nuts
- Popcorn
- Hard candy
- None of these
- Grapes
- Raisins
- Hotdogs

Does your child ever eat anything that is not food like clay, paint chips, soil, etc?

- No
- Yes

I know my child wants to eat when he or she: _____

I know my child is full when he or she: _____

I would like to learn more about.....

- Healthy snacks for toddlers
- Weaning off the bottle
- Ways to stretch my food dollars
- Family meals
- How to take care of my toddler's teeth
- Fun activities for my child
- Play groups in my area
- Food resources in my area
- Other: _____

♣ Nutrition practices:
64 66 88 89.____

♣ Topics discussed:

♣ Ed materials given:

- None
- MyPlate Daily Food Plan
- Healthy Eating Magazine
- Activity Pyramid
- Playing With Your Toddler
- Dental Information
- Fruits
- Vegetables
- What to expect
- Other:

♣ Referrals:

- None
- CIS.....
- Declined
- Provider/medical home
- Other:

♣ Parent's SMART plan for child is:

♣ Next steps:

- Invited to group/nutrition activity:
- Other:

INCP

- Phone call in _____ weeks
- Weight check _____ WIC _____ MD
- Appt with _____ Nutritionist _____ Nurse
- Other:

♣ Food package: D F
Omissions:

♣ Staff signature & Title