

# Job Aid

## Risk Assignment from Children's Health History Questionnaire

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>Tell me about your child's health.</li> </ul>	None	None
<ul style="list-style-type: none"> <li><b>Does your child have any health problems or medical conditions?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes <math>\longrightarrow</math></li> <li>No</li> </ul>	Medical risk selected by CPA from pop-up
<ul style="list-style-type: none"> <li>What has your dentist said about your child's dental health</li> </ul>	<ul style="list-style-type: none"> <li>No oral health conditions</li> <li>Diagnosed with oral <math>\longrightarrow</math> health conditions</li> </ul>	<b>381-</b> Oral Health Conditions
<ul style="list-style-type: none"> <li>Is your child taking any medicine now?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, there are drug nutrient interactions <math>\longrightarrow</math></li> <li>Yes, but no known nutritional impact</li> <li>No</li> </ul>	<b>357 -</b> Drug Nutrient Interaction
<ul style="list-style-type: none"> <li><b>Are DTaP vaccines up-to-date?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes, record reviewed</li> <li>No, record reviewed, referral made</li> <li>Unknown, no record available, referral made</li> <li>Older than 24 months, no screening</li> </ul>	None
<ul style="list-style-type: none"> <li>Does anyone living in your household smoke inside the home?</li> </ul>	<ul style="list-style-type: none"> <li>Yes <math>\longrightarrow</math></li> <li>No</li> </ul>	<b>904 -</b> Exposure to Environmental Tobacco
<ul style="list-style-type: none"> <li><b>In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt your child?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes <math>\longrightarrow</math></li> <li>No</li> <li>Unable to ask question</li> </ul>	<b>901 -</b> Recipient of Abuse



**Job Aid****Risk Assignment from  
Infant's Health History  
Questionnaire**

<b>Questions in TWIST</b>	<b>Answers in TWIST</b>	<b>TWIST Risk Assignment</b>
<ul style="list-style-type: none"> <li>Tell me about your baby's health.</li> </ul>	None	None
<ul style="list-style-type: none"> <li><b>Does your baby have any health problems or medical conditions?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	Medical risk selected by CPA from pop-up
<ul style="list-style-type: none"> <li>How do you feel about your baby's growth?</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	None
<ul style="list-style-type: none"> <li>Is your baby taking any medicine now?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, there are drug nutrient interactions →</li> <li>Yes, but no known nutritional impact</li> <li>No</li> </ul>	<b>357</b> -Drug Nutrient Interaction
<ul style="list-style-type: none"> <li><b>Are DTaP vaccines up-to-date?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes, record reviewed</li> <li>No, record reviewed, referral made</li> <li>Unknown, no record available, referral made</li> <li>Younger than 3 months, no screening</li> </ul>	None
<ul style="list-style-type: none"> <li>Does anyone living in your household smoke inside the home?</li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	904 - Exposure to Environmental Tobacco

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>• <b>Were you (the baby's mom) on WIC during pregnancy?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Yes, and baby <b>→</b> is less than six months old</li> <li>• Baby is older than six months</li> <li>• No, and baby is less than six month (sub-question will display)</li> <li>• Unknown</li> </ul>	<p><b>701</b> - Infant born to WIC Mom or WIC-Eligible mom</p>
<ul style="list-style-type: none"> <li>▶ Sub-question: <b>Did mom have any risks during her pregnancy that would have qualified her for WIC?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Yes, document in notes <b>→</b></li> <li>• No</li> </ul>	<p><b>701</b> - Infant born to WIC Mom or WIC-Eligible mom</p>
<ul style="list-style-type: none"> <li>• Was there any use of alcohol or drugs during this pregnancy?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes <b>→</b></li> <li>• No</li> </ul>	<p><b>703</b> - Infant of Woman with Alcohol or Drug Use or Mental Retardation</p>
<ul style="list-style-type: none"> <li>• <b>In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt your baby?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Yes <b>→</b></li> <li>• No</li> <li>• Unable to ask question</li> </ul>	<p><b>901</b> - Recipient of Abuse</p>

**Job Aid****Risk Assignment from Postpartum Health History Questionnaire**

<b>Questions in TWIST</b>	<b>Answers in TWIST</b>	<b>TWIST Risk Assignment</b>
<ul style="list-style-type: none"> <li>Tell me about your labor and delivery.</li> </ul>	None	None
<ul style="list-style-type: none"> <li>How would you describe your health?</li> </ul>	None	None
<ul style="list-style-type: none"> <li><b>For the pregnancy just completed, how many babies were delivered?</b></li> </ul>	<ul style="list-style-type: none"> <li>One</li> <li>Two, three, four or more →</li> </ul>	<b>335</b> - Multiple Fetus Pregnancy
<ul style="list-style-type: none"> <li>Did you have a Caesarean delivery?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, → less than two months ago</li> <li>Yes, more than two months ago</li> <li>No</li> </ul>	<b>359</b> - Recent Major Surgery, Trauma or Burns
<ul style="list-style-type: none"> <li>Was this baby born at or before 37 weeks gestation?</li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	<b>311</b> - History of Preterm Delivery
<ul style="list-style-type: none"> <li>What was your baby's birth weight?</li> </ul>	<ul style="list-style-type: none"> <li>Less than or equal to 5 lbs 8 oz →</li> <li>Between 5 lbs 8 oz and 9 lbs</li> <li>More than or equal to 9 lbs →</li> </ul>	<b>312</b> - History of Low Birth Weight  <b>337</b> - History of a Large for Gestational Age Infant
<ul style="list-style-type: none"> <li><b>Do you now have or during your pregnancy did you have any health conditions or medical problems?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	Medical risks selected by CPA from pop-up

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>Do you take any medications now?</li> </ul>	<ul style="list-style-type: none"> <li>Yes, there are → drug nutrient interactions</li> <li>Yes, but no known nutritional impact</li> <li>No</li> </ul>	<b>357</b> - Drug Nutrient Interaction
<ul style="list-style-type: none"> <li><b>Do you smoke cigarettes now?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes (sub-question → will display)</li> <li>No</li> </ul>	<b>371</b> - Maternal Smoking
<ul style="list-style-type: none"> <li>▶ Sub-question: <b>How many cigarettes do you smoke per day?</b></li> </ul>	<ul style="list-style-type: none"> <li>Numeric answer</li> </ul>	None
<ul style="list-style-type: none"> <li>Does anyone living in your household smoke inside the home?</li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	<b>904</b> - Exposure to Environmental Tobacco
<ul style="list-style-type: none"> <li><b>Do you routinely drink 2 or more servings of beer, wine or hard liquor daily?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	<b>372</b> - Alcohol or Illegal and/or Illicit Drug Use
<ul style="list-style-type: none"> <li><b>Have you used any drugs since delivery?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	<b>372</b> - Alcohol or Illegal and/or Illicit Drug Use
<ul style="list-style-type: none"> <li><b>In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt you?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> <li>Unable to ask question</li> </ul>	<b>901</b> - Recipient of Abuse

# Job Aid

## Risk Assignment from Prenatal Health History Questionnaire

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
• Tell me about your health and pregnancy.	• None	None
• <b>Is this your first pregnancy?</b>	• No (sub-questions will display) • Yes	None
▶ <b>For births after 20 weeks, were any still births or neonatal deaths?</b>	• Yes $\longrightarrow$ • No	<b>321</b> - History of Fetal or Neonatal Loss
▶ <b>Were any babies born at or before 37 weeks?</b>	• Yes $\longrightarrow$ • No	<b>311</b> - History of Preterm Delivery
▶ <b>Did any of your babies weigh 5 lb 8 oz or less at birth?</b>	• Yes $\longrightarrow$ • No	<b>312</b> - History of Low Birth Weight
▶ <b>Did any of your babies weight 9 lb or more at birth?</b>	• Yes $\longrightarrow$ • No	<b>337</b> - History of a Large for Gestational Age Infant
▶ <b>What was the date that your last pregnancy ended?</b>	Date	None
▶ <b>Are there less than 16 months between the end of the last pregnancy and the beginning of this pregnancy?</b>	• Yes $\longrightarrow$ • No	<b>332</b> - Closely Spaced Pregnancy

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>• <b>When did you start going to a doctor or a clinic for prenatal care for this pregnancy?</b></li> </ul>	<ul style="list-style-type: none"> <li>• No care yet, in the first trimester</li> <li>• No care yet, in the second or third trimester →</li> <li>• 1st month</li> <li>• 2nd month</li> <li>• 3rd month</li> <li>• 4th month</li> <li>• 5th month</li> <li>• 6th month</li> <li>• 7th month</li> <li>• 8th month</li> </ul>	<p><b>334</b> - Lack of or Inadequate Prenatal Care</p> <p><b>334</b> - Lack of or Inadequate Prenatal Care</p>
<ul style="list-style-type: none"> <li>• <b>Have you had any medical problems with this or any previous pregnancy?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Yes →</li> <li>• No</li> </ul>	<p>Medical risks selected by CPA from pop-up</p>
<ul style="list-style-type: none"> <li>• Do you take any medications now?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes, there are drug nutrient interactions →</li> <li>• Yes, but no known nutritional impact</li> <li>• No</li> </ul>	<p><b>357</b> - Drug Nutrient Interaction</p>
<ul style="list-style-type: none"> <li>• <b>Do you smoke cigarettes now?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Yes → (sub-question will display)</li> <li>• No</li> </ul>	<p><b>371</b> - Maternal Smoking</p>
<ul style="list-style-type: none"> <li>▶ Subquestion: <b>How many cigarettes do you smoke per day?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Numeric answer</li> </ul>	<p>None</p>

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>Does anyone living in your household smoke inside the home?</li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	<p><b>904</b> - Exposure to Environmental Tobacco</p>
<ul style="list-style-type: none"> <li><b>Have you had any beer, wine, or hard liquor to drink during this pregnancy?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes → (sub-question will display)</li> <li>No</li> </ul>	<p><b>372</b> - Alcohol or Illegal and/or Illicit Drug Use</p>
<ul style="list-style-type: none"> <li>▶ Subquestion: <b>How many drinks do you have per week?</b></li> </ul>	<p>Numeric answer</p>	<p>None</p>
<ul style="list-style-type: none"> <li><b>Have you used any drugs during this pregnancy?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> </ul>	<p><b>372</b> - Alcohol or Illegal and/or Illicit Drug use</p>
<ul style="list-style-type: none"> <li><b>In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt you?</b></li> </ul>	<ul style="list-style-type: none"> <li>Yes →</li> <li>No</li> <li>Unable to ask question</li> </ul>	<p><b>901</b> - Recipient of Abuse</p>
<ul style="list-style-type: none"> <li>How do you plan to feed your baby after he or she is born?</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeed</li> <li>Breastfeed and formula feed</li> <li>Formula feed</li> <li>Undecided</li> </ul>	<p>None</p>
<ul style="list-style-type: none"> <li>What have you heard about breastfeeding?</li> </ul>	<p>None</p>	<p>None</p>

