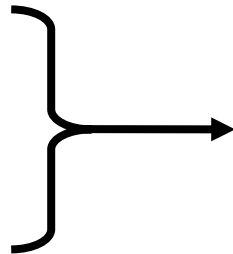

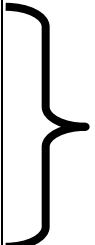




# Job Aid

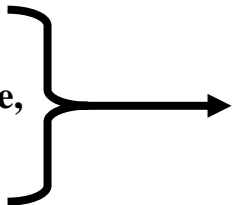
## Risk Assignment from the Prenatal Diet Assessment Questionnaire


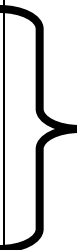


Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>What changes have you made to your eating habits since becoming pregnant?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>What have you heard about eating during pregnancy?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>Thinking about a typical day, what meals and snacks would you have?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>How do you feel about the weight changes you have had with this pregnancy?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>Have you had any discomforts with eating during this pregnancy?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li>Yes: Nausea and/or vomiting               <ul style="list-style-type: none"> <li>Constipation</li> <li>Heartburn,</li> <li>Poor appetite</li> <li>Other, please list</li> </ul> </li> </ul>	None
<ul style="list-style-type: none"> <li>What foods, if any, do you avoid for health or other reasons?</li> </ul>	None	None

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>Are you on a low calorie or restricted diet?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li><b>Vegan</b></li> <li><b>Macrobiotic</b></li> <li><b>Low carbohydrate, high protein</b></li> <li><b>Other, please list</b></li> </ul> 	<b>427.2</b> - Eating Very Low Calorie or Nutrient Diets
<ul style="list-style-type: none"> <li>Do you eat anything that is not food?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li><b>Yes, please list</b></li> </ul> 	<b>427.3</b> - Pica
<ul style="list-style-type: none"> <li>Do you eat raw or undercooked meat, poultry, fish or eggs?</li> <li>Do you use unpasteurized dairy products or juice?</li> </ul>	 <ul style="list-style-type: none"> <li>No</li> <li><b>Yes</b></li> </ul> 	<b>427.5</b> Eating Potentially Harmful Foods
<ul style="list-style-type: none"> <li>What vitamins or other supplements do you take?</li> </ul>	<ul style="list-style-type: none"> <li>Vitamin or supplement with iron and iodine</li> <li><b>None or supplement without iron and iodine</b></li> <li>Unknown</li> </ul> 	<b>427.4</b> - Inadequate Iron, Iodine or Folic Acid Supplementation

# Job Aid



## Risk Assignment from Postpartum Diet Assessment Questionnaire

Questions in TWIST	Answers in TWIST	TWIST Risk
<ul style="list-style-type: none"> <li>▪ <b>On a typical day since you had your baby, what meals, snacks and beverages do you have?</b></li> </ul>	None	None
<ul style="list-style-type: none"> <li>▪ How would you describe your appetite?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>▪ How do you feel about the weight changes you have experienced since delivery?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>▪ What foods, if any, do you avoid for health or other reasons?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>▪ Are you on a low calorie or restricted diet?</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> <li>▪ <b>Vegan</b></li> <li>▪ <b>Macrobiotic</b></li> <li>▪ <b>Low carbohydrate, high protein</b></li> <li>▪ <b>Other, please list</b></li> </ul> 	<b>427.2 - Eating Very Low Calorie or Nutrient Diet</b>

Questions in TWIST	Answers in TWIST	TWIST Risk
<ul style="list-style-type: none"> <li>Do you eat anything that is not food?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li>Yes, please list </li> </ul>	<b>427.3</b> – Pica
<ul style="list-style-type: none"> <li>Do you eat raw or undercooked meat, poultry, fish or eggs?</li> </ul>	 <ul style="list-style-type: none"> <li>No</li> <li>Yes </li> </ul>	<b>427.5</b> Eating Potentially Harmful Foods
<ul style="list-style-type: none"> <li>Do you use unpasteurized dairy products or juice?</li> </ul>		
<ul style="list-style-type: none"> <li>What vitamins or other supplements do you take?</li> </ul>	<ul style="list-style-type: none"> <li>Vitamin with folic acid or a folic acid supplement</li> <li><b>None or supplement without folic acid</b> </li> <li>Unknown</li> </ul>	<b>427.4</b> - Inadequate Iron, Iodine or Folic Acid Supplementation

## Risk Assignment from Infant Questionnaire: Birth to 5 months

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>How are you feeding your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding</li> <li>Partially breastfeeding</li> <li>Formula feeding</li> </ul>	None
<ul style="list-style-type: none"> <li>If fully breastfeeding: How often does your baby breastfeed in 24 hours?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate for age</li> <li>Less than 8 feedings in 24 hours before age 2 months</li> <li>Less than 6 feedings in 24 hours between 2 and 6 months of age</li> </ul>	<p>411.7 Infrequent Breastfeeding</p>
<ul style="list-style-type: none"> <li>If fully breastfeeding: Is your baby breastfeeding as often as he/she wants?</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No, scheduled feedings</li> </ul>	<p>411.7 Infrequent Breastfeeding</p>
<ul style="list-style-type: none"> <li>If partially breastfeeding: How often does your baby breastfeed in 24 hours?</li> </ul>	<ul style="list-style-type: none"> <li>Numeric</li> </ul>	None
<ul style="list-style-type: none"> <li>If formula feeding only: How long did you breastfeed?</li> </ul>	<ul style="list-style-type: none"> <li>Length of time</li> </ul>	None
<ul style="list-style-type: none"> <li>If partially breastfeeding or formula feeding, at what age did you start giving formula to your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Age</li> </ul>	None

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>If partially breastfeeding or formula feeding, how much formula does your baby drink each day?</li> <li><b>If offering formula, how are you preparing the formula?</b></li> <li>If using a bottle, what does your baby drink from the bottle?</li> <li>If using a bottle, what besides breast milk or formula do you put in the bottle?</li> <li>If using a bottle, does your baby fall asleep with the bottle at nap or bedtime?</li> </ul>	<ul style="list-style-type: none"> <li>None</li> <li>Correct</li> <li><b>Incorrect</b> </li> <li>Breast milk and/or formula</li> <li><b>Substitute for formula or breast milk</b></li> <li>Breast milk, formula or water only</li> <li><b>Juice or other sweetened beverages</b></li> <li><b>Infant cereal</b></li> <li><b>Both sweetened beverages and cereal</b></li> <li>Other</li> <li>No</li> <li><b>Yes</b> </li> </ul>	<p>None</p> <p><b>411.6</b> Incorrect Dilution of Formula</p> <p><b>411.1</b> Use of Substitutes for Breast Milk or Formula</p> <p><b>411.2</b> Inappropriate Use of Bottles or Cups</p> <p><b>411.2</b> Inappropriate Use of Bottles or Cups</p>

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>How can you tell when your baby is hungry or full?</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes appropriate cues</li> <li><b>Does not recognize cues</b> →</li> </ul>	<b>411.4</b> Inappropriate Feeding Practices
<ul style="list-style-type: none"> <li>What is/was your plan for introducing infant cereal and baby foods to your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate for age</li> <li><b>Introduce early, before 4 months</b> →</li> </ul>	<b>411.3</b> Early Introduction of Solid Foods
<ul style="list-style-type: none"> <li>How do you handle and store expressed breast milk or leftover formula?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate</li> <li><b>Inappropriate</b> →</li> </ul>	<b>411.9</b> Improper Handling of Breast Milk or Formula
<ul style="list-style-type: none"> <li>Is your baby receiving a Vitamin D supplement?</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No but drinks 1 quart of formula/day</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<b>411.11</b> Inadequate Fluoride and Vitamin D Supplementation





## Risk Assignment from Infant Questionnaire: Age 6 to 9 months

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>How are you feeding your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding</li> <li>Partially breastfeeding</li> <li>Formula feeding</li> </ul>	None
<ul style="list-style-type: none"> <li>If fully breastfeeding: How often does your baby breastfeed in 24 hours?</li> </ul>	<ul style="list-style-type: none"> <li>Numeric</li> </ul>	None
<ul style="list-style-type: none"> <li>If fully breastfeeding: Is your baby breastfeeding as often as he/she wants?</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No, scheduled feedings →</li> </ul>	411.7 Infrequent Breastfeeding
<ul style="list-style-type: none"> <li>If partially breastfeeding: How often does your baby breastfeed in 24 hours?</li> </ul>	<ul style="list-style-type: none"> <li>Numeric</li> </ul>	None
<ul style="list-style-type: none"> <li>If formula feeding only: How long did you breastfeed?</li> </ul>	<ul style="list-style-type: none"> <li>Length of time</li> </ul>	None
<ul style="list-style-type: none"> <li>If partially breastfeeding or formula feeding, at what age did you start giving formula to your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Age</li> </ul>	None

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>If partially breastfeeding or formula feeding, how much formula does your baby drink each day?</li> <li><b>If offering formula, how are you preparing the formula?</b></li> <li>If using a bottle, what does your baby drink in the bottle?</li> <li>If using a bottle, does your baby fall asleep with the bottle at nap or bedtime?</li> <li>How can you tell when your baby is hungry or full?</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>None</li> <li>Correct</li> <li><b>Incorrect</b> →</li> <li>Breast milk and/or formula or water only</li> <li><b>Substitute for formula or breast milk</b> →</li> <li><b>Juice or other sweetened beverages</b> }</li> <li><b>Infant cereal</b> }</li> <li><b>Sweetened beverage and cereal</b> }</li> <li>Other</li> <li>No</li> <li><b>Yes</b> →</li> <li>Recognizes appropriate cues</li> <li><b>Does not recognize cues</b> →</li> </ul>	<p>None</p> <p><b>411.6</b> Incorrect Dilution of Formula</p> <p><b>411.1</b> Use of Substitutes for Breast Milk or Formula</p> <p><b>411.2</b> Inappropriate Use of Bottles or Cups</p> <p><b>411.2</b> Inappropriate Use of Bottles or Cups</p> <p><b>411.4</b> Inappropriate Feeding Practices</p>

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>At what age did you start offering infant cereal and baby foods to your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate for age</li> <li><b>Introduce early, before 4 months</b> →</li> <li><b>Introduce late, after 8 months</b> →</li> </ul>	<p><b>411.3</b> Early Introduction of Solid Foods</p> <p><b>411.4</b> Inappropriate Feeding Practices</p>
<ul style="list-style-type: none"> <li>What baby foods have you offered?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate for age</li> <li><b>Inappropriate for age</b> →</li> </ul>	<p><b>411.4</b> Inappropriate feeding Practices</p>
<ul style="list-style-type: none"> <li>What is your plan for introducing finger foods?</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<p>None</p>
<ul style="list-style-type: none"> <li>What is your plan for introducing a cup?</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<p>None</p>
<ul style="list-style-type: none"> <li>Is your baby receiving fluoride?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, fluoridated water or fluoride supplements</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<p><b>411.11</b> Inadequate Fluoride and Vitamin D Supplementation</p>
<ul style="list-style-type: none"> <li>Is your baby receiving a Vitamin D supplement?</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No but drinks 1 quart of formula/day</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<p><b>411.11</b> Inadequate Fluoride and Vitamin D Supplementation</p>
<ul style="list-style-type: none"> <li>Screened and offered infant FVV?</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	<p>None</p>



## Risk Assignment from Infant Questionnaire: Age 10 to 12 months

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>How are you feeding your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding</li> <li>Partially breastfeeding</li> <li>Formula feeding</li> </ul>	None
<ul style="list-style-type: none"> <li>If fully breastfeeding: How often does your baby breastfeed in 24 hours?</li> </ul>	<ul style="list-style-type: none"> <li>Numeric</li> </ul>	None
<ul style="list-style-type: none"> <li>If formula feeding only: How long did you breastfeed?</li> </ul>	<ul style="list-style-type: none"> <li>Length of time</li> </ul>	None
<ul style="list-style-type: none"> <li>If partially breastfeeding or formula feeding, at what age did you start giving formula to your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Age</li> </ul>	None
<ul style="list-style-type: none"> <li>If partially breastfeeding or formula feeding, how much formula does your baby drink each day?</li> </ul>	<ul style="list-style-type: none"> <li>Numeric</li> </ul>	None

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>If using a bottle, what does your baby drink from the bottle?</li> </ul>	<ul style="list-style-type: none"> <li>Breast milk and/or formula and water only</li> <li><b>Early introduction of cow's or goat's milk or soy beverage</b> →</li> <li><b>Juice or other sweetened beverages</b> →</li> </ul>	<p><b>411.1</b> Use of Substitutes for Breast Milk or Formula</p> <p><b>411.2</b> Inappropriate Use of Bottles or Cups</p>
<ul style="list-style-type: none"> <li>If using a bottle, does your baby fall asleep with the bottle at nap or bedtime?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li><b>Yes</b> →</li> </ul>	<p><b>411.2</b> Inappropriate Use of Bottles or Cups</p>
<ul style="list-style-type: none"> <li>If using a bottle, what is your plan for weaning?</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<p>None</p>
<ul style="list-style-type: none"> <li>How can you tell when your baby is hungry or full?</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes appropriate cues</li> <li><b>Does not recognize cues</b> →</li> </ul>	<p><b>411.4</b> Inappropriate Feeding Practices</p>
<ul style="list-style-type: none"> <li>How well does your baby feed himself/herself?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate for age</li> <li><b>No self-feeding</b> →</li> </ul>	<p><b>411.4</b> Inappropriate Feeding Practices</p>
<ul style="list-style-type: none"> <li>How well does your baby use a cup or Sippy cup?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate for age</li> <li><b>No cup use</b> →</li> </ul>	<p><b>411.4</b> Inappropriate Feeding practices</p>

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>What finger foods do you offer to your baby?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate for age →</li> <li><b>Inappropriate for age</b></li> </ul>	<b>411.4</b> Inappropriate Feeding Practices
<ul style="list-style-type: none"> <li>Does your baby eat honey, undercooked meat, or drink unpasteurized juice?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li><b>Yes</b> →</li> </ul>	<b>411.5</b> Feeding Potentially Harmful Foods
<ul style="list-style-type: none"> <li>Is your baby receiving fluoride?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, has fluoridated water or fluoride supplements</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<b>411.11</b> Inadequate Fluoride and Vitamin D Supplementation
<ul style="list-style-type: none"> <li>Is your baby receiving Vitamin D?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, has a supplement or drinks 1 quart of formula and/or milk per day</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<b>411.11</b> Inadequate Fluoride and Vitamin D Supplementation





## Risk Assignment from Children's Diet Questionnaire: Age 13 to 23 months

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>Tell me about feeding your child.</li> <li>Are you breastfeeding your child now?</li> <li>If breastfeeding: How many times in 24 hours do you breastfeed?</li> <li>If not breastfeeding: How long did you breastfeed?</li> <li>At what age did you start giving formula to your child?</li> <li>How many meals and snacks do you offer to your child each day?</li> <li>What foods do you usually offer to your child?</li> </ul>	<ul style="list-style-type: none"> <li>None</li> <li>No</li> <li>Yes</li> <li>Numeric</li> <li>Length of time</li> <li>Age</li> <li>Numeric</li> <li>Offering a variety of appropriate foods and textures for age</li> <li><b>Not offering variety of appropriate foods or textures for age</b> →</li> </ul>	<ul style="list-style-type: none"> <li>None</li> <li>None</li> <li>None</li> <li>None</li> <li>None</li> <li>None</li> <li><b>425.4 Inappropriate Feeding Practices</b></li> </ul>

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>How well does your child feed himself/herself?</li> <li>What does your child use when drinking?</li> <li>If your child is using a bottle, what is your plan for weaning?</li> <li>What type of milk does your child usually drink?</li> <li>What beverages other than milk does your child usually drink?</li> </ul>	<ul style="list-style-type: none"> <li>Feeding skills appropriate for age <b>Not feeding self</b> →</li> <li>Cup or glass</li> <li>Sippy cup</li> <li>Cup and bottle before age 14 months</li> <li><b>Bottle after 14 months of age</b> →</li> <li>None</li> <li>Whole milk or 2%</li> <li>Goat's milk</li> <li>WIC approved soy beverage</li> <li><b>Non- fat or 1% milk</b></li> <li><b>Inadequately fortified rice, soy or almond beverages</b> } →</li> <li>Non-sweetened beverages</li> <li><b>Sweetened beverages</b></li> <li><b>Both sweetened and non-sweetened beverages</b> } →</li> </ul>	<p><b>425.4</b> Inappropriate Feeding Practices</p> <p><b>425.3</b> Inappropriate Use of Bottles, Cups or Pacifiers</p> <p>None</p> <p><b>425.1</b> Inappropriate Beverage as Milk Source</p> <p><b>425.2</b> Feeding Sweetened Beverages</p>

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>Is your child receiving fluoride?</li> <li>Is your child receiving a Vitamin D supplement?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, Fluoridated water or fluoride supplements</li> <li><b>No</b> →</li> <li>Unknown</li> <li>Yes</li> <li>No but drinks 1 quart milk/day</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<p><b>425.8</b> Inadequate Fluoride and Vitamin D Supplementation</p> <p><b>425.8</b> Inadequate Fluoride and Vitamin D Supplementation</p>



## Risk Assignment from Children's Diet Questionnaire: Age 24 to 35 months

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<u>Family Meals:</u> <ul style="list-style-type: none"> <li>▪ <b>What is mealtime like for you and your family?</b></li> <li>▪ What is going well or is challenging at mealtimes?</li> </ul>	None   None	None   None
<u>Meal Pattern</u> <ul style="list-style-type: none"> <li>▪ How many meals and snacks does your child usually eat each day?</li> <li>▪ Who decides when, how much or what your child eats?</li> <li>▪ What happens if your child does not eat the food that is offered?</li> </ul>	None  None  None	None  None  None
<u>Food Selection</u> <ul style="list-style-type: none"> <li>▪ What are some of your child's favorite or least favorite foods?</li> <li>▪ How willing is your child to try new foods?</li> </ul>	None  None	None  None

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>What foods do you usually offer to your child?</li> </ul>	<ul style="list-style-type: none"> <li>Offering a variety of age appropriate foods</li> <li><b>Not offering variety of age appropriate foods</b> →</li> </ul>	<b>425.4</b> Inappropriate Feeding Practices
<ul style="list-style-type: none"> <li>What beverages does your child usually drink?</li> </ul>	<ul style="list-style-type: none"> <li>Non-sweetened beverages</li> <li><b>Sweetened beverages</b></li> <li><b>Both sweetened and unsweetened beverages</b> } →</li> </ul>	<b>425.2</b> Feeding Sweetened Beverages
<u>Food safety</u> <ul style="list-style-type: none"> <li>Does your child eat raw or undercooked meat, poultry, fish or eggs?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li><b>Yes</b> →</li> </ul>	<b>425.5</b> Feeding Potentially Harmful Foods
<ul style="list-style-type: none"> <li>Does your child drink unpasteurized milk or juice?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li><b>Yes</b> →</li> </ul>	<b>425.5</b> Feeding Potentially Harmful Foods
<u>Feeding Skills</u> <ul style="list-style-type: none"> <li>How well does your child feed himself/herself?</li> </ul>	<ul style="list-style-type: none"> <li>Feeding skills appropriate for age</li> <li><b>Not feeding self</b> →</li> </ul>	<b>425.4</b> Inappropriate Feeding Practices
<ul style="list-style-type: none"> <li>What does your child use when drinking?</li> </ul>	<ul style="list-style-type: none"> <li>Cup and glass</li> <li>Cup and Sippy cup</li> <li><b>Cup and bottle</b></li> <li><b>Cup and bottle only at bedtime</b> } →</li> </ul>	<b>425.3</b> Inappropriate Use of Bottles, Cups or Pacifiers

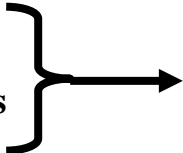
Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>If your child is using a bottle, what are your plans for weaning?</li> </ul>	None	None
<u>Supplementation</u> <ul style="list-style-type: none"> <li>What vitamins or other supplements does your child take?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>Is your child receiving fluoride?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, has fluoridated water or fluoride supplements</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<b>425.8</b> Inadequate Fluoride and Vitamin D Supplementation
<ul style="list-style-type: none"> <li>Is your child receiving a Vitamin D supplement?</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No but drinks 1 quart milk/day</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<b>425.8</b> Inadequate Fluoride and Vitamin D Supplementation





## Risk Assignment from Children's Diet Questionnaire: Age 36 to 60 months

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<u>Family Meals:</u> <ul style="list-style-type: none"> <li>▪ <b>Tell me about mealtimes in your home.</b></li> <li>▪ Besides home, where else does your child eat?</li> <li>▪ How well does your child eat in places other than home/?</li> </ul>	None  None  None	None  None  None
<u>Meal Pattern</u> <ul style="list-style-type: none"> <li>▪ How many meals and snacks does your child usually eat each day?</li> <li>▪ How do you involve your child in choosing foods for meals and snacks?</li> </ul>	None  None	None  None
<u>Food Selection</u> <ul style="list-style-type: none"> <li>▪ What are some of the foods that your child likes or dislikes?</li> <li>▪ What foods do you usually offer to your child?</li> </ul>	None <ul style="list-style-type: none"> <li>▪ Offering a variety of age appropriate foods</li> <li>▪ <b>Not offering a variety of age appropriate foods</b> →</li> </ul>	None          <b>425.4 Inappropriate Feeding Practices</b>

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>What beverages do you usually offer to your child?</li> </ul>	<ul style="list-style-type: none"> <li>Non-sweetened beverages</li> <li>Sweetened beverages</li> <li>Both sweetened and unsweetened beverages</li> </ul> 	425.2 Feeding Sweetened Beverages
<u>Food safety</u> <ul style="list-style-type: none"> <li>Does your child eat raw or undercooked meat, poultry, fish or eggs?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li>Yes →</li> </ul>	425.5 Feeding Potentially Harmful Foods
<ul style="list-style-type: none"> <li>Does your child drink unpasteurized milk or juice?</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li>Yes →</li> </ul>	425.5 Feeding Potentially Harmful Foods
<u>Feeding Skills</u> <ul style="list-style-type: none"> <li>How well does your child feed himself/herself?</li> </ul>	<ul style="list-style-type: none"> <li>Feeding skills appropriate for age</li> <li>Feeding skills inappropriate for age →</li> </ul>	425.4 Inappropriate Feeding Practices
<ul style="list-style-type: none"> <li>What does your child use when drinking?</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate for age</li> <li>Inappropriate for age →</li> </ul>	425.3 Inappropriate Use of Bottles, Cups or Pacifiers
<u>Supplementation</u> <ul style="list-style-type: none"> <li>What vitamins or supplements does your child take?</li> </ul>	None	None

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>Is your child receiving fluoride?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, has fluoridated water or fluoride supplements</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<b>425.8</b> Inadequate Fluoride and Vitamin D Supplementation
<ul style="list-style-type: none"> <li>Is your child receiving a Vitamin D supplement?</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No but drinks 1 quart milk/day</li> <li><b>No</b> →</li> <li>Unknown</li> </ul>	<b>425.8</b> Inadequate Fluoride and Vitamin D Supplementation

