

WIC Counseling Conversation Starters

Pregnant

1. What is the greatest concern you have about your pregnancy (or your health) today?
2. Regarding your pregnancy or health, what are you most interested in learning about today?
3. Regarding your unborn child, what are you most interested in learning about today?
4. What have you heard about breastfeeding? How long do you want to breastfeed your baby? How confident do you feel about your ability to breastfeed your baby?
5. What do you feel your greatest challenge will be after you have your baby?
6. What kind of activity have you been getting during your pregnancy?
7. How do you feel about your overall eating?

Breastfeeding

1. How is breastfeeding going for you? What questions do you have about breastfeeding?
2. How are things going for you at home right now? How much assistance do you have? What are your greatest challenges in getting through the day?
3. What do you feel your greatest challenges will be in the next few weeks or months?
4. How confident do you feel about your ability to care for your baby?
5. How confident do you feel about your ability to care for yourself?
6. How do you feel about your overall eating?

Postpartum

1. What is the greatest concern you have about your health today?
2. Regarding your health, what are you most interested in learning about today?
3. How are things going for you at home right now? How much assistance do you have? What are your greatest challenges in getting through the day?
4. What do you feel your greatest challenges will be in the next few weeks or months?
5. How confident do you feel about your ability to care for your baby?
6. How confident do you feel about your ability to care for yourself?
7. How do you feel about your overall eating?

Infant

1. What is the greatest concern you have about your baby today?
2. Regarding your baby, what are you most interested in learning about today?

Infant (continued)

3. What are your biggest challenges in feeding your infant?
4. How are things going for you at home right now? How much assistance do you have? What are your greatest challenges in getting through the day?
5. What do you feel your greatest challenges will be in the next few weeks or months?
6. How confident do you feel about your ability to care for your baby?

Child (12-24 months)

1. Now that your toddler is at the age when he/she is learning a lot of new feeding skills, how confident do you feel you are in offering her/him foods and beverages that will help him/her develop healthy eating habits that will last a lifetime (type of foods and drinks, amount, consistency, or texture)? How is transitioning from the breast or bottle to a cup going? What kind of containers does your child drink from? Is he/she still breastfed?
2. Your toddler is at the age when he/she is learning to eat different foods and now is a great time to establish healthy eating behaviors to prevent health problems in the future. Some of the potential problems include the development of iron-deficiency anemia, tooth decay, the risk of becoming overweight, choking, and food allergies. Would you like to learn more about what to look for and how to prevent any of these problems?
3. Describe mealtimes for me. How much influence, or control, do you feel you have over the foods your toddler eats? How does your toddler respond to the foods you offer him/her? (Probe for exposure to variety of foods, accessibility, modeling parent eating practices.)
4. How important do you think physical activity is in the overall health of your toddler? Do you consider your toddler physically active? What types of activities does he/she do? Do you participate with him/her?
5. How do you feel about your toddler's growth? Do you see him/her as just right, or under- or overweight? Do you have any concerns about his/her growth or diet that you would like to talk about today?

Child (2-5 years)

1. What is the greatest concern you have about your child's health today?
2. Regarding your child's health, what are you most interested in learning about today?
3. How do you feel about your child's overall eating? What are your biggest concerns and challenges in feeding your child?
4. What are some traditional practices that affect your mealtime planning and mealtime setting?
5. What do you do when you have little time to prepare meals?
6. Tell me what activities your child likes? How much time does he/she spend doing the activities each day? What kind of activity do you do as a family?