

PREGNANT INTERVIEW

Required Questions in BOLD

Health Medical

What is the Name of your health care provider?

Do you give WIC permission to share your WIC information with this health care provider?

1.a. How is your pregnancy going?

Listen, ask, and assess for:

- Obtaining prenatal care
- Heartburn, constipation
- Previous pregnancies
- Nausea/vomiting

301- Hyperemesis Gravidarum: severe nausea and vomiting

Overthelasttwo weeks, howoften haveyou been bothered by the followingproblems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
TOTALS				

Total score is determined by adding together the scores of each of the 4 items. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12).

1.b. Is this your first pregnancy?

(Not including current pregnancy)

_____ **# of previous pregnancies**

_____ **# of live births**

_____ **# of pregnancies past 20 weeks/5 months**

____/____/____ **Date of last birth, abortion, miscarriage**

*See appendix for dropdown options

+Record specific information on the worksheet

PREGNANT INTERVIEW

Required Questions in BOLD

1.c. With any past pregnancy did you have any complications?

303 - History of Gestational Diabetes	304 - History of Preeclampsia
311 - History of Preterm Delivery	321a - History of Fetal or Neonatal death or 2 or more Spontaneous Abortions
337 - History of LGA Infant	345 - Hypertension and Prehypertension

1.e. How are you feeling this week?

How do you feel about your weight gain?

Listen, ask, and assess for:

- Nausea/Vomiting
- Discomfort

301-Hyperemesis Gravidarum	302 - Gestational Diabetes
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1.f. Have you been to the doctor yet?

Care began after 13th week?

334 - Lack of or Inadequate Prenatal Care

1.g. Tell me about any medical problems or illnesses you have.

Has your doctor diagnosed any medical problems?

Listen, ask, and assess for:

- Medical conditions before pregnancy
- Health concerns
- Disability
- Illnesses

PREGNANT INTERVIEW

Required Questions in BOLD

Medical Conditions

347-Cancer	354 - Celiac Disease
348 - Central Nervous System Disorders*	381- Dental Problems
362 - Developmental, Sensory or Motor Disabilities	343 – Diabetes
358 - Eating Disorders*	382- Fetal Alcohol Spectrum Disorders
336 - Fetal Growth Restriction (FGR)	353 - Food Allergies ⁺
342 - Gastro-intestinal Disorders*	349 - Genetic and Congenital Disorders*
302 - Gestational Diabetes	339 – History of Birth with Nutrition Related Congenital Birth Defect
321a - History of Fetal or Neonatal death or 2 or more Spontaneous Abortions	337 - History of LGA Infant
303 - History of Gestational Diabetes	311a - History of Early term Delivery
301- Hyperemesis Gravidarum	311b - History of Preterm Delivery
356 - Hypoglycemia	345 - Hypertension and Prehypertension
351 – Inborn Errors of Metabolism*	352a - Infectious Diseases - Acute*
352b – Infectious Diseases – Chronic*	355 - Lactose Intolerance
361 – Mental Illness*	341- Nutrient Deficiency Diseases*
359 - Recent Major Surgery, Trauma, Burns ⁺	901- Recipient of Abuse
346 - Renal Disease	344 - Thyroid Disorders
360 - Other Medical Conditions - severe enough to affect nutritional status*	

1.h. Are you currently taking any medications? ⁺

Listen, ask, and assess for medications that compromise nutritional status

357 - Drug Nutrient Interactions

1.i. Do you ever have a hard time chewing or eating certain foods?

Listen, ask, and assess for:

- oral health care/referral
- tooth decay/tooth loss
- impaired ability to eat

381 Dental Problems

*See appendix for dropdown options

+Record specific information on the worksheet

PREGNANT INTERVIEW

Required Questions in **BOLD**

Nutrition Practices

2a. Tell me what you like to eat and drink.

Listen, ask, and assess for:

- Appetite, Timing of meals
- Meals, snacks, beverages
- Eating pattern, frequency
- Food likes/dislikes
- Food preparation
- Eating problems
- Pica

2.b. What would you like to change about your eating?

2.c. Is there anything you would like to eat more or less of?

2.d. In the month before you got pregnant with this baby, how many times a week did you take a multivitamin?

2.e. Have you taken any vitamins/minerals in the past month?

2.f. Do you take any herbs or dietary supplements now? ⁺

427 Nutrition Practices

427a - Dietary Supplements with Potentially Harmful Consequences	427b - Consuming a Diet Very Low in Calories and/or Essential Nutrients
427c - Compulsively Ingesting Non-Food Items (Pica)	427d - Inadequate Vitamin/Mineral Supplementation
427e - Inappropriate Nutrition Practices for Women	

Other Nutrition Risks

401-Failure to Meet Dietary Guidelines for Americans	353 - Food Allergies ⁺
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*See appendix for dropdown options

+Record specific information on the worksheet

PREGNANT INTERVIEW

Required Questions in **BOLD**

Lifestyle

Current Nicotine and Tobacco Use

3.a. Do you currently use any of the following: cigarettes, hookahs/pipes, e-cigarettes, vaping devices, smokeless tobacco, or nicotine replacement therapies?

3.b. In the past seven days, have you been in an enclosed space (i.e. car home, workplace) while someone used tobacco products?

Cigarette Smoking

3.c. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day? (1 pack= 20 cigarettes)

3.d. How many cigarettes do you smoke on an average day now?

Past Alcohol Use

3.e. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?

3.f. Have you consumed alcohol during this pregnancy?

Current Alcohol Use

3.g. How many alcoholic drinks (beer, wine or liquor) do you have in an average week now?

Current Drug Use

3.h. Are you misusing any prescription medications, using marijuana in any form or using any illegal substances?

Listen, ask, and assess for:

- Abuse of prescription medications
- Marijuana in any form
- Any illegal substances

372b Illegal Drug Use

3.i. What do you like to do for physical activity?

Listen, ask and assess for

- Physical activities
- Walking
- Playing with children
- Safe parks
- Access to fitness centers
- Activity frequency

PREGNANT INTERVIEW

Required Questions in **BOLD**

BF Preparations

4.a. What have you heard about breastfeeding?

Listen, ask and assess for

- Interest in breastfeeding
 - Myths or Concerns
 - Support Systems
- Is mom interested in breastfeeding?

4.b. Previous Experience?

4.c. If previously breastfed, how did it go?

Length of time (weeks)

Reason for stopping +

4.d. What does your family, friends or partner say about breastfeeding?

4.e. Tell me about the changes you have noticed or concerns you have about your breasts.

Listen, ask, assess for:

- Flat or inverted nipples
- Piercings
- Size, surgeries

4.f. We have trained moms who have breastfed before and can help you with breastfeeding. I will have one call you, if that is okay with you.

4.g. Are you exclusively breastfeeding an infant or partially breastfeeding multiples from a previous pregnancy?

338 – Pregnant Woman Currently Breastfeeding

4.h. How is breastfeeding going for you?

Listen, ask, and assess for:

- Successes
- Challenges
- Milk supply
- Teething/biting
- Baby preferring on breast
- Baby not interested
- Soreness/nipple care
- Breast leaking

602 - Breastfeeding Complications

602a - BF Complications - severe breast engorgement	602b - BF Complications - recurrent plugged ducts
602c - BF Complications - mastitis	602d - BF Complications - flat or inverted nipples causing latch problems
602e - BF complications - cracked, bleeding or severely sore nipples	602g - BF Complications - failure of milk to come in by 4 days post part um
602h - BF Complications - tandem nursing 2 siblings who are not twins	

*See appendix for dropdown options

+Record specific information on the worksheet

PREGNANT INTERVIEW

Required Questions in **BOLD**

Social Environment

5.a. What else can I help you with?

901- Recipient of Abuse
902 - Limited ability to make feeding decisions

*See appendix for dropdown options

+Record specific information on the worksheet

INFANT INTERVIEW

Required questions in bold

Breastfeeding History

Breastfeeding Description *

How old was your child when he/she completely stopped breastfeeding or being fed breast milk?
Age in Weeks or Date mm/dd/yyyy

What was your reason for stopping breastfeeding? *

How old was your child when he/she was first fed something other than breast milk?
Age in Weeks or Date mm/dd/yyyy

How old was your child when he/she was first fed something else on a regular basis?
Age in Weeks or Date mm/dd/yyyy

How old was your child when he/she was first fed formula?
Age in Weeks or Date mm/dd/yyyy

Nutrition Practices

What is the Name of your child's health care provider?

Do you give WIC permission to share your child's WIC information with this health care provider?

1.a. Tell me how it is feeding your child.

Listen, ask, and assess for:

- Hunger and satiety cues
- Number of wet/dirty diapers
- Appetite changes
- Vomiting
- Constipation or diarrhea
- Breastfeeding or formula

1.b. What concerns or challenges are you having?

Listen, ask, and assess for:

- Frequency
- Ounce/bottle and bottles/day
- Difficulty latching on/positioning
- Weak/ineffective suck
- Jaundice
- Breastfeeding support available
- Baby preferring one breast
- Baby not interested

603 - Breastfeeding Complications or Potential Complications

603a - BF complications - jaundice	603b - BF complications - weak or ineffective suck
603c - BF complications - difficulty latching onto mother's breast	603d - BF complications - inadequate stooling and/or <6 wet diapers a day

*See appendix for dropdown options

+Record specific information on the worksheet

INFANT INTERVIEW

Required questions in bold

1.c. If bottle feeding, listen, ask and assess for:

- Amount of breastmilk/formula
- Ounce/bottle and bottles/day
- Formula brand/type
- How is formula mixed
- Water source
- Contents other than formula
- Storage/handling

1.d. Does your baby take any vitamins, minerals, herbs, or dietary supplements?

1.e. What other questions or concerns do you have about feeding your baby? Or is there anything you would like to change?

Listen, ask, and assess for:

- Dietary progression
- Making baby food
- When to start solids & types of solids
- Introducing a cup
- Weaning breast/bottle

411- Nutrition Practices

411a - Primary Nutrient Source Inappropriate	411b - Improper Use of Bottles or Cups
411c - Inappropriate Complimentary Foods	411d - Feeding Practices that Disregard Developmental Stage of Infant
411e - Feeding Potentially Harmful Foods	411f- Dilution of Formula Inappropriate
411g - Infrequent Breastfeeding as Only Nutrition	411h – Consuming a diet very low in calories and/or essential nutrients
411i - Inappropriate Sanitation Practices in Handling Formula/Breast Milk	411j - Dietary Supplements with Potentially Harmful Consequences
411k - No Dietary Supplement of Vitamin D or Fluoride (when necessary)	

Other Nutrition Risks

353 - Food Allergies ⁺	428 - Risk Associated w/Complimentary Feeding age 4-23 months
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*See appendix for dropdown options

+Record specific information on the worksheet

INFANT INTERVIEW

Required questions in bold

Health/Medical

3.a. What concerns do you have about your baby's health?

3.b. Does your baby have any medical problems diagnosed by a doctor?

Medical Conditions

347-Cancer	354 - Celiac Disease
348 - Central Nervous System Disorders *	381- Dental Problems
362 - Developmental, Sensory or Motor Disabilities	343 - Diabetes
134 - Failure to Thrive	382 - Fetal Alcohol Syndrome
353 - Food Allergies ⁺	342 - Gastro-intestinal Disorders*
349 - Genetic and Congenital Disorders *	345 - Hypertension and Prehypertension
356 - Hypoglycemia	351- Inborn Errors of Metabolism*
352 - Infectious Disease in past 6 months*	355 - Lactose Intolerance
341- Nutrient Deficiency Diseases Select from drop down	359 - Recent Major Surgery, Trauma, Burns ⁺
901- Recipient of Abuse	346 - Renal Disease*
344 - Thyroid Disorders	360 - Other Medical Conditions - severe enough to affect nutritional status [*]

3c. Is your child currently on any medication?

Listen, ask, and assess for medications that compromise nutritional status

357 - Drug Nutrient Interactions ⁺

*See appendix for dropdown options

+Record specific information on the worksheet

INFANT INTERVIEW

Required questions in bold

Immunizations

4.a. Can we look over your child's shot record today?

4.b. Have any DTaP shots been given?

4.c. # of DTaP immunizations

Oral Health

5.a. What questions do you have regarding caring for your baby's gums and teeth?

381 - Dental Problems

Lifestyle

6.a. How active is your child every day?

Listen, ask, and assess for:

- Strollers
- Play pens

- Infant seats
- Car seats

Listen, ask, and assess for planned physical activity times for:

- Crawling
- Rolling over

- Moving muscles (massage)
- Walking

6.b. In the past seven days, has your baby been in an enclosed space (i.e. car, home, childcare) while someone used tobacco products?

6.c. What else can I help you with?

Listen, ask and assess for

- Abuse/neglect
- Limited ability to make feeding decisions

901 – Recipient of Abuse

902 – Primary Caregiver with Limited Ability

Mom's WIC Participation

7.a. Was mother on WIC during her pregnancy?

7.b. If no, would she have been eligible?

701- Infant up to 6 mos old of WIC mother or WIC eligible mother

CHILD INTERVIEW

Required questions in bold

Breastfeeding History (Children less than 2 years old)

Breastfeeding Description *

How old was your child when he/she completely stopped breastfeeding or being fed breast milk?
Age in Weeks or Date mm/dd/yyyy

What was your reason for stopping breastfeeding? *

How old was your child when he/she was first fed something other than breast milk?
Age in Weeks or Date mm/dd/yyyy

How old was your child when he/she was first fed something else on a regular basis?
Age in Weeks or Date mm/dd/yyyy

How old was your child when he/she was first fed formula?
Age in Weeks or Date mm/dd/yyyy

Health/Medical

What is the Name of your child's health care provider?

Do you give WIC permission to share your child's WIC information with this health care provider?

1.a. What concerns do you have about your child's health?

1.b. Does your child have any medical problems diagnosed by a doctor?

Medical Conditions

347-Cancer	354 - Celiac Disease
348 - Central Nervous System Disorders *	381- Dental Problems
362 - Developmental, Sensory or Motor Disabilities	343 - Diabetes
134 - Failure to Thrive	382 - Fetal Alcohol Syndrome
353 - Food Allergies ⁺	342 - Gastro-intestinal Disorders*
349 - Genetic and Congenital Disorders *	345 - Hypertension and Prehypertension
356 - Hypoglycemia	351- Inborn Errors of Metabolism*
352a - Infectious Disease - Acute *	352b - Infectious Disease - Chronic *
355 - Lactose Intolerance	361 – Mental Illness *
341- Nutrient Deficiency Diseases*	359 - Recent Major Surgery, Trauma, Burns ⁺
901- Recipient of Abuse	346 - Renal Disease*
151 – Small for Gestational Age	344 - Thyroid Disorders
360 - Other Medical Conditions - severe enough to affect nutritional status *	

*See appendix for dropdown options

+Record specific information on the worksheet

CHILD INTERVIEW

Required questions in bold

- 1.c. Is your child currently on any medication?
Listen, ask, and assess for medications that compromise nutritional status

357 - Drug Nutrient Interactions ⁺

Immunizations

- 2.a. Can we look over your child's shot record today?
- 2.b. Have any DTaP shots been given?
- 2.c. # of DTaP immunizations

Oral Health

- 3.a. How do you take care of your child's teeth?
- 3.b. Has your child seen a dentist?
If not, 381 - Dental Problems

Lifestyle

- 4.a. What types of activities does your child enjoy?
- 4.b. # of hours of TV watching/video playing per day
- 4.c. **In the past seven days, has your child been in an enclosed space (i.e. car, home, childcare) while someone used tobacco products?**

Nutrition Practices

- 5.a. Tell me about your child's eating and what he/she likes to drink.
Listen, ask, and assess for:
- Appetite
 - Eating pattern
 - Eating problems
 - Beverages/containers
 - Food preparation
 - Food jags/refusal
- 5.b. What is mealtime like?
Listen, ask, and assess for:
- Environment, tone of mealtime
 - When, where and with whom?

*See appendix for dropdown options

+Record specific information on the worksheet

CHILD INTERVIEW

Required questions in bold

- 5.c. Is there anything you would like to see different about your child's eating?
- 5.d. Are there any foods you would like to see your child eat more/less of?
- 5.e. Does your child take any vitamins or minerals?
- 5.f. Does your child take any herbs or dietary supplements?

425 - Nutrition Practices

425a - Inappropriate Beverages as Primary Milk Source	425b - Feeding Sugar Sweetened Beverages
425c - Improper Use of Bottles, Cups or Pacifiers	425d - Feeding Practices that Disregard Developmental Stage of Child
425e - Feeding Foods Potentially Contaminated with Harmful Microorganisms	425f- Diet Very Low in Calories and/or Essential Nutrients
425g - Dietary Supplements with Potentially Harmful Consequences	425h - No Dietary Supplement of Vitamin D or Fluoride (when necessary)
425i - Eating of Non-Food Items (Pica)	

Other Nutrition Risks

428- Risk Associated w/Complementary Feeding Age 4-23 months	401 – Failure to Meet Dietary Guidelines for Americans
353 – Food Allergies ⁺	

Social Environment

- 6.a. What else can I help you with?
Listen, ask and assess for
- 901 - Recipient of Abuse
 - 902 - Limited ability to make appropriate feeding decisions or prepare foods

*See appendix for dropdown options

+Record specific information on the worksheet

POSTPARTUM INTERVIEW

Required questions in BOLD

What is the name of your healthcare provider?

Do you give WIC permission to share your WIC information with this healthcare provider?

1.a. How is it being a new mom?

Listen, ask, and assess for

- Postpartum depression
- Struggles/successes
- Caregiver ability

361- Depression

902 - Limited ability to make feeding decisions

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
TOTALS				

Total score is determined by adding together the scores of each of the 4 items. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12).

Breastfeeding Support If not breastfeeding skip to Health/Medical

1.b. How is breastfeeding going for you?

Listen, ask, and assess for

- Successes, Challenges
- Milk supply
- Baby preferring one breast, baby not interested
- Soreness, nipple care

602 - Breastfeeding Complications

602a - BF Complications - severe breast engorgement	602b - BF Complications - recurrent plugged ducts
602c - BF Complications - mastitis	602d - BF Complications - flat or inverted nipples causing latch problems
602e - BF complications - cracked, bleeding or severely sore nipples	602g - BF Complications - failure of milk to come in by 4 days postpartum
602h - BF Complications - tandem nursing 2 siblings who are not twins	

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POSTPARTUM INTERVIEW

Required questions in BOLD

1.c. How long are you planning to breastfeed your infant?

Listen, ask, and assess for

- Returning to work/school
- Pumping/storage
- Continuation of BF
- Anticipated or current separation from infant

1.d. Are you currently employed or attending school > 10 hours/week?

1.e. What type of support do you have for breastfeeding?

Listen, ask, and assess for

- Partner/spouse/other family/friends/peers
- Work/school environment
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1.f. Do you need any help or assistance from the WIC program?

Listen, ask, and assess for

- BF equipment need, current use, type, experience using
- BFPC, CPA, Lactation specialist, additional referral

1.g. *If BFPC has not been assigned. We have trained moms who have breastfed before and can help you with breastfeeding. I will have one call you, if that is okay with you.*

Health/Medical

2.b. What concerns do you or your doctor have about your health?

Listen, ask, and assess for

- Medical conditions
- Family Planning

POSTPARTUM INTERVIEW

Required questions in **BOLD**

2c. Any medical conditions, illnesses, or special needs?

Medical Conditions

347-Cancer	354 - Celiac Disease
348 - Central Nervous System Disorders*	381- Dental Problems
362 - Developmental, Sensory or Motor Disabilities	358 - Eating Disorders*
343 – Diabetes	382- Fetal Alcohol Spectrum Disorders
336 - Fetal Growth Restriction (FGR)	353 - Food Allergies ⁺
342 - Gastro-intestinal Disorders*	349 - Genetic and Congenital Disorders*
302 - Gestational Diabetes	339 – History of Birth with Nutrition Related Congenital Birth Defect
321a - History of Fetal or Neonatal death or 2 or more Spontaneous Abortions	337 - History of LGA Infant
303 - History of Gestational Diabetes	311a - History of Early term Delivery
301- Hyperemesis Gravidarum	311b - History of Preterm Delivery
356 - Hypoglycemia	345 - Hypertension and Prehypertension
351 – Inborn Errors of Metabolism*	352 - Infectious Diseases in past Acute*
352b – Infectious Diseases – Chronic*	355 - Lactose Intolerance
361 – Mental Illness*	341- Nutrient Deficiency Diseases*
359 - Recent Major Surgery, Trauma, Burns ⁺	901- Recipient of Abuse
346 - Renal Disease	344 - Thyroid Disorders
360 - Other Medical Conditions - severe enough to affect nutritional status*	

2.d. Are you currently taking any medications? ⁺

Listen, ask, and assess for medications that compromise nutritional status

357 - Drug Nutrient Interactions

2.e. Was this your first pregnancy?

(Not including current pregnancy)

_____ # of previous pregnancies

_____ # of live births

_____ # of pregnancies past 20 weeks/5 months

*See appendix for dropdown options

+Record specific information on the worksheet

POSTPARTUM INTERVIEW

Required questions in **BOLD**

2.f. Did you have any complications or special conditions with this pregnancy?

303 - History of Gestational Diabetes	304 - History of Preeclampsia
311 - History of Preterm Delivery	321a - History of Fetal or Neonatal death or 2 or more Spontaneous Abortions
337 - History of LGA Infant	345 - Hypertension and Prehypertension
301-Hyperemesis Gravidarum	302 - Gestational Diabetes

2.g. Do you ever have a hard time chewing or eating certain foods?

Listen, ask, and assess for:

- oral health care/referral
- tooth decay/tooth loss
- impaired ability to eat

381 Dental Problems

Nutrition Practices

3.a. Tell me what you like to eat and drink.

Listen, ask, and assess for:

- Drink to Thirst
- Appetite, Timing of meals
- Meals, snacks, beverages
- Eating pattern, Frequency, food likes/dislikes
- Eating problems
- Pica

3.b. What would you like to change about your eating?

3.c. Is there anything you would like to eat more or less of?

3.d. Do you take any vitamins, minerals, herbs or dietary supplements?

427 Nutrition Practices

427a - Dietary Supplements with Potentially Harmful Consequences	427b - Consuming a Diet Very Low in Calories and/or Essential Nutrients
427c - Compulsively Ingesting Non-Food Items (Pica)	427d - Inadequate Vitamin/Mineral Supplementation
427e - Inappropriate Nutrition Practices for Women	

Other Nutrition Risks

401-Failure to Meet Dietary Guidelines for Americans	353 - Food Allergies ⁺
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POSTPARTUM INTERVIEW

Required questions in BOLD

3.e. Do you have any problems with food preparation and/or storage?

Lifestyle

Current Nicotine and Tobacco Use

4.a. Do you currently use any of the following: cigarettes, hookahs/pipes, e-cigarettes, vaping devices, smokeless tobacco, or nicotine replacement therapies?

4.b. In the past seven days, have you been in an enclosed space (i.e. car home, workplace) while someone used tobacco products?

Cigarette Smoking

4.c. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day? (1 pack= 20 cigarettes)

4.d. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (1 pack= 20 cigarettes)

4.e. How many do you smoke on an average day now?

Past Alcohol Use

4.f. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?

4.g. In the last 3 months of your pregnancy, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?

Current Alcohol Use

4.h. Do you currently drink alcohol?

Current Drug Use

4.i. Are you misusing any prescription medications, using marijuana in any form or using any illegal substances?

Listen, ask, and assess for:

- Abuse of prescription medications
- Marijuana in any form
- Any illegal substances

372b Illegal Drug Use

POSTPARTUM INTERVIEW

Required questions in **BOLD**

4.j. What do you like to do for physical activity?

Listen, ask and assess for

- Physical activities
- Walking
- Playing with children
- Safe parks
- Access to fitness centers
- Activity frequency

Social Environment

5.a. What else can I help you with?

901- Recipient of Abuse
902 - Limited ability to make feeding decisions