

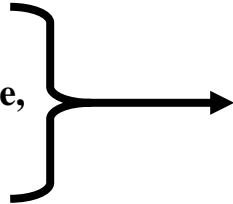


Title

- Risk Assignment from Pregnant Women Questionnaire
- Risk Assignment from Postpartum Women Questionnaire
- (Spanish) Your Personalized 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 60 months
- (Spanish) Your Personalized Diet Assessment for Exclusively Breastfed Infants
- Risk Assignment from Infant Questionnaire: Exclusively Breastfeeding
- (Spanish) Your Personalized Diet Assessment for Infants Receiving Formula
- Risk Assignment from Infant Questionnaire: Infants Receiving Formula

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Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ Tell me about how you are eating. ▪ What do you like about the way you eat? ▪ What concerns do you have about the way you eat? ▪ Do you have any discomforts with eating during this pregnancy? ▪ What concerns, if any, do you have about weight gain with pregnancy? ▪ What foods, if any, do you avoid for health or other reasons? 	<p>None</p> <p>None</p> <p>None</p> <ul style="list-style-type: none"> ▪ No ▪ Yes: Nausea and/or vomiting ▪ Constipation ▪ Heartburn, ▪ Poor appetite ▪ Other, please list <p>None</p> <p>None</p>	<p>None</p> <p>None</p> <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"> ▪ Are you on a low calorie or special diet? ▪ Do you eat anything that is not food? ▪ Are you taking a vitamin with iron or iron supplement? ▪ Diet assessment complete: dietary risk assigned? 	<ul style="list-style-type: none"> ▪ No ▪ Vegan ▪ Macrobiotic ▪ Low carbohydrate, high protein ▪ Other, please list ▪ No ▪ Yes, please list ▪ Yes ▪ No ▪ No ▪ Yes 	<p>427.2 - Eating Very Low Calorie or Nutrient Diets</p> <p>427.3 - Pica</p> <p>427.4 - Inadequate Iron or Folic Acid Supplementation</p> <p>None</p>

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ Tell me about how you are eating. ▪ What do you like about the way you eat? ▪ What concerns do you have about the way you eat? ▪ What foods, if any, do you avoid for health or other reasons? ▪ Are you on a low calorie or special diet? ▪ Do you eat anything that is not food? ▪ Are you taking a vitamin with folic acid or a folic acid supplement? 	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <ul style="list-style-type: none"> ▪ No ▪ Vegan ▪ Macrobiotic ▪ Low carbohydrate, high protein ▪ Other, please list <p>  </p> <ul style="list-style-type: none"> ▪ No ▪ Yes, please list <p>  </p> <ul style="list-style-type: none"> ▪ No ▪ Yes, folic acid supplement or fortified foods ▪ Unknown <p>  </p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>427.2 - Eating Very Low Calorie or Nutrient Diet</p> <p>427.3 – Pica</p> <p>427.4 - Inadequate Iron or Folic Acid Supplementation</p>

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
▪ Diet assessment complete: dietary risk assigned?	▪ No ▪ Yes	None

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

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ Tell me about feeding your child. ▪ Are you breastfeeding your child now? ▪ If breastfeeding: How many times in 24 hours do you breastfeed? ▪ If not breastfeeding: How long did you breastfeed? ▪ How long did you only feed breast milk to your child? ▪ What do you like about the way your child eats? ▪ What concerns do you have about the way your child eats? ▪ How well does your child eat a variety of foods with different textures? 	<ul style="list-style-type: none"> None ▪ No ▪ Yes Numeric Select length of time from list of choices Select length of time from list of choices None None None <ul style="list-style-type: none"> ▪ Offering a variety of foods with appropriate textures for age ▪ Not offering appropriate foods or textures for age  	<ul style="list-style-type: none"> None None None None None None None None None 425.4 Inappropriate Feeding Practices

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ How can you tell when your child is hungry or full? ▪ How well does your child feed himself/herself? ▪ What does your child use when drinking? ▪ If a bottle is used, what does your child drink from the bottle? ▪ What type of milk does your child usually drink? ▪ What beverages other than milk does you child usually drink? ▪ Is your child receiving fluoride? ▪ Diet assessment complete: dietary risks assigned? 	<ul style="list-style-type: none"> ▪ Recognizes appropriate cues ▪ Does not recognize appropriate cues ▪ Feeding skills appropriate for age ▪ Not feeding self ▪ Cup ▪ Cup and bottle before age 14 months ▪ Bottle after 14 months of age ▪ Milk and/or formula and/or water ▪ Juice and/or cereal ▪ Whole milk and/or formula ▪ Non-fat or reduced fat milk ▪ Other ▪ Non-sweetened beverages ▪ Sweetened beverages ▪ Both Sweetened and non-sweetened beverages ▪ Yes, Fluoridated water or fluoride supplements ▪ No ▪ Unknown ▪ No ▪ Yes 	<p>425.4 Inappropriate Feeding Practices</p> <p>425.4 Inappropriate Feeding Practices</p> <p>425.3 Inappropriate Use of Bottles, Cups or Pacifiers</p> <p>425.3 Inappropriate Use of Bottles, Cups or Pacifiers</p> <p>425.1 Inappropriate Beverage as Milk Source</p> <p>425.2 Feeding Sweetened Beverages</p> <p>425.8 Inadequate Fluoride Supplementation</p> <p>None</p>

Risk Assignment from Children’s Diet Questionnaire: Age 24 to 60 months

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ Tell me about feeding your child. 	None	None
<ul style="list-style-type: none"> ▪ What do you like about the way your child eats? 	None	None
<ul style="list-style-type: none"> ▪ What concerns do you have about the way your child eats? 	None	None
<ul style="list-style-type: none"> ▪ How well does your child eat a variety of foods with different textures? 	<ul style="list-style-type: none"> ▪ Offering a variety of foods with appropriate textures for age ▪ Not offering appropriate foods or textures for age → 	425.4 Inappropriate Feeding Practices
<ul style="list-style-type: none"> ▪ How can you tell when your child is hungry or full? 	<ul style="list-style-type: none"> ▪ Recognizes appropriate cues ▪ Does not recognize appropriate cues → 	425.4 Inappropriate Feeding Practices
<ul style="list-style-type: none"> ▪ How well does your child feed himself/herself? 	<ul style="list-style-type: none"> ▪ Feeding skills appropriate for age ▪ Not feeding self → 	425.4 Inappropriate Feeding Practices

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ What does your child use when drinking? ▪ What beverages does your child usually drink? ▪ Is your child receiving fluoride? ▪ Diet assessment complete: dietary risks assigned? 	<ul style="list-style-type: none"> ▪ Cup ▪ Cup and bottle ▪ Bottle ▪ Non-sweetened beverages ▪ Sweetened beverages ▪ Both sweetened and unsweetened beverages ▪ Yes, Fluoridated water or fluoride supplements ▪ No ▪ Unknown ▪ No ▪ Yes 	<p>425.3 Inappropriate Use of Bottles, Cups or Pacifiers</p> <p>425.2 Feeding Sweetened Beverages</p> <p>425.8 Inadequate Fluoride Supplementation</p> <p>None</p>

Opening the Conversation About Eating Habits

TWIST: Tell me about feeding your child.
(If 13 to 23 months) Are you breastfeeding your child now?

**¿Cuénteme cómo le va en cuanto a la alimentación de su hijo?
¿Está dándole pecho a su hijo ahora?**

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way your child eats?
What concerns do you have about the way your child eats?
How well does your child eat a variety of foods with different textures?
How can you tell when your child is hungry or full?

**¿Qué es lo que le gusta sobre como se alimenta su hijo? -or-
¿Cuáles cosas le gustan sobre como se alimenta su hijo?
¿Cuáles preocupaciones tiene sobre la alimentación de su hijo?
¿Qué tan bueno es su hijo para comer una variedad de comidas con
texturas diferentes?
¿Cómo sabe usted que su hijo tiene hambre? -or- que está lleno?**

Your words:

Your Probes:

Risk Assigned:
425.4 Inappropriate Feeding Practices

Actions

TWIST: How well does your child feed himself/herself?
What does your child use when drinking? (cup, bottle, combination)
(*If 13-23 months*) If a bottle is used, what does your child drink from the bottle? (milk, formula, juice, cereal, water, other)
What beverages does your child usually drink? (type of milk, sweetened beverages like soda, etc)

¿Cuénteme como le va a la hora de comer con su hijo?

¿Qué usa su hijo para tomar líquidos? (taza, biberon, combinación)

¿Cuáles bebidas (or líquidos) pone en el biberon?

¿Cuáles bebidas normalmente toma su hijo?

Your words:

Your Probes:

Risk Assigned:

425.1 Inappropriate Beverage as Milk Source

425.2 Feeding Sweetened Beverages

425.3 Inappropriate Use of Bottles, Cups or Pacifiers

425.4 Inappropriate Feeding Practices

425.5 Feeding Potentially Harmful Foods

425.6 Feeding Low Calorie or Nutrient Diet

425.9 Pica

Supplementation

TWIST: Is your child receiving fluoride?
¿Está su hijo recibiendo fluoruro?

Your words:

Your Probes:

Risk Assigned:

425.7 Inappropriate Use of Dietary Supplements

425.8 Inadequate Fluoride Supplementation

Critical Thinking

(Spanish) Your Personalized Diet Assessment for Exclusively Breastfed Infants

Opening the Conversation About Eating Habits

TWIST: How are you feeding your baby?
Tell me about feeding your baby.

¿Cómo está alimentando a su bebé?
¿Cuénteme sobre como está alimentando a su bebé?

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way your baby eats?
What concerns do you have about feeding your baby?
How can you tell when your baby is hungry or full?

¿Qué es lo que le gusta sobre come se alimenta su bebé?
¿Cuáles preocupaciones tiene sobre como darle de comer a su bebé?
¿Cómo sabe usted que su bebé tiene hambre o que está lleno?

Your words:

Your Probes:

Risk Assigned:
411.4 Inappropriate Feeding Practices

Actions

TWIST: How often does your baby breastfeed in 24 hours?
Is your baby breastfeeding as often as he/she wants?
What is/was your plan for introducing pureed foods to your baby?
What is/was your plan for introducing finger foods to your baby?

**¿Cuántas veces durante las 24 horas toma pecho su bebé?
¿Está su bebé tomando pecho tan frecuente como el/ella quiera?
¿Cuál es/era su plan para introducir comidas en puré a su bebé?
¿Cuál es/era su plan para introducir comidas en pedacitos a su bebé?**

Your words:

Your Probes:

Risk Assigned:

- 411.1 Use of Substitutes for Breast Milk or Formula
- 411.2 Inappropriate Use of Bottles or Cups
- 411.3 Early Introduction of Solid Foods
- 411.4 Inappropriate Feeding Practices
- 411.5 Feeding Potentially Harmful Foods
- 411.7 Infrequent Breastfeeding
- 411.8 Feeding Low Calorie or Nutrient Diet
- 411.9 Improper Handling of Expressed Breast milk or Formula

Supplementation

TWIST: Is your baby receiving fluoride after (age 6 months)?
¿Está su bebé recibiendo fluoruro?

Your words:

Your Probes:

Risk Assigned:

- 411.10 Inappropriate Use of Dietary Supplements
- 411.11 Inadequate Fluoride Supplementation

Critical Thinking

Risk Assignment from Infant Questionnaire: Exclusively Breastfeeding

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> Tell me about feeding your baby. 	None	None
<ul style="list-style-type: none"> What do you like about the way your baby eats? 	None	None
<ul style="list-style-type: none"> What concerns do you have about feeding your baby? 	None	None
<ul style="list-style-type: none"> How are you feeding your baby? 	<ul style="list-style-type: none"> Breastfeeding Partially breastfeeding Formula feeding 	None
<ul style="list-style-type: none"> If breastfeeding: How often does your baby breastfeed in 24 hours? 	<ul style="list-style-type: none"> Less than 8 feedings in 24 hours before age 2 months Less than 6 feedings in 24 hours between 2 and 6 months of age 	411.7 Infrequent Breastfeeding
<ul style="list-style-type: none"> If breastfeeding: Is your baby breastfeeding as often as he/she wants? 	<ul style="list-style-type: none"> Yes No, scheduled feedings → 	
<ul style="list-style-type: none"> How can you tell when your baby is hungry or full? 	<ul style="list-style-type: none"> Recognizes appropriate cues Does not recognize cues → 	411.4 Inappropriate Feeding Practices

Questions from TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ What is/was your plan for introducing pureed foods to your baby? ▪ What is/was your plan for introducing finger foods to your baby? ▪ Is your baby receiving fluoride after age 6 months? ▪ Diet assessment complete: dietary risk assigned? 	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Introduce early, before 4 months → ▪ Introduce late, after 8 months → ▪ Appropriate for age ▪ Inappropriate for age → ▪ Yes, fluoridated water or fluoride supplements ▪ No → ▪ Unknown ▪ No ▪ Yes 	<p>411.3 Early Introduction of Solid Foods</p> <p>411.4 Inappropriate Feeding Practices</p> <p>411.4 Inappropriate Feeding Practices</p> <p>411.11 Inadequate Fluoride Supplementation</p> <p>None</p>

(Spanish) Your Personalized Diet Assessment for Infants Receiving Formula

Opening the Conversation About Eating Habits

TWIST: How are you feeding your baby?
Tell me about feeding your baby.

¿Cómo está alimentando a su bebé?
¿Cuénteme sobre como está alimentando a su bebé?

Your words:

Your Probes:

Risk Assigned:

Attitudes

TWIST: What do you like about the way your baby eats?
What concerns do you have about feeding your baby?
How can you tell when your baby is hungry or full?

¿Qué es lo que le gusta sobre come se alimenta su bebé?
¿Cuáles preocupaciones tiene sobre como darle de comer a su bebé?
¿Cómo sabe usted que su bebé tiene hambre o que está lleno?

Your words:

Your Probes:

Risk Assigned:

411.4 Inappropriate Feeding Practices
411.2 Inappropriate Use of Bottles or Cups

Actions

TWIST: *(If partially breastfeeding)*
How often does your baby breastfeed in 24 hours?
(If formula feeding only)
How long did you breastfeed?
How long did you only feed breast milk to your baby?

What does your baby usually drink from the bottle?
Does your baby fall asleep with the bottle at nap or bedtime?
How are you mixing formula?
What is/was your plan for introducing pureed foods to your baby?
What is/was your plan for introducing finger foods to your baby?

(If partially breastfeeding)

¿Cuántas veces durante las 24 horas toma pecho su bebé?

(If formula feeding only)

¿Por cuánto tiempo le dió pecho?

¿Por cuánto tiempo le dió solamente pecho?

¿Qué es lo que toma su bebé en su biberon?

¿Se duerme su bebé con un biberon al acostarse en el día o por la noche?

¿Cómo mezcla la fórmula? -or-

¿Cómo prepara la fórmula?

¿Cuál es su plan para introducir comidas en puré a su bebé?

¿Cuál es su plan para introducir comidas en pedacitos a su bebé?

Your words:

Your Probes:

Risk Assigned:

- 411.1 Use of Substitutes for Breast Milk or Formula
- 411.2 Inappropriate Use of Bottles or Cups
- 411.3 Early Introduction of Solid Foods
- 411.4 Inappropriate Feeding Practices
- 411.5 Feeding Potentially Harmful Foods
- 411.6 Incorrect Dilution of Formula
- 411.8 Feeding Low Calorie or Low Nutrient Diet
- 411.9 Improper Handling of Expressed Breast Milk or Formula

Supplementation

TWIST: Is your baby receiving fluoride after (age 6 months)?
¿Está su bebé recibiendo fluoruro?

Your words:

Your Probes:

Risk Assigned:

411.10 Inappropriate Use of Dietary Supplements

411.11 Inadequate Fluoride Supplementation

Critical Thinking



- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- Is there any other information you need in order to complete the diet assessment?
- What topic(s) would you propose to the participant as a priority for nutrition education?

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Risk Assignment from Infant Questionnaire: Infants Receiving Formula

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ Tell me about feeding your baby. 	None	None
<ul style="list-style-type: none"> ▪ What do you like about the way your baby eats? 	None	None
<ul style="list-style-type: none"> ▪ What concerns do you have about feeding your baby? 	None	None
<ul style="list-style-type: none"> ▪ How are you feeding your baby? 	<ul style="list-style-type: none"> ▪ Breastfeeding ▪ Partially breastfeeding ▪ Formula Feeding 	None
<ul style="list-style-type: none"> ▪ If partially breastfeeding: How often does your baby breastfeed in 24 hours? 	Numeric	None
<ul style="list-style-type: none"> ▪ If partially breastfeeding: How long did you only feed breast milk to your baby? 	Select length of time from list of choices	None
<ul style="list-style-type: none"> ▪ If formula feeding only: How long did you breastfeed? 	Select length of time from list of choices	None
<ul style="list-style-type: none"> ▪ If formula feeding only: How long did you only feed breast milk to your baby? 	Select length of time from list of choices	None
<ul style="list-style-type: none"> ▪ How can you tell when your baby is hungry or full? 	<ul style="list-style-type: none"> ▪ Recognizes appropriate feeding cues ▪ Does not recognize cues → 	411.4 Inappropriate Feeding Practices

Questions in TWIST	Answers in TWIST	TWIST Risk Assignment
<ul style="list-style-type: none"> ▪ What does your baby usually drink from the bottle? ▪ Does your baby fall asleep with the bottle at nap or bedtime? ▪ What besides breast milk or formula do you put in the bottle? ▪ How are you mixing formula? ▪ What is/was your plan for introducing pureed foods to your baby? ▪ What is/was your plan for introducing finger foods to your baby? ▪ Is your baby receiving fluoride after age 6 months? ▪ Diet assessment complete: dietary risk assigned? 	<ul style="list-style-type: none"> ▪ Breast milk and/or formula ▪ Breast milk or formula substitute → ▪ No ▪ Yes → ▪ Breast milk, formula or water only ▪ Juice or other sweetened beverages ▪ Cereal or other solid foods ▪ Both sweetened beverages and cereal or other solid food } → ▪ Correct dilution ▪ Incorrect dilution → ▪ Appropriate for age ▪ Introduce early, before 4 months ↗ ▪ Introduce late, after 8 months → ▪ Appropriate for age ▪ Inappropriate for age → ▪ Yes, fluoridated water or fluoride supplements ▪ No → ▪ Unknown ▪ No ▪ Yes 	<p>411.1 Use of Substitutes for Breast Milk or Formula</p> <p>411.2 Inappropriate Use of Bottles or Cups</p> <p>411.2 Inappropriate Use of Bottles or Cups</p> <p>411.6 Incorrect Dilution of Formula</p> <p>411.3 Early Introduction of Solid Foods</p> <p>411.4 Inappropriate Feeding Practices</p> <p>411.4 Inappropriate Feeding Practices</p> <p>411.11 Inadequate Fluoride Supplementation</p> <p>None</p>