

Child CTAD

Demographics

WIC ID:	<input type="text"/>	Initial Cert Date:	<input type="text"/>	Reinstate Cd:	<input type="text"/>	
LA/Site:	<input type="text"/>	Last Action:	<input type="text"/>	Termination Cd:	<input type="text"/>	
VOC Xfer:	<input type="text"/>	Action Date:	<input type="text"/>	Suspension Cd:	<input type="text"/>	
Part. Name L/F/M:	<input type="text"/>	<input type="text"/>	<input type="text"/>	SSN:	<input type="text"/>	
Payee Name L/F/M:	<input type="text"/>	<input type="text"/>	<input type="text"/>	SSN:	<input type="text"/>	
Address:	<input type="text"/>					
City/State/Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Primary Phone:	<input type="text"/>	Second Phone:	<input type="text"/>			
Email Addr:	<input type="text"/>			Residence County:	<input type="text"/>	
Proxy Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Proxy Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Date of Birth:	<input type="text"/>	WIC Condition:	<input type="text"/>	Sex:	<input type="text"/>	
				EDC:	<input type="text"/>	
				AD Date:	<input type="text"/>	
TANF:	<input type="text"/>	Household Size:	<input type="text"/>	Residence Code:	<input type="text"/>	
					Migrant:	<input type="text"/>
Food Stamps:	<input type="text"/>	Family Income:	<input type="text"/>	Income/RES Init:	<input type="text"/>	
					Education:	<input type="text"/>
Medicaid:	<input type="text"/>	Income Code:	<input type="text"/>	Referred from:	<input type="text"/>	
					Marital Status:	<input type="text"/>
		Self Declared:	<input type="text"/>	Referred to:	<input type="text"/>	
					Foster Care:	<input type="text"/>
Hispanic:	<input type="text"/>	Is Race Observed or Declared:			<input type="text"/>	
RACE:	<input type="text"/>	White:	<input type="text"/>	Black/African Amer:	<input type="text"/>	
				Amer Ind/Alaskan:	<input type="text"/>	
				Asian:	<input type="text"/>	
				Pacific Islander:	<input type="text"/>	
Source of drinking water?	<input type="text"/>	Comments:	<input type="text"/>			

Behavior Input

- | | | |
|--|----------------------|---------|
| 1) Mother enrolled in WIC during pregnancy?: | <input type="text"/> | (Y/N) |
| 2) Has the mother ever breastfed any other children?: | <input type="text"/> | (Y/N) |
| 3) Mother received breastfeeding info from?: | <input type="text"/> | (Code) |
| 4) Was THIS infant ever breastfed?: | <input type="text"/> | (Y/N/U) |
| 5) Is this Infant/Child being breastfed now?: | <input type="text"/> | (Y/N/U) |
| 6) Age Infant/Child completely stopped breastfeeding?: | <input type="text"/> | (Weeks) |
| 7) If this infant was given any milk/formula other than breastmilk, at what age did this infant begin receiving it?: | <input type="text"/> | (Weeks) |
| 8) How old was this child when he/she was first fed something other than breastmilk or water? (Include Formula, Juice, Solid Food) | <input type="text"/> | (Weeks) |
| 9) Reasons breastfeeding stopped?: | <input type="text"/> | (code) |
| 10) Did any of the following WIC services or items encourage you to continue breastfeeding?: | <input type="text"/> | (code) |
| 11) How were you feeding your baby when you left the hospital? | <input type="text"/> | (Code) |
| 12) Date of Most Recent Breastfeeding Repsonse | <input type="text"/> | |

Child CTAD

Lifestyle Input

HOUSEHOLD SMOKE

Does anyone in your household smoke inside the house? (Y/N)

TV / PHYSICAL ACTIVITY

About how many hours per day did your child sit and watch television or videos yesterday? Hours

5 A DAY

VEGETABLES - On a typical day, how many servings of vegetables does your child eat? Servings
Do not include french fries

FRUITS - On a typical day, how many servings of fruits does your child eat? Servings
Do not include fruit pies or juice drinks

Health Surveillance

Hemoglobin: <input type="text"/>	Hematocrit: <input type="text"/>	Weeks Gest: <input type="text"/>	Meas(R/S): <input type="text"/>
Lead: <input type="text"/>		Height: <input type="text"/> (Inches)	Age: <input type="text"/>
Blood Work Date: <input type="text"/>	By: <input type="text"/>	Weight: <input type="text"/> (lbs/ozs)	Taken By: <input type="text"/>
Last BLD Work Date: <input type="text"/>		Hgt/Wgt Date: <input type="text"/>	WtAge%: <input type="text"/>
Blood Work Due: <input type="text"/>		Last Hgt/Wgt Date: <input type="text"/>	HtAge%: <input type="text"/>
Medical Care: <input type="text"/>	Medical Date: <input type="text"/>	Birth Lgth: <input type="text"/> (In)	BMI: WtHt%: <input type="text"/>
Medical Comments: <input type="text"/>		Birth Wt: <input type="text"/> (lbs/ozs)	BMI%: <input type="text"/>

DIETARY

Curr:	Comments
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

- < 4 servings/day from the milk and milk products
 - < 2 servings/day from the meat and meat alternatives
 - < 4 servings/day from the cereal and grain group
 - < 4 servings/day from the fruit and vegetable group
 - < 1 serving/day from vitamin C source
 - < 1 serving/day from vitamin A source
 - Regular, excessive use of caffeine
 - Regular, excessive use of fat, sugar, or salt
 - Food or lactose intolerance
 - Other patterns assessed by CPA to be undesirable
- SPECIFY:

Nutrition Education

Is this a secondary or follow-up high risk contact? (Y/N):

Topics:	Comments
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

Given By: Date:

Description:

Food Prescription

Current

Interval: Pick-up:

Food Prescription:

Interval:

Month 1

Month 2

Month 3

Diagnosis:

WIC53 Expiration Date: By:

Referred to:

Comments: