

# Job Aids

- 5 Steps to a Complete Diet Assessment
- Dietary Risks and Sub-Risks — 400s
- Probing Questions

## Women's Job Aids

- Completing a Diet Assessment for Pregnant Women
- Risk Assignment from Prenatal Diet Questionnaire
- Completing a Diet Assessment for Postpartum Women
- Risk Assignment from Postpartum Women Diet Questionnaire
- Observation Tool: Diet Assessment of a Woman

## Children's Job Aids

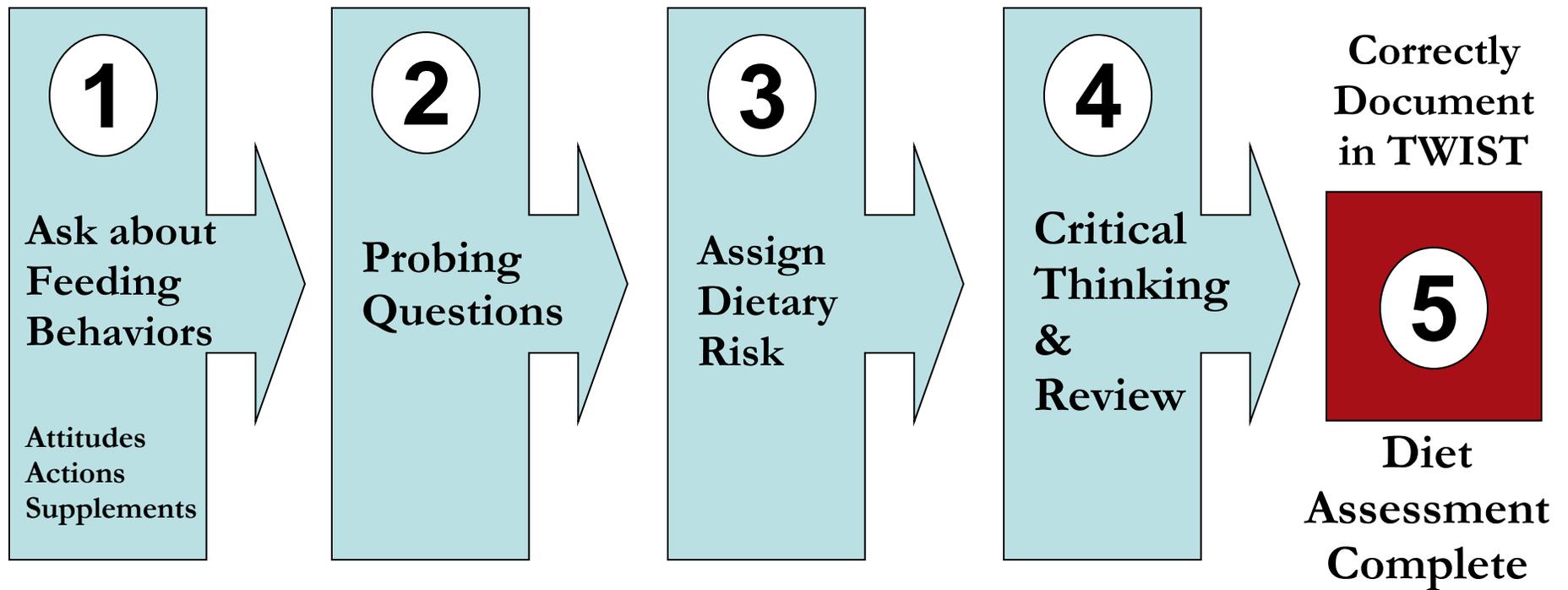
- Completing a Diet Assessment for Children
- Risk Assignment from Children's Diet Questionnaire: Age 13-23 Months
- Risk assignment from Children's Diet Questionnaire: Age 24 to 35 Months
- Risk assignment from Children's Diet Questionnaire: Age 36 to 60 Months
- Observation Tool: Diet Assessment of a Child

## Infant's Job Aids

- Completing a Diet Assessment for Fully Breastfed Infants
- Completing a Diet Assessment for Infants Receiving Formula
- Risk Assignment from Infant's Questionnaire: Ages 0-5 Months
- Risk Assignment from Infant's Questionnaire: Ages 6-9 Months
- Risk Assignment from Infant's Questionnaire: Ages 10-12 Months
- Observation Tool: Diet Assessment of an Infant



**Job Aid**      **5 Steps to a Complete Diet Assessment**





**Job Aid****Dietary Risks and Sub-Risks – 400s****401 – Presumed Dietary Eligibility for Women and Children  
(ages 2-5 years)**

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
401	Presumed Dietary Eligibility for Women and Children (age 2-5 years)	W, C (2-5 years)	L	No	CPA-selected

**411 – Inappropriate Nutrition Practices for Infants**

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
411.1	Use of Substitutes for Breast Milk or Formula	I	L	Document specific substitute offered in Notes or Progress Notes	CPA-selected
411.2	Inappropriate Use of Bottles or Cups	I	L	Document specific inappropriate use in Notes or Progress Notes	CPA-selected
411.3	Early Introduction of Beverages or Solid Foods	I	L	No	CPA-selected
411.4	Inappropriate Feeding Practices	I	L	Document specific inappropriate feeding practice in Notes or Progress Notes	CPA-selected
411.5	Feeding Potentially Harmful Foods	I	L	Document specific food in Notes or Progress Notes	CPA-selected
411.6	Incorrect Dilution of Formula	I	L	Document specific issue with formula dilution in Notes or Progress Notes	CPA-selected
411.7	Infrequent Breastfeeding	Exclusively Breastfed Infants only	L	No	CPA-selected

### 411 – Inappropriate Nutrition Practices for Infants

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
411.8	Feeding Very Low Calorie or Nutrient Diet	I	L	Document specific diet in Notes or Progress Notes	CPA-selected
411.9	Improper Handling of Expressed Breast Milk or Formula	I	L	Document specific issue in Notes or Progress Notes	CPA-selected
411.10	Inappropriate Use of Dietary Supplements	I	L	Document the specific inappropriate use of dietary supplements in Notes or Progress Notes	CPA-selected
411.11	Inadequate Fluoride or Vitamin D Supplementation	I	L	No	CPA-selected

### 425 – Inappropriate Nutrition Practices for Children

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
425.1	Inappropriate Beverages as Milk Source	C	L	Document specific beverage in Notes or Progress Notes	CPA-selected
425.2	Feeding Sweetened Beverages	C	L	Document specific sweetened beverage in Notes or Progress Notes	CPA-selected
425.3	Inappropriate Use of Bottles, Cups or Pacifiers	C	L	Document specific inappropriate use in Notes or Progress Notes	CPA-selected
425.4	Inappropriate Feeding Practices	C	L	Document specific inappropriate feeding practice in Notes or Progress Notes	CPA-selected
425.5	Feeding Potentially Harmful Foods	C	L	Document specific food in Notes or Progress Notes	CPA-selected

## 425 – Inappropriate Nutrition Practices for Children

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
425.6	Feeding Very Low Calorie or Nutrient Diet	C	L	Document specific diet in Notes or Progress Notes	CPA-selected
425.7	Inappropriate Use of Dietary Supplements	C	L	Document the specific inappropriate use of dietary supplements in Notes or Progress Notes	CPA-selected
425.8	Inadequate Fluoride or Vitamin D Supplementation	C	L	No	CPA-selected
425.9	Pica	C	L	Document specific non-food items eaten in Notes or Progress Notes	CPA-selected

## 427 – Inappropriate Nutrition Practices for Women

Risk Code	Risk Name	Category	Risk Level	Additional Documentation	How Assigned
427.1	Inappropriate Use of Dietary Supplements	W	L	Document the specific inappropriate use of dietary supplements in Notes or Progress Notes	CPA-selected
427.2	Eating Very Low Calorie or Nutrient Diet	W	L	Document specific diet in Notes or Progress Notes	CPA-selected
427.3	Pica	W	L	Document specific non-food items eaten in Notes or Progress Notes	CPA-selected
427.4	Inadequate Iron, Iodine or Folic Acid Supplementation	W	L	No	CPA-selected
427.5	Eating Potentially Harmful Foods	Pregnant Women only	L	Document specific food in Notes or Progress Notes	CPA-selected

**428 – Presumed Dietary Eligibility for Infants and Children  
(ages 4-23 months)**

<b>Risk Code</b>	<b>Risk Name</b>	<b>Category</b>	<b>Risk Level</b>	<b>Additional Documentation</b>	<b>How Assigned</b>
428	Presumed Dietary Eligibility for Infants and Children (age 4-23 months)	I, C (4-23 months)	L	No	CPA-selected

**Job Aid****Probing Questions**

Use probing questions to get more information from a participant.

- ❑ Tell me what your doctor has told you.
- ❑ What changes has your doctor recommended?
- ❑ Tell me how this could affect you (your baby, your pregnancy, breastfeeding, your child).
- ❑ For what condition do you take this?
- ❑ What does your doctor think about that?
- ❑ What have you tried? What has worked?
- ❑ Tell me more about that.
- ❑ What have you discussed with your doctor?
- ❑ Tell me about these foods.
- ❑ What are your reasons for limiting or avoiding these foods?
- ❑ Tell me about what that was like.
- ❑ What is influencing your confidence about \_\_\_\_\_? (Breastfeeding, making a change, trying this with your child, weaning, etc.)
- ❑ Tell me why you are or are not confident about \_\_\_\_\_.
- ❑ Tell me about your plans for \_\_\_\_\_.
- ❑ What sort of help or support do you need?
- ❑ Tell me more about this feeling.
- ❑ How do you cope when you are \_\_\_\_\_?
- ❑ What do you do when \_\_\_\_\_?
- ❑ Would you like some ideas for handling \_\_\_\_\_?
- ❑ Is there anything about \_\_\_\_\_ you would like to be sure to discuss today?



# Job Aid

## Completing a Diet Assessment for Pregnant Women

Topic Areas Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ What changes have you made to your eating habits since becoming pregnant?</li> <li>▪</li> </ul>	Tell me more about how you are eating.	
<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 have you heard about eating during pregnancy?</li> <li>▪ How do you feel about the weight changes you have had with this pregnancy?</li> <li>▪ Do you have any discomforts with eating during this pregnancy? (nausea, vomiting, heartburn, constipation, poor appetite)</li> <li>▪</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>▪ Thinking about a typical day, what meals and snacks would you have?</li> <li>▪ What foods, if any, do you avoid for health or other reasons?</li> <li>▪ Are you on a low calorie or restricted diet? (vegan, weight loss, etc)</li> <li>▪ Do you eat anything that is not food?</li> <li>▪ Do you eat raw or undercooked</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> <li>▪ How is that food prepared?</li> </ul>	<b>427.2 - Eating Very Low Calorie or Nutrient Diets</b> <b>427.3 – Pica</b>  <b>427.5 - Eating Potentially Harmful</b>

Topic Areas Examples of discussion items	<b>Step ① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step ② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step ③ - Assign risks in TWIST</b> (as appropriate)
	meat, poultry, fish or eggs? <ul style="list-style-type: none"> <li>▪ Do you use unpasteurized dairy products or juice?</li> </ul>		Foods
<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>▪ What vitamins or other supplements do you take?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Are you taking a vitamin with iron or an iron supplement?</li> <li>▪ Does your prenatal vitamin contain iodine?</li> <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> <li>• How could this information lead to next steps?</li> <li>• What referrals might be useful?</li> </ul>	
<b>Step ⑤ - Document in TWIST</b>			

# Job Aid

## Risk Assignment from the Prenatal Diet Assessment Questionnaire

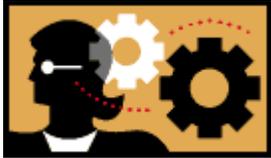
Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>▪ <b>What changes have you made to your eating habits since becoming pregnant?</b></li> </ul>	None	None
<ul style="list-style-type: none"> <li>▪ What have you heard about eating during pregnancy?</li> </ul>	None	None
<ul style="list-style-type: none"> <li>▪ Thinking about a typical day, what meals and snacks and beverages 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>   <li>▪ Do you eat anything that is not food?</li>   <li>▪ Do you eat raw or undercooked meat, poultry, fish or eggs?</li>   <li>▪ Do you use unpasteurized dairy products or juice?</li>   <li>▪ What vitamins or other supplements do you take?</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>   <li>▪ No</li> <li>▪ <b>Yes, please list</b></li>   <li>No</li> <li><b>Yes</b></li>   <li>• Vitamin or supplement with iron and iodine</li> <li>• <b>None or supplement without iron and iodine</b></li> <li>• Unknown</li> </ul>	<p><b>427.2</b> - Eating Very Low Calorie or Nutrient Diets</p> <p><b>427.3</b> - Pica</p> <p><b>427.5</b> Eating Potentially Harmful Foods</p> <p><b>427.4</b> - Inadequate Iron, Iodine or Folic Acid Supplementation</p>

# Job Aid

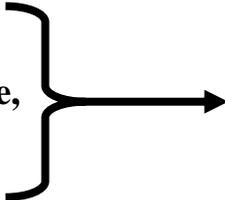
## Completing a Diet Assessment for Postpartum Women

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ On a typical day since you had your baby, what meals, snacks and beverages do you have?</li> <li>▪</li> </ul>	Tell me about how you are eating.	
<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>▪ How would you describe your appetite?</li> <li>▪ How do you feel about the weight changes you have experienced since delivery?</li> <li>▪</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>▪ What do you like about the way you eat?</li> <li>▪</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 restricted 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>

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<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>▪ What vitamins or other supplements do you take?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Are you taking a vitamin with folic acid or a folic acid supplement?</li> <li>▪ Are you taking a vitamin with iodine?</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> <li>• How could this information lead to next steps?</li> <li>• What referrals might be useful?</li> </ul>	
<b>Step ⑤ - Document in TWIST</b>			

## 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</b> - Eating Very Low Calorie or Nutrient Diet

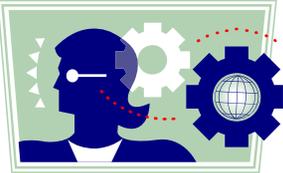
Questions in TWIST	Answers in TWIST	TWIST Risk
<ul style="list-style-type: none"> <li>▪ Do you eat anything that is not food?</li>   <li>▪ What vitamins or other supplements do you take?</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> <li>▪ <b>Yes, please list</b> →</li>   <li>▪ Vitamin with folic acid or a folic acid supplement</li> <li>▪ <b>None or supplement without folic acid</b> →</li> <li>▪ Unknown</li> </ul>	<p>427.3 – Pica</p> <p>427.4 - Inadequate Iron, Iodine or Folic Acid Supplementation</p>

# Job Aid

## Observation Tool: Diet Assessment of a Woman

Use the spaces provided to note what you observe.

Areas to Cover	Step① What feeding behavior questions were asked?	Step② What OARS/PCE skills were used to dig deeper?
Opening the conversation about <b>Eating Habits</b>		
<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>		
<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>		

Areas to Cover	<b>Step①</b> What feeding behavior questions were asked?	<b>Step②</b> What OARS/PCE skills were used to dig deeper?
<b>Supplementation</b> <ul style="list-style-type: none"> <li>▪ Use of vitamin or mineral supplements</li> <li>▪ Herbal remedies</li> </ul>		
<b>Other</b> topics relating to food or eating?		
<b>Step③</b> What risks were assigned?		
<b>Step ④ - Critical Thinking and Review</b>  	<p><b>Was any other information needed in order to complete the diet assessment?</b></p> <p><b>Are there any critical thinking items you would consider?</b></p> <p><b>How was the assessment summarized? (Health outcome statement?)</b></p>	
<b>Step ⑤ - Documentation in TWIST?</b>		

# Job Aid

## Completing a Diet Assessment for Children

Topic Areas Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ Tell me about mealtimes in your home. What is mealtime like for you and your family?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me about feeding your child.</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 is going well or is challenging at mealtimes?</li> <li>▪ Besides home, where else does your child eat? How well does your child eat in places other than home?</li> <li>▪ How do you involve your child in choosing foods for meals and snacks? 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> <li>▪ What are some of the foods that your child likes or dislikes?</li> <li>▪ How willing is your child to try new foods?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Tell me more about your concerns / challenges / successes</li> <li>▪ How has that affected your child's eating?</li> <li>▪ How do you choose which foods to offer to your child?</li> <li>▪ Who eats with your child?</li> <li>▪ What else do you like 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>	<b>425.4</b> Inappropriate Feeding Practices
<b>Actions</b>	<ul style="list-style-type: none"> <li>▪ How many meals and snacks does your child usually eat each day?</li> <li>▪ How well does your child feed himself/herself?</li> <li>▪ What does your child use when</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 <b>425.3</b> Inappropriate Use of

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<b>Actions, cont.</b> <ul style="list-style-type: none"> <li>▪ Feeding Behaviors</li> <li>▪ Meal Patterns</li> <li>▪ Use of cup/bottle</li> <li>▪ Weaning</li> <li>▪ Self-Feeding</li> <li>▪ Food preferences</li> <li>▪ Food avoidance</li> </ul>	drinking? (cup, bottle, combination) <ul style="list-style-type: none"> <li>▪ What foods/beverages do you usually offer to your child?</li> <li>▪ If a bottle is used, what does your child drink from the bottle?</li> <li>▪ Does your child eat raw or undercooked meat, poultry, fish or eggs?</li> <li>▪ Does your child drink unpasteurized milk or juice?</li> </ul>	<ul style="list-style-type: none"> <li>▪ What are your child's least favorite foods?</li> <li>▪ If using a bottle, tell me more about your plan for weaning.</li> </ul>	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>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>▪ What vitamins or supplements does your child take?</li> <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> <li>• How could this information lead to next steps?</li> <li>• What referrals might be useful?</li> </ul>	
<b>Step ⑤ - Document in TWIST</b>			

## Job Aid

## 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>▪ <b>Tell me about feeding your child.</b></li> <li>▪ <b>Are you breastfeeding your child now?</b></li> <li>▪ <b>If breastfeeding: How many times in 24 hours do you breastfeed?</b></li> <li>▪ <b>If not breastfeeding: How long did you breastfeed?</b></li> <li>▪ <b>At what age did you start giving formula to your child?</b></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>	<p>None</p> <ul style="list-style-type: none"> <li>▪ No</li> <li>▪ Yes</li> </ul> <p>Numeric</p> <p>Length of time</p> <p>Age</p> <p>Numeric</p> <ul style="list-style-type: none"> <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>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p><b>425.4</b> Inappropriate Feeding Practices</p>

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</li> <li>▪ <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>



## Job Aid

## 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>	<p>None</p> <p>None</p>	<p>None</p> <p>None</p>
<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>	<p>None</p> <p>None</p> <p>None</p>	<p>None</p> <p>None</p> <p>None</p>
<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>	<p>None</p> <p>None</p>	<p>None</p> <p>None</p>

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>   <li>▪ What beverages does your child usually drink?</li>   <li><u>Food safety</u></li> <li>▪ Does your child eat raw or undercooked meat, poultry, fish or eggs?</li>   <li>▪ Does your child drink unpasteurized milk or juice?</li>   <li><u>Feeding Skills</u></li> <li>▪ How well does your child feed himself/herself?</li>   <li>▪ What does your child use when drinking?</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>   <li>▪ Non-sweetened beverages</li> <li>▪ <b>Sweetened beverages</b> }</li> <li>▪ <b>Both sweetened and unsweetened beverages</b> } →</li>   <li>▪ No</li> <li>▪ <b>Yes</b> →</li>   <li>▪ No</li> <li>▪ <b>Yes</b> →</li>   <li>▪ Feeding skills appropriate for age</li> <li>▪ <b>Not feeding self</b> →</li>   <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>	<p><b>425.4</b> Inappropriate Feeding Practices</p> <p><b>425.2</b> Feeding Sweetened Beverages</p> <p><b>425.5</b> Feeding Potentially Harmful Foods</p> <p><b>425.5</b> Feeding Potentially Harmful Foods</p> <p><b>425.4</b> Inappropriate Feeding Practices</p> <p><b>425.3</b> Inappropriate Use of Bottles, Cups or Pacifiers</p>

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> <p><u>Supplementation</u></p> <ul style="list-style-type: none"> <li>▪ What vitamins or other supplements does your child take?</li> <li>▪ Is your child receiving fluoride?</li> <li>▪ Is your child receiving a Vitamin D supplement?</li> </ul>	<p>None</p> <p>None</p> <ul style="list-style-type: none"> <li>▪ Yes, has fluoridated water or fluoride supplements</li> <li>▪ <b>No</b> →</li> <li>▪ Unknown</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>	<p>None</p> <p>None</p> <p><b>425.8</b> Inadequate Fluoride and Vitamin D Supplementation</p> <p><b>425.8</b> Inadequate Fluoride and Vitamin D Supplementation</p>



## Job Aid

## 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>	<p>None</p> <p>None</p> <p>None</p>	<p>None</p> <p>None</p> <p>None</p>
<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>	<p>None</p> <p>None</p>	<p>None</p> <p>None</p>
<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>	<p>None</p> <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>	<p>None</p> <p><b>425.4</b> Inappropriate Feeding Practices</p>

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> <p><u>Food safety</u></p> <ul style="list-style-type: none"> <li>▪ Does your child eat raw or undercooked meat, poultry, fish or eggs?</li> <li>▪ Does your child drink unpasteurized milk or juice?</li> </ul> <p><u>Feeding Skills</u></p> <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> </ul> <p><u>Supplementation</u></p> <ul style="list-style-type: none"> <li>▪ What vitamins or supplements does your child take?</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> <p style="text-align: right;">} →</p> <ul style="list-style-type: none"> <li>▪ No</li> <li>▪ <b>Yes</b> →</li> </ul> <ul style="list-style-type: none"> <li>▪ No</li> <li>▪ <b>Yes</b> →</li> </ul> <ul style="list-style-type: none"> <li>▪ Feeding skills appropriate for age</li> <li>▪ <b>Feeding skills inappropriate for age</b> →</li> </ul> <ul style="list-style-type: none"> <li>▪ Appropriate for age</li> <li>▪ <b>Inappropriate for age</b> →</li> </ul> <p>None</p>	<p><b>425.2</b> Feeding Sweetened Beverages</p> <p><b>425.5</b> Feeding Potentially Harmful Foods</p> <p><b>425.5</b> Feeding Potentially Harmful Foods</p> <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>



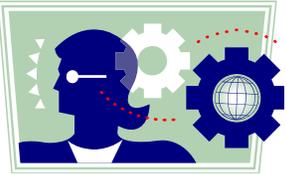


# Job Aid

## Observation Tool: Diet Assessment of a Child

Use the spaces provided to note what you observe.

Areas to Cover	Step① What feeding behavior questions were asked?	Step② What OARS/PCE skills were used to dig deeper?
Opening the conversation about <b>Eating Habits</b>		
<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>		
<b>Actions</b> <ul style="list-style-type: none"> <li>▪ Feeding Behaviors</li> <li>▪ Meal Patterns</li> <li>▪ Weaning, use of cup/bottle</li> <li>▪ Self-Feeding</li> <li>▪ Food avoidance</li> <li>▪ Cultural issues</li> </ul>		

Areas to Cover	<b>Step①</b> What feeding behavior questions were asked?	<b>Step②</b> What OARS/PCE skills were used to dig deeper?
<b>Supplementation</b> <ul style="list-style-type: none"> <li>▪ Use of fluoride supplements</li> <li>▪ Herbal remedies</li> </ul>		
<b>Other</b> topics relating to food or eating?		
<b>Step③</b> What risks were assigned?		
<b>Step ④ - Critical Thinking and Review</b>  	<p><b>Was any other information needed in order to complete the diet assessment?</b></p> <p><b>Are there any critical thinking items you would consider?</b></p> <p><b>How was the assessment summarized? (Health outcome statement?)</b></p>	
<b>Step ⑤ - Documentation in TWIST?</b>		

## Job Aid

## Completing a Diet Assessment for Fully Breastfed Infants

Topic Areas Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ How are you feeding your baby?</li> </ul>	Tell me about feeding your baby.	
<b>Attitudes</b> <ul style="list-style-type: none"> <li>▪ Feeding relationships</li> <li>▪ Recognition of feeding cues</li> <li>▪ Breastfeeding success/concerns</li> </ul>	<ul style="list-style-type: none"> <li>▪ How can you tell when your baby is hungry or full?</li> <li>▪ What is/was your plan for introducing baby foods?</li> <li>▪ What is/was your plan for introducing finger foods?</li> <li>▪ What is/was your plan for introducing a cup to your baby?</li> </ul>	Examples: <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 else do you like about the way your baby eats?</li> <li>▪ What concerns do you have about feeding your baby?</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 feedings</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>▪ How do you store expressed breast milk?</li> <li>▪ How well does your baby feed himself/herself?</li> <li>▪ How well does your baby use a cup?</li> </ul>	Examples: <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>▪ Is your baby drinking anything other than breast milk?</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 Feeding Practices

<b>Topic Areas</b> Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<ul style="list-style-type: none"> <li>▪ Appropriate introduction of solids/cup</li> </ul>	<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>▪ What foods do you offer your baby?</li> </ul>	<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> <li>• How could this information lead to next steps?</li> <li>• What referrals might be useful?</li> </ul>	
<b>Step ⑤ Document in TWIST</b>			

# Job Aid

## Completing a Diet Assessment for Infants Receiving Formula

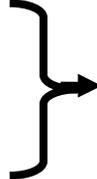
Topic Areas Examples of discussion items	<b>Step① - Ask about feeding behaviors</b> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<b>Opening the conversation</b>	<ul style="list-style-type: none"> <li>▪ How are you feeding your baby?</li> </ul>	Tell me about feeding your baby.	
<b>Attitudes</b> <ul style="list-style-type: none"> <li>▪ Feeding relationships</li> <li>▪ Recognition of feeding cues</li> <li>▪ Feeding success/concerns</li> <li>▪ Interaction during bottle feeding (propping, etc)</li> </ul>	<ul style="list-style-type: none"> <li>▪ How can you tell when your baby is hungry or full?</li> <li>▪ What is/was your plan for introducing baby foods?</li> <li>▪ What is/was your plan for introducing a cup to your baby?</li> <li>▪ What is/was your plan for introducing finger foods?</li> <li>▪ What is your plan for weaning?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ What else do you like about the way your baby eats?</li> <li>▪ What concerns do you have about feeding your baby?</li> <li>▪ If partially breastfeeding: how long do you plan to continue? What supports do you have/need for continuing breastfeeding?</li> <li>▪ What formula does your baby drink? 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>411.2</b> Inappropriate Use of Bottles or Cups
<b>Actions</b> <ul style="list-style-type: none"> <li>▪ Feeding Behaviors</li> <li>▪ Preparation of formula</li> <li>▪ Formula tolerance</li> </ul>	<ul style="list-style-type: none"> <li>▪ If partially breastfeeding: How often does your baby breastfeed in 24 hours?</li> <li>▪ If formula feeding only: How long did you breastfeed? At what age did you start giving formula?</li> <li>▪ What does your baby drink from the bottle?</li> </ul>	Examples: <ul style="list-style-type: none"> <li>▪ Does your baby drink anything other than breast milk or formula?</li> <li>▪ Does your baby take cereal or juice in the bottle?</li> <li>▪ What is your plan for introducing a cup to your baby?</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> (use questions from TWIST as prompts)	<b>Step② - Use probing questions to find out more</b> (based on answers from Step ①)	<b>Step③ - Assign risks in TWIST</b> (as appropriate)
<b>Actions cont:</b> <ul style="list-style-type: none"> <li>▪ Amount of formula offered, quantity consumed</li> <li>▪ Appropriate use of bottle</li> <li>▪ Appropriate introduction of solids/cup</li> </ul>	<ul style="list-style-type: none"> <li>▪ How much formula does your baby usually drink?</li> <li>▪ Does your baby fall asleep with the bottle at nap or bedtime?</li> <li>▪ How are you preparing the formula?</li> <li>▪ How well does your baby feed himself/herself?</li> <li>▪ How well does your baby use a cup?</li> <li>▪ Does your baby eat honey, undercooked meat, or drink unpasteurized juice?</li> </ul>	<ul style="list-style-type: none"> <li>▪ How do you handle and store leftover formula?</li> <li>▪ What foods do you offer to your baby?</li> </ul>	Feeding Practices <b>411.5</b> Feeding Potentially Harmful Foods <b>411.6</b> Incorrect Dilution of Formula <b>411.8</b> Feeding Low Calorie or Low 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 6 months of age)</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 for nutrition education?</li> <li>• How could this information lead to next steps?</li> <li>• What referrals might be useful?</li> </ul>		
<b>Step ⑤ - Document in TWIST</b>			

## Job Aid

## 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>▪ <b>How are you feeding your baby?</b></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>▪ <b>If fully breastfeeding: How often does your baby breastfeed in 24 hours?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Appropriate for age</li> <li>▪ <b>Less than 8 feedings in 24 hours before age 2 months</b></li> <li>▪ <b>Less than 6 feedings in 24 hours between 2 and 6 months of age</b></li> </ul>	<b>411.7</b> Infrequent Breastfeeding
<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>▪ <b>No, scheduled feedings</b></li> </ul>	<b>411.7</b> Infrequent Breastfeeding
<ul style="list-style-type: none"> <li>▪ <b>If partially breastfeeding: How often does your baby breastfeed in 24 hours?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Numeric</li> </ul>	None
<ul style="list-style-type: none"> <li>▪ <b>If formula feeding only: How long did you breastfeed?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Length of time</li> </ul>	None
<ul style="list-style-type: none"> <li>▪ <b>If partially breastfeeding or formula feeding, at what age did you start giving formula to your baby?</b></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>   <li>▪ What is/was your plan for introducing infant cereal and baby foods to your baby?</li>   <li>▪ How do you handle and store expressed breast milk or leftover formula?</li>   <li>▪ Is your baby receiving a Vitamin D supplement?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognizes appropriate cues</li> <li>▪ <b>Does not recognize cues</b> →</li>   <li>▪ Appropriate for age</li> <li>▪ <b>Introduce early, before 4 months</b> →</li>   <li>▪ Appropriate</li> <li>▪ <b>Inappropriate</b> →</li>   <li>▪ Yes</li> <li>▪ No but drinks 1 quart of formula/day</li> <li>▪ <b>No</b> →</li> <li>▪ Unknown</li> </ul>	<p><b>411.4</b> Inappropriate Feeding Practices</p> <p><b>411.3</b> Early Introduction of Solid Foods</p> <p><b>411.9</b> Improper Handling of Breast Milk or Formula</p> <p><b>411.11</b> Inadequate Fluoride and Vitamin D Supplementation</p>



## Job Aid

## 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>▪ <b>How are you feeding your baby?</b></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>▪ <b>If fully breastfeeding: How often does your baby breastfeed in 24 hours?</b></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>▪ <b>No, scheduled feedings</b> →</li> </ul>	<b>411.7</b> Infrequent Breastfeeding
<ul style="list-style-type: none"> <li>▪ <b>If partially breastfeeding: How often does your baby breastfeed in 24 hours?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Numeric</li> </ul>	None
<ul style="list-style-type: none"> <li>▪ <b>If formula feeding only: How long did you breastfeed?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Length of time</li> </ul>	None
<ul style="list-style-type: none"> <li>▪ <b>If partially breastfeeding or formula feeding, at what age did you start giving formula to your baby?</b></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> <li>▪ What baby foods have you offered?</li> <li>▪ What is your plan for introducing finger foods?</li> <li>▪ What is your plan for introducing a cup?</li> <li>▪ Is your baby receiving fluoride?</li> <li>▪ Is your baby receiving a Vitamin D supplement?</li> <li>▪ Screened and offered infant FVV?</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> <li>▪ Appropriate for age</li> <li>▪ <b>Inappropriate for age</b> →</li> <li>▪ None</li> <li>▪ None</li> <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 of formula/day</li> <li>▪ <b>No</b> →</li> <li>Unknown</li> <li>▪ Yes</li> <li>▪ No</li> </ul>	<p><b>411.3</b> Early Introduction of Solid Foods</p> <p><b>411.4</b> Inappropriate Feeding Practices</p> <p><b>411.4</b> Inappropriate feeding Practices</p> <p>None</p> <p>None</p> <p><b>411.11</b> Inadequate Fluoride and Vitamin D Supplementation</p> <p><b>411.11</b> Inadequate Fluoride and Vitamin D Supplementation</p> <p>None</p>



## Job Aid

## 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>▪ <b>How are you feeding your baby?</b></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>▪ <b>If fully breastfeeding: How often does your baby breastfeed in 24 hours?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Numeric</li> </ul>	None
<ul style="list-style-type: none"> <li>▪ <b>If formula feeding only: How long did you breastfeed?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Length of time</li> </ul>	None
<ul style="list-style-type: none"> <li>▪ <b>If partially breastfeeding or formula feeding, at what age did you start giving formula to your baby?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Age</li> </ul>	None
<ul style="list-style-type: none"> <li>▪ <b>If partially breastfeeding or formula feeding, how much formula does your baby drink each day?</b></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>   <li>▪ If using a bottle, does your baby fall asleep with the bottle at nap or bedtime?</li>   <li>▪ If using a bottle, what is your plan for weaning?</li>   <li>▪ How can you tell when your baby is hungry or full?</li>   <li>▪ How well does your baby feed himself/herself?</li>   <li>▪ How well does your baby use a cup or Sippy cup?</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>   <li>▪ No</li> <li>▪ <b>Yes</b> →</li>   <li>▪ None</li>   <li>▪ Recognizes appropriate cues</li> <li>▪ <b>Does not recognize cues</b> →</li>   <li>▪ Appropriate for age</li> <li>▪ <b>No self-feeding</b> →</li>   <li>▪ Appropriate for age</li> <li>▪ <b>No cup use</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> <p><b>411.2</b> Inappropriate Use of Bottles or Cups</p> <p>None</p> <p><b>411.4</b> Inappropriate Feeding Practices</p> <p><b>411.4</b> Inappropriate Feeding Practices</p> <p><b>411.4</b> Inappropriate Feeding practices</p>

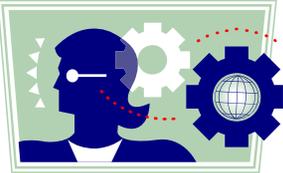
Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> <li>▪ What finger foods do you offer to your baby?</li>   <li>▪ Does your baby eat honey, undercooked meat, or drink unpasteurized juice?</li>   <li>▪ Is your baby receiving fluoride?</li>   <li>▪ Is your baby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



**Job Aid****Observation Tool: Diet Assessment of a Infant**

Use the spaces provided to note what you observe.

<b>Areas to Cover</b>	<b>Step①</b> <b>What feeding behavior questions were asked?</b>	<b>Step②</b> <b>What OARS/PCE skills were used to dig deeper?</b>
Opening the conversation about <b>Eating Habits</b>		
<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>		
<b>Actions</b> <ul style="list-style-type: none"> <li>▪ Feeding Behaviors</li> <li>▪ Frequency of breastfeeding</li> <li>▪ Breastfeeding skills</li> <li>▪ Appropriate introduction of solids/cup</li> <li>▪ Preparation of formula</li> </ul>		

Areas to Cover	<b>Step①</b> What feeding behavior questions were asked?	<b>Step②</b> What OARS/PCE skills were used to dig deeper?
<b>Supplementation</b> <ul style="list-style-type: none"> <li>▪ Fluoride and Vitamin D supplements</li> <li>▪ Herbal remedies</li> </ul>		
<b>Other</b> topics relating to food or eating?		
<b>Step③</b> What risks were assigned?		
<b>Step ④ - Critical Thinking and Review</b> 	<p><b>Was any other information needed in order to complete the diet assessment?</b></p> <p><b>Are there any critical thinking items you would consider?</b></p> <p><b>How was the assessment summarized? (Health outcome statement?)</b></p>	
<b>Step ⑤ - Documentation in TWIST?</b>		