**CHILD’S NAME:**

<table>
<thead>
<tr>
<th>AGE:</th>
<th>MONTH RANGE</th>
<th>DATE COMPLETED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 12-23</td>
<td>☐ 24-59</td>
<td></td>
</tr>
</tbody>
</table>

1. What concerns do you have or what changes have you noticed in your child’s eating habits?
   - ☐ Eats well
   - ☐ Picky eater
   - ☐ Eats age appropriate foods and uses age appropriate utensils
   - ☐ Does not eat age appropriate foods and/or does not use age appropriate utensils
   - ☐ Other/Comments

2. What concerns do you have or what changes have you noticed in your child’s physical activity habits?
   - ☐ About the same
   - ☐ Less active
   - ☐ More active
   - ☐ Other/Comments

3. Has your child visited a dentist within the past 12 months?  ☐ Yes  ☐ 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?  ☐ Yes  ☐ No
   Does your child brush their teeth with toothpaste that has fluoride?  ☐ Yes  ☐ No  ☐ Don’t know

4. Tell me about any new medical issues or problems your child currently has.
   - ☐ None
   - ☐ Comment

5. Tell me how you are doing with your goal.
   - ☐ Accomplished
   - ☐ Not met
   - ☐ See notes

6. Optional documentation:
   Full name and WIC title of the person completing the nutrition assessment.