



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

MID-CERTIFICATION: NUTRITION ASSESSMENT FOR CHILDREN AGES 1-5

CHILD'S NAME:	AGE: <input checked="" type="checkbox"/> MONTH RANGE <input type="checkbox"/> 12-23 <input type="checkbox"/> 24-59	DATE COMPLETED:
1. What concerns do you have or what changes have you noticed in your child's eating habits? <input type="checkbox"/> Eats well <input type="checkbox"/> Picky eater <input type="checkbox"/> Eats age appropriate foods and uses age appropriate utensils <input type="checkbox"/> Does not eat age appropriate foods and/or does not use age appropriate utensils <input type="checkbox"/> Other/Comments		
2. What concerns do you have or what changes have you noticed in your child's physical activity habits? <input type="checkbox"/> About the same <input type="checkbox"/> Less active <input type="checkbox"/> More active <input type="checkbox"/> Other/Comments		
3. Has your child visited a dentist within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have tooth decay (including baby bottle tooth decay), broken teeth, bleeding gums, missing teeth and/or misplaced teeth that make chewing difficult? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child brush their teeth with toothpaste that has fluoride? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
4. Tell me about any new medical issues or problems your child currently has. <input type="checkbox"/> None <input type="checkbox"/> Comment		
5. Tell me how you are doing with your goal. <input type="checkbox"/> Accomplished <input type="checkbox"/> Not met <input type="checkbox"/> See notes		
6. Optional documentation: Full name and WIC title of the person completing the nutrition assessment.		