

Pregnancy Nutrition Assessment Supplement

1. How is your pregnancy going?

- a. Complaints of nausea, vomiting, constipation and/or heartburn
 - i. How does _____ affect your eating?
Not a risk – document in Notes or Comments on Goals screen
 - ii. What has your doctor told you about your symptoms?
Hyperemesis Gravidarum
Not a risk – document in Notes or Comments on Goals screen
 - iii. What has been helpful in relieving _____?
Not a risk – document in Notes or Comments on Goals screen

2. What has your doctor told you about your health?

- a. Medical conditions, e.g. *Thyroid Disorders (risks 341-372)*
- b. Illnesses
 - i. Tell me more about _____ (the illness).
 - 1. Inquire about when the illness occurred, how long it lasted and if hospitalization was required.
Infectious Disease (352): pneumonia, meningitis, bronchiolitis, etc.
- c. Surgeries
 - i. Tell me more about _____ (the surgery).
 - 1. Inquire about when the illness occurred, how long it lasted and if hospitalization was required.
Recent Major Surgery, Trauma, Burns (359):

3. What has your doctor told you about your pregnancy?

Twins, triplets, etc. (Go to the Health Interview Screen and update the pregnant with multiples question)
Gestational Diabetes (302)
Fetal Growth Restriction (332)
Not a risk – document in Notes or Comments on Goals screen, e.g. bed rest required, premature labor

4. Tell me about your previous pregnancies.

History of Preterm Delivery (311)
History of Low Birth Weight (Infant) (312)
History of Spontaneous Abortion, Fetal or Neonatal Loss (321)
History of Birth of a Large for Gestational Age Infant (337)
History of Birth with Nutrition related Congenital or Birth Defect (e.g. cleft palate or lip) (339)

5. Tell me about what types of foods you typically eat.

- a. One of these food groups was not mentioned: Grains, Dairy, Fruit/Vegetables and Meats
 - i. Could you tell me about any _____ (foods not mentioned) that you eat?
 - 1. Describe to me about what happens when you eat that food?
Lactose intolerance (355)
Food allergies (353)
Dental Problems (381)
Disabilities Interfering with the Ability to Eat (362)
Woman or Caregiver with Limited Ability (902)
Medical conditions, e.g. Celiac Disease, Renal Disease, Gastro-Intestinal Disorders (341-358)
- b. Mentions eating non-food items such as clay, starch, dirt
 - i. Tell me more about eating _____.
Eating Non-food Items –Pica (427)
- c. Three meals and snacks were not mentioned
 - i. Take me through your day, describing when and where you eat your meals and snacks..
Not a risk – document in Notes or Comments on Goals screen

6. Tell me about what types of drinks you usually have.

a. Milk, Juice, Tea, Soda, etc.

i. I did not hear you mention milk; could you tell me about that?

1. Describe what happens when you drink milk?

Lactose intolerance (355)

ii. Tell me about how much and how often you are consuming _____ (drinks mentioned above)

Not a risk – document in Notes or Comments on Goals screen

7. Tell me what you know about breastfeeding.

PG Woman Currently Breastfeeding (338)

Not a risk – document in Notes or Comments on Goals screen

8. What questions or concerns do you have about breastfeeding?

a. Mentions lack of supply, pain or other issues.

i. Tell what you have heard about _____ (supply, pain, etc.)

b. Mentions problem breastfeeding previously

i. Tell me more about your experience/issue with breastfeeding.

9. Has anyone hurt you in the last six months?

Recipient of Abuse (901); refer

10. Do you ever run out of food to feed your family?

Not a risk – document in Notes or Comments on Goals Screen; refer as applicable

11. Do you have a working stove, refrigerator and running water?

Not a risk – document in Notes or Comments on Goals screen; refer as appropriate

Breastfeeding & Non-Breastfeeding Nutrition Assessment Supplement

1. What has your doctor told you about your health?

- a. Medical conditions, e.g. *Depression (risks 341-372)*
- b. Illnesses
 - i. Tell me more about _____ (the illness).
 1. Inquire about when the illness occurred, how long it lasted and if hospitalization was required?
Infectious Disease (352): pneumonia, meningitis, bronchiolitis, etc.
- c. Surgeries
 - i. Tell me more about _____ (the surgery).
 1. Inquire about when the illness occurred, how long it lasted and if hospitalization was required?
Recent Major Surgery, Trauma, Burns (359)
C-section (359)

2. Tell me about your previous pregnancies.

Preterm Delivery at Last Delivery (311)
Low Birth Weight Infant Born at Last Delivery (312)
History of Spontaneous Abortion, Fetal or Neonatal Loss (321)
LGA Infant at Last Delivery (337)
Birth with Nutrition Related Defect at Last Delivery (e.g. cleft palate or lip)(339)

3. Tell me about what types of foods you usually eat.

- a. One of these food groups was not mentioned: Grains, Dairy, Fruit/Vegetables and Meats
 - i. Could you tell me about any _____ (foods not mentioned) that you consume?
 1. Describe to me about what happens when you eat that food?
Lactose intolerance (355)
Food allergies (353)
Dental Problems (381)
Disabilities Interfering with the Ability to Eat (362)
Woman or Caregiver with Limited Ability (902)
Medical conditions, e.g. Celiac Disease, Renal Disease, Gastro-Intestinal Disorders (341-358)
- b. Mentions eating non-food items such as clay, starch, dirt
 - i. Tell me more about eating _____.
Eating Non-food Items –Pica (427)
- c. Three meals and/or snacks was not mentioned
 - i. Take me through your day, describing what you eat. Begin with the first thing you eat during the day.
 1. *Not a risk - document*

4. Tell me about what types of drinks you usually have.

- a. Milk, Juice, Tea, Soda, etc.
 - i. I did not hear that you mention milk; could you tell me about that?
 1. Describe what happens when you drink milk?
Lactose intolerance (355)
 - ii. Tell me about how much and how often you are consuming _____ (drinks mentioned above)
Not a risk - document

5. Has anyone hurt you in the last six months?

Recipient of Abuse (901); refer

6. Do you ever run out of food to feed your family?

Not a risk - document; refer as applicable

7. Do you have a working stove, refrigerator and running water?

Not a risk - document; tailor food package and refer as applicable

Breastfeeding (Women and Infants) Nutrition Assessment Supplement

1. How is breastfeeding going?

- a. No problems reported (*document in STARS*)
- b. Complains of not enough milk or a decreasing milk supply. (Kardex pages 19-22)
 - i. What makes you think you don't have enough milk?
 - ii. How often are you breastfeeding; describe how long each breastfeeding session lasts and how often in a 24 hour time period?
Limited Exclusive Breastfeeding (411)
Not a risk – document in STARS
- c. Complains of the following:
In mom: Breast engorgement (Kardex pages 8-9), flat or inverted nipples, cracked, bleeding or severely sore nipples (Kardex pages 10-12), etc.
In baby: fussiness (Kardex pages 13-18), jaundice, weak or ineffective suck, difficulty latching on to mother's breast, inadequate stools and wet diapers.
 - i. Tell me more about _____ (the above complaint).
Breastfeeding Complications (602 or 603)
Not a risk – document in Notes or Comments on Goals screen

2. What do you think is the most enjoyable part of breastfeeding?

- a. Listen for complaints, including those listed above.
Breastfeeding Complications (602 or 603)
Not a risk – document in Notes or Comments on Goals screen

3. What challenges or problems have you encountered (if any)?

- a. List for complaints, including those listed above.
Breastfeeding Complications (602 or 603)
Not a risk – document in Notes or Comments on Goals screen

4. Describe how a typical feeding goes with your baby?

- a. How do you feel when you start breastfeeding?
Breastfeeding Complications (602 or 603)
Not a risk – document in Notes or Comments on Goals screen
- b. How do you know when your baby is hungry?
Baby is being fed on a schedule (Kardex pages 4)
Baby still seems hungry (Kardex pages 19-22)
Infant - Feeding that Disregards Developmental Needs (411)
- c. How do you know when your baby is full? Who is ending the feeding?
Mother (Kardex pages 21)
Infant - Feeding that Disregards Developmental Needs (411)
Not a risk – document in Notes or Comments on Goals screen

5. What are your future plans with breastfeeding?

- a. Reports planning to stop breastfeeding before 12 months.
 - i. Can you tell me more about why you selected that date/age of baby to stop?
Not a risk – document in Notes or Comments on Goals screen
- b. Tell me more about you going back to _____ (work or school).
Not a risk – document in Notes or Comments on Goals screen

Infant Nutrition Assessment Supplement

(For breastfeeding infants, also use the Breastfeeding Supplement)

Breastfeeding

Use the Breastfeeding Supplement

Bottle Feeding

1. Describe how you prepare your baby's formula.

- a. Is not specific with which is added first water or formula
 - i. Pretend you are making a bottle right now; describe how you would do that.
Improper dilution of formula (411.4)
- b. Is not specific in how much water to how much formula or describes an incorrect way of making a formula
 - i. How many ounces do you generally make each bottle?
 - ii. How many ounces of water do you use?
 - iii. How many scoops of powdered formula or ounces of concentrated formula to you add?
Improper Dilution of Formula (411.4)
- c. Does not mention what is done with the formula after it is made.
 - i. Tell me what happens with the formula after you mix it.
Lack of Sanitation- Handling Breastmilk/Formula (411.9)
- d. Any other mention of lack of sanitation, including unsafe water or lack of refrigeration
Lack of Sanitation- Handling Breastmilk/Formula (411.9)

2. Describe how you prepare your expressed breastmilk in a bottle (or cup) for your baby.

- a. How is expressed breastmilk stored?
 - i. Inquire about where it is stored (insulated cooler, refrigerator) and what it is stored in.
Lack of Sanitation- Handling Breastmilk/Formula (411.9)

3. Describe how a feeding normally goes.

- a. What is the most enjoyable part of feeding your baby?
- b. Bottle use
 - i. Tell me how your baby is fed his/her bottle.
Routinely Using bottles or Cups Improperly (425.3)
 - ii. Describe how your baby goes to sleep.
Routinely Using bottles or Cups Improperly (425.3)
 - iii. How long does it usually take for him/her to finish her bottle?
Lack of Sanitation- Handling Breastmilk/Formula (411.9)
 - iv. Tell me what happens with any formula left in the bottle after a feeding.
Lack of Sanitation- Handling Breastmilk/Formula (411.9)
Feeding that Disregards Developmental Needs (425.4)
- c. Hunger/Fullness
 - i. How does she/he tell you that he is full or hungry?
Feeding that Disregards Developmental Needs (425.4)
 - ii. Describe what happens when your baby does not finish a bottle.
Feeding that Disregards Developmental Needs (425.4)
Lack of Sanitation- Handling Breastmilk/Formula (411.9)
Routinely Feeding Sugar Drinks (425)

All

1. Tell me about what your baby is eating and drinking

- a. Infant is less than 4 months old and is eating foods
Introducing Solids Before 4 Months (411.3)
- b. Infant is 7 months and food have not been introduced
Inappropriate Food or Drinks (411.3)
- c. Mentions any foods that are not age appropriate foods
 - i. Tell me how you prepare and serve _____ (foods listed above)
Feeding that Disregards Developmental Needs (425)
- d. Mentions other drinks besides formula or breastmilk
 - i. Describe how much _____ (from above) you are giving her/him each day.
Substitute for breastmilk or formula (411.1)
 - ii. Tell me more about how your baby is drinking the _____ (from above).
Inappropriate Bottle Use (411.2)

2. What has your doctor told you about your baby?

- a. Medical conditions, e.g. *Gastro-Intestinal Disorders (GERD), Genetic and Congenital Disorders (Cleft Palate/Lip), Fetal Alcohol Syndrome Failure to Thrive, (risks 341-372)*
- b. Chewing or swallowing problems
 - i. Tell me more about the _____ problem.
 1. Inquire about any solid introduction delays; any limitations on what the baby can eat; if baby is receiving any therapies; if baby is fed formula/breastmilk not through a cup or bottle.
Disabilities Interfering with the Ability to Eat (362)
Genetic and Congenital Disorders (Cleft Palate/Lip)(349)
- c. Illnesses
 - i. Tell me more about _____ (the illness).
 1. Inquire about when the illness occurred, how long it lasted and if hospitalization was required?
Infectious Disease (352): pneumonia, meningitis, bronchiolitis, etc.
- d. Surgeries
 - i. Tell me more about _____ (the surgery).
 1. Inquire about when the illness occurred, how long it lasted and if hospitalization was required?
Recent Major Surgery, Trauma, Burns (359);
Not a risk – document in Notes or Comments on Goals screen

3. What would you like me to know about your baby?

Diarrhea or constipation

Not a risk – document in Notes or Comments on Goals screen; refer as appropriate

4. Have you or your baby been the victim of violence in the last six months?

Recipient of Abuse (risk only assigned if client is the victim) (901); refer

5. Do you ever run out of formula to feed your baby?

Not a risk – document in Notes or Comments on Goals screen; refer as applicable

6. Do you have a working stove, refrigerator and running water?

Not a risk - document; tailor food package and refer as applicable

Children Nutrition Assessment Supplement

1. Tell me about what types of foods your child usually consumes.

- a. One of these food groups was not mentioned: Grains, Dairy, Fruit/Vegetables and Meats
 - i. Could you tell me about any _____ (foods not mentioned) that you consume?
 1. Describe to me about what happens when you eat that food?
Lactose intolerance (355)
Food allergies (353)
Dental Problems (381)
Disabilities Interfering with the Ability to Eat (362)
Woman or Caregiver with Limited Ability (902)
Medical conditions, e.g. Celiac Disease, Renal Disease, Gastro-Intestinal Disorders (GERD) (341-358)
- b. Mentions any food that are a potential choking hazard (hot dogs, chips, grapes, popcorn, hard candy, peanut butter)
 - i. Tell me how you prepare and serve _____ (foods listed above)
Feeding that Disregards Developmental Needs (425)
- c. Mentions eating non-food items such as clay, starch, dirt
 - i. Tell me more about eating _____.
Eating Non-food Items –Pica (427)
- d. Three meals and/or snacks was not mentioned
 - i. Take me through your day, describing what you eat. Begin with the first thing you eat during the day.
 1. *Not a risk - document*

2. Tell me about what types of drinks your child normally consumes.

- a. Milk, Juice, Tea, Soda, Juice Boxes, Punch, Sunny Delight, Gatorade/PowerAde, etc.
 - i. Tell me about how much and how often she/he is consuming _____ (drinks mentioned above)
Routinely Feeding Sugar Drinks (425)
 - ii. I did not hear that you mention milk; could you tell me about that?
 1. Describe what happens when you drink milk?
Lactose intolerance (355)
 - iii. For children under 2 only. Milk is mentioned, but no specific type.
 1. What type of milk do you serve your child?
Inappropriate Milk Type/Milk Substitute

3. Tell me about how your child usually eats throughout the day. (Take me through a day)

- a. Bottle use
 - i. Tell me about her bottle use (frequency and what is put in the bottle)
Routinely Using bottles or Cups Improperly (425.3)
- b. Eating non-food items (dirt, dust, paint chips, etc.)
 - i. Tell me more about her/him eating _____ (non-food item mentioned)
Eating Non-food Items – Pica (425.9)
- c. Offering food that put the child at a risk of choking
 - i. Tell me how the _____ (choking risks foods mentioned above) is offered to your child.
Feeding that Disregards Developmental Needs (425.4)
- d. Having a child eat a certain type or amount of food or ignoring a child's request for appropriate foods **OR**
Serving 3 or less meals per day without snacks offered
 - i. Tell me how you know when your child is full or hungry?
 - ii. Describe what happens when your child is full or hungry?
Feeding that Disregards Developmental Needs (425.4)

4. What has your doctor told you about your child?

- a. Medical conditions, e.g. *Gastro-Intestinal Disorders (GERD), Genetic and Congenital Disorders (Cleft Palate/Lip), Fetal Alcohol Syndrome Failure to Thrive, (risks 341-372)*
- b. Illnesses

i. Tell me more about _____ (the illness).

1. Inquire about when the illness occurred, how long it lasted and if hospitalization was required?

Infectious Disease (352): pneumonia, meningitis, bronchiolitis, etc.

c. Surgeries

i. Tell me more about _____ (the surgery).

1. Inquire about when the illness occurred, how long it lasted and if hospitalization was required?

Recent Major Surgery, Trauma, Burns (359); Not a risk - document

5. Have you or your child been the victim of violence in the last six months?

Recipient of Abuse (risk only assigned if client is the victim) (901); refer

6. Do you ever run out of food to feed your family?

Not a risk - document; refer as applicable

7. Do you have a working stove, refrigerator and running water?

Not a risk - document; tailor food package and refer as applicable