

## 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-Acute (352a): pneumonia, meningitis, bronchiolitis, etc.*  
*Infectious Disease-Chronic (352b): HIV, Hepatitis, B, C or D*
- 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 (352a): pneumonia, meningitis, bronchiolitis, etc.*  
*Infectious Disease-Chronic (352b): HIV, Hepatitis, B, C or D*
- 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) or 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 4-6 months old and is eating foods  
*Introducing Solids Before 46 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-stated above)  
*Feeding that Disregards Developmental Needs (425)*  
*Inappropriate Food and Drinks (411.3)*
- ~~d.~~ Mentions other drinks besides formula or breastmilk  
*Adding sugar, honey or syrups to any beverage*  
*Inappropriate Food and Drinks (411.3)*
  - 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?  
*Children under 2: Reduced fat, low fat or fat free milk - 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 (352a): pneumonia, meningitis, bronchiolitis, etc.*

*Infectious Disease-Chronic (352b): HIV, Hepatitis, B, C or D*

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*