



Evalyasyon Sante Timoun
Child Health Assessment

Dat(yo): Non Timoun nan:
Date(s) : Child's Name:
Non Paran an/Responsab Legal la: Relasyon:
Parent/Guardian Name: Relationship:

Kesyon Istwa Sante Timoun (tanpri ranpli tout kesyon ki sou bò sa a - kite bò dèyè a vid)
Child Health History Questions (please complete all questions on this side - leave the backside blank)

Ki kote timoun ou an ale pou jwenn swen sante? Non doktè a/klinik lan:
Where does your child go for healthcare? Doctor/clinic name:

Èske timoun ou an ale nan vizit pou timoun ki an sante?
Does your child attend well visits? [] Wi [] Non

Èske timoun ou an pran tout dènye vaksen yo?
Is your child up to date on shots? [] Wi [] Non [] M pa konnen

Èske timoun ou an resewva yon sèvis terapi oswa lòt sèvis?
Does your child receive any therapy or other services? [] Fizik [] Okipasyonèl [] Lapawòl

[] Vizit lakay: [] Lòt: [] Pa Aplikab
Home Visiting: Others: N/A

Èske timoun ou an gen nenpòt pwoblèm medikal, oswa yon operasyon sa pa gen lontan, maladi, alèji manje, oswa blesi?
Tanpri eslike: Does your child have any medical conditions, or recent surgery, illness, food allergies, or injury? Please describe:

Tanpri site nenpòt medikaman timoun ou an ap pran: [] Pa Aplikab
Please list any medication(s) your child takes: N/A

Èske timoun ou an manje nan tib?
Is your child tube fed? [] Wi, Tanpri dekri: [] Non

Èske timoun ou an gen:
Does your child have: [] Konstipasyon [] Dyare [] Vomisman [] Pa Aplikab

Èske gen nenpòt moun nan fanmi w ki te teste pou plon?
Has anyone in your family been tested for lead? [] Wi (nivo yo): [] Non [] M pa konnen

Èske ou menm oswa dantis ou gen nenpòt enkyetid dantè?
Do you or your dentist have any dental concerns? [] Wi [] Non [] Mwen pa gen yon dantis

Èske w ap viv nan yon kote tanporè (chèlètè, otèl, elatriye)?
Do you live in a temporary place (shelter, hotel, etc.)? [] Wi [] Non

Èske timoun ou an te antre nan fanmi akèy oswa te demenaje nan fanmi akèy, nan sis mwa ki sot pase yo?
Has your child entered foster care or moved foster care homes, within the past six months? [] Wi [] Non

Èske timoun ou an te sibi abi fizik, vèbal, seksyèl, oswa te neglije?
Has your child been physically, verbally, sexually abused, or neglected? [] Wi [] Non

Èske ou enkyete w pou w pran pàn manje?
Do you worry about running out of food? [] Wi [] Non

Èske w itilize bank alimantè/sant distribiyon manje lokal yo?
Do you use local food banks/pantries? [] Wi [] Non

Ki kesyon oswa enkyetid ou genyen sou sante, abitud manje, ak alètman timoun ou an?

What questions or concerns do you have about your child's health, eating habits, and breastfeeding?

This portion is to be completed by WIC staff

New Cert (date): _____ Recert (date): _____ HA (date): _____ Continue Goal

Location of WIC Program Application: _____

HT _____ WT _____ Hgb _____ (optional)

Nutrition, Breastfeeding, and Physical Activity Questions (to be completed by WIC staff member)

Share with me the physical activities your child enjoys: _____

Tell me about screen time and your child: Time/day _____ Days/week _____

Tell me about your experience with giving your child breast milk: _____

Describe what your child eats and drinks each day: _____

Targeted diet assessment may include:

- Vitamins, iron sources, enhancers, inhibitors
- Dairy/calcium/vitamin D
- Whole grains/fiber
- Protein sources
- Fruits and vegetables
- Sugar sweetened drinks/foods
- Foods limited/refused/avoided
- Meals away from home/fast food
- Feeding tube
- Self-feeding (progression and eating skills)
- Family meals/mealtimes
- Religious or cultural diets
- Same foods as rest of the family
- Bottle use/propped/sleep with bottle
- What's in the bottle?
- Open/sippy cup use
- Water source
- Choking

Does your child eat unsafe foods or non-food items? Yes No Concerns: _____

Check for unsafe foods:

- Raw/undercooked meats
- Uncooked deli and processed meats
- Unpasteurized foods

Check for non-food items:

- Paint chips, starch, coffee grounds
- Ice
- Paper
- Dirt/Clay

Caregiver with limited feeding decision/inability to prepare foods:

Current/history of alcohol or substance abuse Mental illness, including severe depression
 Intellectual disability Physical disability Age \leq 17 years N/A

Notes: