



NUTRITION ASSESSMENT FOR CHILDREN AGES 1-5

CPA/Nutritionist Follow-Up Questions

1. Tell me about your child's eating habits and appetite. [425.4]

- Picky eater
- Eats well
- Good appetite
- Poor appetite
- Concerned
- Not concerned
- Other/Comments:

2. Does your child feed himself/herself? Yes No
If yes, check all that apply.

- Eats with fingers
- Uses a fork/spoon
- Drinks from a sippy cup
- Drinks from a regular cup or glass
- Other: [425.4] [428]
- Other/Comments:

3. How are most foods your child eats prepared? Check all that apply. [425.4] [428] [381]

- Mashed
- Pureed or Baby foods
- Chopped
- Liquid
- Finger foods
- Family/table foods
- Other:
- Other/Comments:

4. How do you feel about your child's height and weight? [113-114] [134-135]

- I think my child is too little
- I think my child is too big
- I think my child is fine
- Dr. has expressed concern
- I've been told my child is underweight
- I've been told my child is overweight
- Other/Comments:

5. What concerns do you have about providing, preparing and/or storing food for your family? [902]

- Inadequate kitchen appliances
- Frequently have insufficient food resources/sources of assistance
- Don't know how to cook
- Need new ideas
- No concerns
- Other/Comments:

6. What concerns do you have about the safety of your child? (Ask when they are alone.)

- No concerns
- Participant was not alone, question skipped
- Other/Comments:

7. Optional documentation if needed.

- Other/Comments:

8. How would you like to improve your child's eating and/or physical activity habits?
(May use for developing a participant centered goal)

Previous Goal Met: Yes No N/A

9. What is the full name and WIC title of the person who completed the assessment?