

# Job Aid

## Completing a Diet Assessment for Pregnant Women

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> <b>(Questions from TWIST as prompts)</b>	<b>Step② - Use probing questions to find out more</b> <b>(based on answers from Step ①)</b>	<b>Step③ - Assign and document risks in TWIST</b> <b>(if appropriate)</b>
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ Tell me about how you are eating.</li> </ul>		
<b>Attitudes</b> <ul style="list-style-type: none"> <li>▪ Eating issues</li> <li>▪ Interest in eating</li> <li>▪ Appetite</li> <li>▪ Nutrition knowledge</li> </ul>	<ul style="list-style-type: none"> <li>▪ What do you like about the way you eat?</li> <li>▪ What concerns do you have about the way you eat?</li> <li>▪ Do you have any discomforts with eating during this pregnancy? (nausea, vomiting, heartburn, constipation, poor appetite)</li> <li>▪ What concerns, if any, do you have about weight gain with pregnancy?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Tell me more about (your concern)...</li> <li>▪ How has (the concern) affected your eating?</li> <li>▪ How are you managing the (discomfort)</li> </ul>	
<b>Actions</b> <ul style="list-style-type: none"> <li>▪ Eating Behaviors</li> <li>▪ Meal patterns</li> <li>▪ Food preferences</li> <li>▪ Food fads</li> <li>▪ Food avoidance</li> <li>▪ Cultural issues</li> </ul>	<ul style="list-style-type: none"> <li>▪ What foods, if any, do you avoid for health or other reasons?</li> <li>▪ Are you on a low calorie or special diet? (vegan, weight loss, etc)</li> <li>▪ Do you eat anything that is not food?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Tell me about your usual meal pattern</li> <li>▪ Why do you avoid (the food)?</li> <li>▪ Tell me about those foods</li> <li>▪ Are there any special food practices associated with your heritage/culture?</li> </ul>	<b>427.2 - Eating Very Low Calorie or Nutrient Diets</b> <b>427.3 - Pica</b> <b>427.5 - Eating Potentially Harmful Foods</b>

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> <b>(Questions from TWIST as prompts)</b>	<b>Step② - Use probing questions to find out more</b> <b>(based on answers from Step ①)</b>	<b>Step③ - Assign and document risks in TWIST</b> <b>(if appropriate)</b>
<b>Supplementation</b> <ul style="list-style-type: none"> <li>▪ Use of vitamin or mineral supplements</li> <li>▪ Herbal remedies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Are you taking a vitamin with iron or iron supplement?</li> <li>▪ Does your prenatal vitamin contain iodine?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ What other dietary supplements do you take?</li> <li>▪ Tell me more about those (vitamins, minerals, herbs, special teas).</li> </ul>	<b>427.1 - Inappropriate Use of Dietary Supplements</b> <b>427.4 – Inadequate, Iron, Iodine or Folic Acid Supplementation</b>
<b>Step ④ - Critical Thinking and Review</b>	 <ul style="list-style-type: none"> <li>• Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)</li> <li>• Is there any other information you need in order to complete the diet assessment?</li> <li>• What topic(s) would you propose to the participant as a priority for nutrition education?</li> </ul>		
<b>Step ⑤ - Mandatory TWIST Question</b>	<b>Are dietary risks assigned?</b>		<b>No</b> <b>Yes</b>

# Job Aid

## Completing a Diet Assessment for Postpartum Women

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> <b>(Questions from TWIST as prompts)</b>	<b>Step② - Use probing questions to find out more</b> <b>(based on answers from Step ①)</b>	<b>Step③ - Assign and document risks in TWIST</b> <b>(if appropriate)</b>
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ Tell me about how you are eating.</li> </ul>		
<b>Attitudes</b> <ul style="list-style-type: none"> <li>▪ Eating issues</li> <li>▪ Interest in eating</li> <li>▪ Appetite</li> <li>▪ Nutrition knowledge</li> </ul>	<ul style="list-style-type: none"> <li>▪ What do you like about the way you eat?</li> <li>▪ What concerns do you have about the way you eat?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Tell me more about (your concern)...</li> <li>▪ How has (the concern) affected your eating?</li> </ul>	
<b>Actions</b> <ul style="list-style-type: none"> <li>▪ Eating Behaviors</li> <li>▪ Meal patterns</li> <li>▪ Food preferences</li> <li>▪ Food fads</li> <li>▪ Food avoidance</li> <li>▪ Cultural issues</li> </ul>	<ul style="list-style-type: none"> <li>▪ What foods, if any, do you avoid for health or other reasons?</li> <li>▪ Are you on a low calorie or special diet? (vegan, weight loss, etc)</li> <li>▪ Do you eat anything that is not food?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Tell me about your usual meal pattern</li> <li>▪ Why do you avoid (the food)?</li> <li>▪ Tell me about those foods</li> <li>▪ Are there any special food practices associated with your heritage/culture?</li> </ul>	<b>427.2 - Eating Very Low Calorie or Nutrient Diet</b> <b>427.3 - Pica</b>



# Job Aid

## Completing a Diet Assessment for Infants

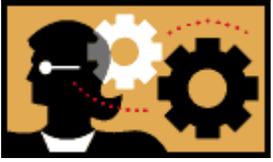
<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> <b>(Questions from TWIST as prompts)</b>	<b>Step② - Use probing questions to find out more</b> <b>(based on answers from Step ①)</b>	<b>Step③ - Assign and document risks in TWIST</b> <b>(if appropriate)</b>
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ How are you feeding your baby?</li> <li>▪ Tell me about feeding your baby.</li> </ul>		
<b>Attitudes</b> <ul style="list-style-type: none"> <li>▪ Feeding relationships</li> <li>▪ Recognition of feeding cues</li> <li>▪ Breastfeeding success/concerns</li> <li>▪ Interaction during bottle feeding (propping, etc)</li> </ul>	<ul style="list-style-type: none"> <li>▪ What do you like about the way your baby eats?</li> <li>▪ What concerns do you have about feeding your baby?</li> <li>▪ How can you tell when your baby is hungry or full?</li> </ul>	<ul style="list-style-type: none"> <li>▪ How long do you plan to breastfeed?</li> <li>▪ Are you enjoying breastfeeding?</li> <li>▪ What supports do you have/need to continue nursing?</li> <li>▪ What formula does your baby drink?</li> <li>▪ How well does your baby tolerate formula?</li> <li>▪ Do you hold your baby when bottle-feeding?</li> </ul>	<b>411.4</b> Inappropriate Feeding Practices
<b>Actions</b> <ul style="list-style-type: none"> <li>▪ Feeding Behaviors</li> <li>▪ Frequency of nursing</li> <li>▪ Breastfeeding skills</li> </ul>	<ul style="list-style-type: none"> <li>▪ How often does your baby breastfeed in 24 hours?</li> <li>▪ Is your baby breastfeeding as often as he/she wants?</li> <li>▪ What is/was your plan for introducing baby foods to your baby?</li> <li>▪ What is/was your plan for</li> </ul>	<ul style="list-style-type: none"> <li>▪ How well does your baby breastfeed? (latch, suck patterns, positioning, etc)</li> <li>▪ How frequent are your baby's wet and soiled diapers?</li> <li>▪ How much formula does your baby usually drink? How much is offered?</li> </ul>	<b>411.1</b> Use of Substitutes for Breast Milk or Formula <b>411.2</b> Inappropriate Use of Bottles or Cups <b>411.3</b> Early Introduction of Solid Foods <b>411.4</b> Inappropriate

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> <b>(Questions from TWIST as prompts)</b>	<b>Step② - Use probing questions to find out more</b> <b>(based on answers from Step ①)</b>	<b>Step③ - Assign and document risks in TWIST</b> <b>(if appropriate)</b>
<ul style="list-style-type: none"> <li>▪ Appropriate introduction of solids/cup</li> <li>▪ Preparation of formula</li> </ul>	introducing finger foods to your baby? <ul style="list-style-type: none"> <li>▪ Does your baby fall asleep with the bottle at nap or bedtime?</li> <li>▪ How are you mixing formula?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Is your baby drinking anything other than breast milk or formula?</li> <li>▪ What is your plan for introducing a cup to your baby?</li> <li>▪ How do you store expressed breast milk?</li> <li>▪ How do you store prepared formula?</li> </ul>	Feeding Practices <b>411.5</b> Feeding Potentially Harmful Foods <b>411.7</b> Infrequent Breastfeeding <b>411.8</b> Feeding Low Calorie or Nutrient Diet <b>411.9</b> Improper Handling of Expressed Breast Milk or Formula
<b>Supplementation</b> <ul style="list-style-type: none"> <li>▪ Fluoride and Vitamin D supplements</li> <li>▪ Herbal remedies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Is your baby receiving fluoride after age 6 months?</li> <li>▪ Is your baby receiving a Vitamin D supplement?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ What other dietary supplements does your baby get? (vitamins, minerals, herbs, special teas, etc)</li> </ul>	<b>411.10</b> Inappropriate Use of Dietary Supplements <b>411.11</b> Inadequate Fluoride or Vitamin D Supplementation
<b>Step ④ - Critical Thinking and Review</b>	 <ul style="list-style-type: none"> <li>• Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)</li> <li>• Is there any other information you need in order to complete the diet assessment?</li> <li>• What topic(s) would you propose to the participant as a priority for nutrition education?</li> </ul>		
<b>Step ⑤ - Mandatory TWIST Question</b>	<b>Are dietary risks assigned?</b> $\Rightarrow$ <b>No</b> <b>Yes</b>		

# Job Aid

## Completing a Diet Assessment for Children

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> <b>(Questions from TWIST as prompts)</b>	<b>Step② - Use probing questions to find out more</b> <b>(based on answers from Step ①)</b>	<b>Step③ - Assign and document risks in TWIST</b> <b>(if appropriate)</b>
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ Tell me about feeding your child.</li> <li>▪ <i>(If 13 to 23 months)</i> <b>Are you breastfeeding your child now?</b></li> </ul>		
<b>Attitudes</b> <ul style="list-style-type: none"> <li>▪ Feeding relationships</li> <li>▪ Feeding concerns</li> <li>▪ Support for independent feeding</li> <li>▪ Division of responsibility (how much to eat, when to eat, what is offered)</li> <li>▪ Recognition of hunger/satiety</li> </ul>	<ul style="list-style-type: none"> <li>▪ What do you like about the way your child eats?</li> <li>▪ What concerns do you have about the way your child eats?</li> <li>▪ How well does your child eat a variety of foods with different textures?</li> <li>▪ How can you tell when your child is hungry or full?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Tell me more about (your concern)...</li> <li>▪ How has (the concern) affected your child's eating?</li> <li>▪ How do you choose which foods to offer to your child?</li> <li>▪ What are mealtimes like at your house? Who eats with your child? Where does your child eat?</li> <li>▪ Who decides how much your child should eat?</li> </ul>	<b>425.4</b> Inappropriate Feeding Practices
<b>Actions</b> <ul style="list-style-type: none"> <li>▪ Feeding Behaviors</li> </ul>	<ul style="list-style-type: none"> <li>▪ How well does your child feed himself/herself?</li> <li>▪ What does your child use when drinking? (cup, bottle, combination)</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Tell me about your child's usual meal pattern</li> <li>▪ What are your child's favorite foods?</li> </ul>	<b>425.1</b> Inappropriate Beverage as Milk Source <b>425.2</b> Feeding Sweetened Beverages

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<b>Actions, cont.</b> <ul style="list-style-type: none"> <li>▪ Meal Patterns</li> <li>▪ Weaning, use of cup/bottle</li> <li>▪ Self-Feeding</li> <li>▪ Food preferences</li> <li>▪ Food avoidance</li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>(If 13-23 months)</i> If a bottle is used, what does your child drink from the bottle? (milk, formula, juice, cereal, water, other)</li> <li>▪ <i>(If 13-23 months)</i> What type of milk does your child usually drink?</li> <li>▪ <i>(If 13-23 months)</i> What beverages other than milk does your child usually drink?</li> <li>▪ <i>(If 24-60 months)</i>What beverages does your child usually drink?</li> </ul>	<ul style="list-style-type: none"> <li>▪ What are your child's least favorite foods?</li> </ul>	<b>425.3</b> Inappropriate Use of Bottles, Cups or Pacifiers <b>425.4</b> Inappropriate Feeding Practices <b>425.5</b> Feeding Potentially Harmful Foods <b>425.6</b> Feeding Low Calorie or Nutrient Diet <b>425.9</b> Pica
<b>Supplementation</b> <ul style="list-style-type: none"> <li>▪ Use of fluoride and Vitamin D supplements</li> <li>▪ Herbal remedies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Is your child receiving fluoride?</li> <li>▪ Is your child receiving a Vitamin D supplement?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ What other dietary supplements does your child get? (vitamins, minerals, herbs, special teas, etc)</li> </ul>	<b>425.7</b> Inappropriate Use of Dietary Supplements <b>425.8</b> Inadequate Fluoride or Vitamin D Supplementation
<b>Step ④ - Critical Thinking and Review</b>	 <ul style="list-style-type: none"> <li>• Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)</li> <li>• Is there any other information you need in order to complete the diet assessment?</li> <li>• What topic(s) would you propose to the participant as a priority for nutrition education?</li> </ul>		
<b>Step ⑤ - Mandatory TWIST Question</b>	<b>Are dietary risk(s) assigned?</b>		<b>No</b> <b>Yes</b>