ABCDE Assessment Tool-Infant

Potential risk factor assignment and key areas to assess

	Infant Nutrition Assessment-Probing Questions	Infant Nutrition Assessment-Notes
A	**100s Anthropometric = HT/WT, Percentiles** • What has your infant's doctor said about your infant's growth? • How do you feel about your infant's growth? • What questions do you have about your infant's weight gain? *PROBE* for family's feelings on growth/weight, prematurity/birth weight.	
B	**200s Biochemical = Blood Tests** • What has your infant's doctor said about your infant's iron level? What questions do you have about the blood test we took today? What do you know about having low iron? What do you know about infant foods that are high in iron? (Ask at MCA) Has your infant's doctor prescribed iron for your infant? (201) • What has your infant's doctor said about lead testing? (211)	
C	**300s Clinical = Health/Medical Conditions** • What has your doctor said about your infant's health? • What concerns do you have about your infant's health? *PROBE* for these topics depending on what is shared: Allergies (353), Immunizations, Oral Health Conditions (381) Medical Conditions (134-153, 341-342, 344, 346-351, 352 a/b, 354-356, 359, 360, 362), Medications (357), Neonatal Abstinence Syndrome (383), Fetal Alcohol Spectrum Disorders (382)	
D	**400s Diet and Nutrition-411, 428** (4-11 months of age) • Tell me about your baby's feeding? How is breastfeeding going? *PROBE* for these topics depending on what is shared: <u>Breastfeeding</u> -How often? Describe feedings. (411.7) <u>Formula/Pumped Breast Milk</u> -Oz/Day, Preparation and Storage (411.1, 411.6, 411.7) Bottle Use/Sippy Cups (411.2) Solid Foods/Beverages (428) Plan/What/How/When (411.3, 411.4, 411.8) -Introduction of Solids, Introducing foods high in iron and zinc (411.4) -Water Source: Bottle, Tap, Well (411.9) Food Safety (411.5, 411.9) Supplements-Vitamin D, Fluoride, Iron, Herbal (411.10, 411.11)	
E	**900s Environmental/Other Factors** • What are your concerns about your baby's safety? What concerns do you have about smoking, alcohol or other drugs? What kind of activities do you do with your infant? What do you know about tummy time? *PROBE* for these topics depending on what is shared: Recipient of Abuse (901), Foster Care (903), Drug/Alcohol Abuse (902), Smoking (904)	

ABCDE Assessment Tool-Child

Potential risk factor assignment and key areas to assess

	Child Nutrition Assessment-Probing Questions	Child Nutrition Assessment-Notes
A	**100s Anthropometric = HT/WT, Percentiles** • What has your child's doctor said about your child's growth? • What questions do you have about your child's growth? • How do you feel about your child's growth? *PROBE* for family's feelings on growth/weight, prematurity/birth weight.	
B	**200s Biochemical = Blood Tests** • What has your child's doctor said about your child's iron level? What questions do you have about the blood test we took today? What do you know about having low iron? Has your child's doctor prescribed iron? (201) • Has your child been tested for lead and what were the results? (211)	
C	**300s Clinical = Health/Medical Conditions** • What has your doctor said about your child's health? • Do you have any concerns about your child's health? *PROBE* for these topics depending on what is shared: Allergies (353), Immunizations, Oral Health Conditions (381), Medications (357), Medical Conditions (134, 341, 342, 344, 346-349, 351-352a, 352b, 354-356, 359, 360, 362), Fetal Alcohol Spectrum Disorders (382)	
D	**400s Diet and Nutrition-401** (2 years of age and older)**, 425, 428** (12-23 months of age) • What are meals like for your family? • What does your child eat at meals and snacks? What does your child drink during the day? Does your child eat non-food items? • What do you like about your child's eating habits? What would you like to change? *PROBE* for these topics depending on what is shared: Supplements-Vitamin D, Iron, Herbal (425.7, 425.8) Beverage Intake/Cup Use (425.2, 425.3, 428), Milk Intake/Type (425.1), Water Source: Bottle, Tap, Well (425.8) Special Diet or Food Restrictions/Number of Meals, Picky Eater, Portions, Textures, (425.4), Parent/Child Roles (425.4), Food Safety/Listeria Risks (425.5), Eats Non-food Items (425.9)	
E	**900s Environmental/Other Factors** • What physical activities does your child enjoy? Tell me about the amount of time your child spends watching TV/video or playing video games. • What are your concerns about your child's safety? • What concerns do you have about smoking, alcohol or other drugs? *PROBE* for these topics depending on what is shared: Recipient of Abuse (901), Foster Care (903), Drug/Alcohol Abuse (902), Smoking (904)	

ABCDE Assessment Tool-Pregnant Woman

Potential risk factor assignment and key areas to assess

	Pregnant Woman Nutrition Assessment-Probing Questions	Pregnant Woman Nutrition Assessment-Notes
A	**100s Anthropometric = HT/WT, Percentiles** • What has your doctor said about your prenatal weight gain? • What questions do you have about weight gain/loss during pregnancy? *PROBE* for nausea, vomiting.	
B	**200s Biochemical = Blood Tests** • (If low) What has your doctor said about your iron? • (If low) What questions do you have about the blood test we took today or why it was done? What do you know about having low iron? (201) • Has your doctor prescribed a prenatal vitamin or any other supplements?	
C	**300s Clinical = Health/Medical Conditions** • How have you been feeling? • What has your doctor said about your pregnancy? • What concerns do you have about your health? *PROBE* for these topics depending on what is shared: • Allergies (353), Medications (357), Prenatal Care (334) • Medical/Health Conditions (338, 339, 341-342, 344, 346-349, 351, 352a, 352b, 354-356, 358-360, 362) • Depression [clinical depression, including postpartum depression] (361) Nausea and Vomiting (301), Oral Health Conditions (381)	
D	**400s Diet and Nutrition-401, 427** • How is your appetite? • Do you eat non-food items? • What do you like about your eating habits? What would you like to change? *PROBE* for these topics depending on what participant shares: • Appetite-Likes/Aversions/Cravings, Eats Non-food Items (427.3) • Beverage/Water, Milk Intake and Type • Breastfeeding (601, 602)-Interest/Knowledge • Diet Restrictions (427.2), Eating Patterns (427.2) • Food Safety/Listeria Risks (427.5) • Prenatal Vitamin, Vitamin D, Herbal, Iodine, Iron (427.1, 427.4)	
E	**900s Environmental/Other Factors** • What are some physical activities that you enjoy? • What concerns do you have about your safety? • What concerns do you have about smoking, alcohol and drugs? *PROBE* for these topics depending on what is shared: Smoking (Maternal 371, Household 904), Drug/Alcohol Abuse (372), Recipient of Abuse (901)	

ABCDE Assessment Tool-Postpartum Woman

Potential risk factor assignment and key areas to assess

	Postpartum Woman Nutrition Assessment-Probing Questions	Postpartum Woman Nutrition Assessment-Notes
A	**100s Anthropometric = HT/WT, Percentiles** • How are you feeling since delivery? • What questions or concerns do you have? *PROBE* for feelings on weight gain/loss.	
B	**200s Biochemical = Blood Tests*** • (If low) What has your doctor said about your iron? (If low) What do you know about low iron? (201) • What questions do you have about the blood test we took today? • What prenatal vitamin or any other supplements are you taking? *Note: Hemoglobin testing is completed after four weeks postpartum.	
C	**300s Clinical = Health/Medical Conditions** • What has your doctor said about your health? • Do you have any concerns about your health? • How is your mental wellness today? *PROBE* for these topics depending on what is shared: • Allergies (353), Medications (357), Oral Health Conditions (381) • Medical/Health Conditions (338, 339, 341-342, 344, 346-349, 351, 352a, 352b, 354-356, 358-360, 362), Delivery/Recent Major Surgery (359), Depression [clinical depression, including postpartum depression] (361)	
D	**400s Diet and Nutrition-401, 427** • How is your appetite? Do you eat non-food items? • What do you like about your eating habits? What would you like to change? *PROBE* for these topics depending on what is shared: • Beverage Intake/Water- Milk Intake/Type • Breastfeeding (601, 602) Questions/Feelings/Knowledge • Diet Restrictions (427.2), Eating Patterns (427.2), Eats Non-food Items (427.3), Food Safety/Listeria Risks (427.5) • PN Vitamin/D, Folic Acid, Herbal, Iron (427.1, 427.4)	
E	**900s Environmental/Other Factors** • What are some of the physical activities that you enjoy? • What are your concerns about your safety? • What concerns do you have about smoking, alcohol or other drugs? *PROBE* for these topics depending on what is shared: Smoking (Maternal 371, Household 904), Drug/Alcohol Abuse (902), Recipient of Abuse (901)	