

Appendix C2a. Identified Risks Data Collection Form

WIC Nutrition Assessment and Tailoring Study

Observation of Nutrition Services Components of WIC Certification

Clinic Site ID: _____ Participant ID: _____ Staff ID: _____

Observer Initials: _____

Date: _____

(Month, Day, Year)

Note to Observer: After the participant leaves her/their assessment, ask the WIC CPA the following questions, using the nutrition risk checklist provided on the following pages.

Questions to ask the WIC CPA who conducted the assessment after the observation

1. For research purposes, can you tell us whether the participants you just served were new to the WIC program or have participated before in a prior pregnancy or for another infant or child?

This is this participant's first WIC enrollment

This participant has previously been enrolled in WIC or has had an infant or child enrolled in WIC before.

2. (If the visit included at least one child certification) Can you tell us the date of birth of the child (or children) who you conducted the nutrition assessment for at this visit?

Child One ____ / ____ / ____

Child Two ____ / ____ / ____

Child Three ____ / ____ / ____

This information is being collected to assist the Food and Nutrition Service in obtaining a comprehensive and detailed description of the WIC nutrition risk assessment process and the ways in which participant benefits are tailored to address the assessment results. This is a voluntary collection and FNS will use the information to improve the delivery and tailoring of WIC services and increase satisfaction of both staff and participants. This collection does request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0663. The time required to complete this information collection is estimated to average 5 minutes (0.08 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this

collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0663). Do not return the completed form to this address.

3. Did you make any modifications to the standard food package prescription for this/these participant/s, based on the information you learned during the nutrition assessment?

Yes No

If yes, what modifications did you make?

4. Can you please tell me the names of **all** the nutrition risks you identified for this/these participant/s today? *(Mark all that apply on the Nutrition Risks Checklist below.)*

5. Was this/Were any of the participant/s determined to be “high risk”? Yes No

[If yes] Which of these risks made the participant “high risk”? *(Mark all that apply on the Nutrition Risks Checklist below.)*

6. Of all the nutrition risks identified for this participant, which ones:

A) Were automatically generated by the Management Information System?

B) Did you enter manually into the MIS?

C) Are not included in the MIS record for this participant (for whatever reason)?

(On the Nutrition Risks Checklist below, mark A, B, or C for each risk identified)

7. Was it addressed by a referral to an internal WIC staff member or to an external health or social service program or organization? *(On the Nutrition Risks Checklist below, enter I (internal) and/or E (external) or N (neither) for each risk identified.)*

8. Was it addressed in nutrition education and counseling? *(On the Nutrition Risks Checklist below, enter yes or no for each risk identified.)*

Nutrition Risks Checklist

| Risk Code | Risk Criteria Title | Nutrition Risks Identified During Assessment (Question 4) | Identified Risk = High Risk? (Question 5) | Automatically generated (A), Manually entered (B), or Not Included in MIS (C) (Question 6) | Risk Addressed by Internal (I) or External (E) Referral, or Neither (N) (Question 7) | Risk Addressed by Education (Yes or No) (Question 8) |
|-----------------------|---|---|---|--|--|--|
| Anthropometric | | | | | | |
| 101 | Underweight (Women) | | | | | |
| 103 | Underweight or At Risk of Becoming Underweight (Infants and Children) | | | | | |
| 111 | Overweight (Women) | | | | | |
| 113 | Obese (Children 2 to 5 years of Age) | | | | | |
| 114 | Overweight or At Risk of Overweight (Infants and Children) | | | | | |
| 115 | High Weight for Length (Infants and Children < 24 mths of Age) | | | | | |
| 121 | Short Stature or At Risk of Short Stature (Infants and Children) | | | | | |

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|---|---|---|---|--|--|--|
| 131 | Low Maternal Weight Gain | | | | | |
| 132 | Maternal Weight Loss During Pregnancy | | | | | |
| 133 | High Maternal Weight Gain | | | | | |
| 134 | Failure to Thrive | | | | | |
| 135 | Slowed / Faltering Growth Pattern | | | | | |
| 141 | Low Birth Weight and Very Low Birth Weight | | | | | |
| 142 | Preterm or Early Term Delivery | | | | | |
| 151 | Small for Gestational Age | | | | | |
| 152 | Low Head Circumference | | | | | |
| 153 | Large for Gestational Age | | | | | |
| Specify Anthropometric risk criteria not on list: | | | | | | |
| | | | | | | |
| | | | | | | |
| Biochemical | | | | | | |
| 201 | Low Hematocrit / Low Hemoglobin | | | | | |
| 211 | Elevated Blood Lead Levels | | | | | |
| Specify Biochemical risk criteria not on list: | | | | | | |
| | | | | | | |
| | | | | | | |
| Clinical/Health/Medical | | | | | | |
| 301 | Hyperemesis Gravidarum | | | | | |
| 302 | Gestational Diabetes | | | | | |
| 303 | History of Gestational Diabetes | | | | | |
| 304 | History of Preeclampsia | | | | | |
| 311 | History of Preterm or Early Term Delivery | | | | | |
| 312 | History of Low Birth Weight | | | | | |
| 321 | History of Spontaneous Abortion, Fetal or Neonatal Loss | | | | | |
| 331 | Pregnancy at a Young Age | | | | | |
| 332 | Closely Spaced Pregnancies | | | | | |
| 333 | High Parity and Young Age | | | | | |
| 334 | Lack of or Inadequate Prenatal Care | | | | | |
| 335 | Multi-fetal Gestation | | | | | |
| 336 | Fetal Growth Restriction | | | | | |
| 337 | History of Birth of a Large for | | | | | |

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|--|--|--|--|---|---|---|
| | Gestational Age Infant | | | | | |
| 338 | Pregnant Woman Currently Breastfeeding | | | | | |
| 339 | History of Birth with Nutrition Related Congenital or Birth Defect | | | | | |
| 341 | Nutrient Deficiency Diseases | | | | | |
| 342 | Gastrointestinal Disorders | | | | | |
| 343 | Diabetes Mellitus | | | | | |
| 344 | Thyroid Disorders | | | | | |
| 345 | Hypertension and Prehypertension | | | | | |
| 346 | Renal Disease | | | | | |
| 347 | Cancer | | | | | |
| 348 | Central Nervous System Disorders | | | | | |
| 349 | Genetic and Congenital disorders | | | | | |
| 351 | Inborn Errors of Metabolism | | | | | |
| 352a | Infectious Diseases—Acute | | | | | |
| 352b | Infectious Diseases—Chronic | | | | | |
| 353 | Food Allergies | | | | | |
| 354 | Celiac Disease | | | | | |
| 355 | Lactose Intolerance | | | | | |
| 356 | Hypoglycemia | | | | | |
| 357 | Drug Nutrient Interactions | | | | | |
| 358 | Eating Disorders | | | | | |
| 359 | Recent Major Surgery, Trauma, Burns | | | | | |
| 360 | Other Medical Conditions | | | | | |
| 361 | Depression | | | | | |
| 362 | Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat | | | | | |
| 363 | Pre-Diabetes | | | | | |
| 371 | Maternal Smoking | | | | | |
| 372 | Alcohol and Illegal Drug Use | | | | | |
| 381 | Oral Health Conditions | | | | | |
| 382 | Fetal Alcohol Syndrome | | | | | |
| 383 | Neonatal Abstinence Syndrome | | | | | |
| Specify Clinical/Health/Medical risk criteria not on list: | | | | | | |
| | | | | | | |
| | | | | | | |
| Dietary | | | | | | |

| Risk Code | Risk Criteria Title | Nutrition Risks Identified During Assessment (Question 4) | Identified Risk = High Risk? (Question 5) | Automatically generated (A), Manually entered (B), or Not Included in MIS (C) (Question 6) | Risk Addressed by Internal (I) or External (E) Referral, or Neither (N) (Question 7) | Risk Addressed by Education (Yes or No) (Question 8) |
|--|---|--|--|---|---|---|
| 401 | Failure to Meet Dietary Guidelines for Americans | | | | | |
| 411 | Inappropriate Nutrition Practices for Infants | | | | | |
| 425 | Inappropriate Nutrition Practices for Children | | | | | |
| 427 | Inappropriate Nutrition Practices for Woman | | | | | |
| 428 | Dietary Risk Associated with Complementary Feeding Practices | | | | | |
| Specify Dietary risk criteria not on list: | | | | | | |
| | | | | | | |
| | | | | | | |
| Other Risks | | | | | | |
| 501 | Possibility of Regression | | | | | |
| 502 | Transfer of Certification | | | | | |
| 503 | Presumptive Eligibility for Pregnant Woman | | | | | |
| 601 | Breastfeeding Mother of Infant at Nutritional Risk | | | | | |
| 602 | Breastfeeding Complications or Potential Complications (Women) | | | | | |
| 603 | Breastfeeding Complications or Potential Complications (Infants) | | | | | |
| 701 | Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy | | | | | |
| 702 | Breastfeeding Infant of Woman at Nutritional Risk | | | | | |
| 703 | Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy | | | | | |
| 801 | Homelessness | | | | | |
| 802 | Migrancy | | | | | |
| 901 | Recipient of Abuse | | | | | |
| 902 | Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food | | | | | |

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|--|--------------------------------------|---|---|--|--|--|
| 903 | Foster Care | | | | | |
| 904 | Environmental Tobacco Smoke Exposure | | | | | |
| Specify Other Risks risk criteria not on list: | | | | | | |
| | | | | | | |