



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES
NUTRITION ASSESSMENT FOR CHILDREN AGES 1-5 – Follow UP

CHILD'S NAME:	AGE: √ MONTH RANGE <input type="checkbox"/> 12-23 <input type="checkbox"/> 24-59	DATE COMPLETED:
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Required Follow-up Questions

1. Tell me about your child's eating habits, appetite, and how the foods are prepared. (Select all that apply.)	[425.4] [428]
<input type="checkbox"/> Eats well <input type="checkbox"/> Picky eater <input type="checkbox"/> Eats age appropriate food and uses age appropriate utensils <input type="checkbox"/> Does not eat age appropriate food and/or does not use age appropriate utensils <input type="checkbox"/> Other/Comments	
2. How do you feel about your child's height and weight?	[113-114] [134-135]
<input type="checkbox"/> Just fine <input type="checkbox"/> Too little <input type="checkbox"/> Too big <input type="checkbox"/> Other/Comments	
3. What concerns do you have about providing, preparing and/or storing food for your family? (Select all that apply.)	
<input type="checkbox"/> No concerns <input type="checkbox"/> Insufficient food sources <input type="checkbox"/> Food preparation (New ideas/don't know how to cook) <input type="checkbox"/> Inadequate kitchen appliances <input type="checkbox"/> Other/Comments	
4. What health or medical issues does your child have?	[341-362]
5. How would you like to improve your child's eating and/or physical activity habits? Reminder: Establish a goal and/or follow up on the previous goal.	
6. Optional documentation if needed. What is the full name and WIC title of the person who completed the assessment?	