

Appendix C6. Nutrition Services Observation Form



**WIC Nutrition Assessment and Tailoring Study
Observation of Nutrition Services Components of WIC Certification**

Clinic Site ID: _____ **Participant ID:** _____ **Staff ID:** _____

Observer Initials: _____

Date: _____

(Month, Day, Year)

- Type of Observation: **Appointment was observed in the clinic**
 Appointment was observed remotely by video call
 Appointment was observed remotely by phone

Information to be collected prior to the observation from WIC staff :	
WIC Participant Category(ies): <i>(Mark all that apply)</i>	<input type="checkbox"/> Pregnant <input type="checkbox"/> Postpartum woman Breastfeeding: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Infant <input type="checkbox"/> Child
Number of people being certified at this visit	_____ (#)
Type of Visit (person 1):	<input type="checkbox"/> Initial WIC enrollment <input type="checkbox"/> WIC Recertification
Type of Visit (person 2):	<input type="checkbox"/> Initial WIC enrollment <input type="checkbox"/> WIC Recertification
Type of Visit (person 3+): (multiple births)	<input type="checkbox"/> Initial WIC enrollment <input type="checkbox"/> WIC Recertification

This information is being collected to assist the Food and Nutrition Service in obtaining a comprehensive and detailed description of the WIC nutrition risk assessment process and the ways in which participant benefits are tailored to address the assessment results. This is a voluntary collection and FNS will use the information to improve the delivery and tailoring of WIC services and increase satisfaction of both staff and participants. This collection does request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-[xxxx]. The time required to complete this information collection is estimated to average 1 minute (0.02 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

(Note: Sample filled out for illustration.)

Components of NRA Certification Visit	WIC Staff Type ¹ Conducting Session	Activities Conducted						Start Time	End Time	Date
		Anthropometric Measurements	Laboratory measurements	Nutrition assessment discussion	Nutrition education/counseling	Food package prescription	Referrals			
First Session	Nutritionist			√				10:05_	10:25__	
Waiting Time Between Sessions								10:25	10:40	
(if applicable) Second session	R.D.				√	√	√	10:40	11:20	
(if applicable) Third Session	NA							_::_	_::_	
(if applicable) Fourth Session	NA							_::_	_::_	
Mode of delivery: <ul style="list-style-type: none"> • In-person • Video call • Telephone • Unknown • Not conducted • Other, specify: 		<i>In-person</i>	<i>Other:</i> <i>Provided by participant's healthcare provider</i>	<i>Video call</i>	<i>Video call</i>	<i>Video call</i>	<i>Video call</i>			

¹ Staff Type Options: Registered dietitian/registered dietitian nutritionist (RD/RDN), Nutritionist (4 year degree/non-RD/RDN), Nurse (Registered Nurse (RN) or Licensed Practical Nurse (LPN)), Paraprofessional, Nutrition assistant/nutrition aide, Breastfeeding peer counselor, Designated breastfeeding experts (including Certified Lactation Counselors, Certified Lactation Educators, and International Board Certified Lactation Consultants), and Clerk/support staff

Introductory Text at the Start of the Observation

Hello [NAME OF CAREGIVER]. I want to thank you for allowing me to [sit in and] observe your [visit]/[appointment] with the WIC staff today. As we discussed earlier, my colleagues and I are [here at the WIC clinic]/[observing WIC appointments] this week for the WIC Nutrition Assessment and Tailoring Study. We will be observing several visits at this clinic and at many others across the country. We are observing WIC certification appointments to get a better understanding of the different ways WIC clinics conduct them.

During your [visit]/[appointment] today, I will be silent and listen [and watch]. I'll be taking notes, but my notes will all be about how the certification process is conducted. My notes will not identify you or record the private information you discuss. Please know that if at any point you feel uncomfortable with me observing or taking notes, you should stop the conversation, let me know, and I will leave [the room]/[this call].

Language	
Language Spoken by Participant/Caregiver	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<i>If language spoken is not English:</i> Use of interpreter services?	<input type="checkbox"/> Yes <input type="checkbox"/> No, not needed <input type="checkbox"/> No, needed
<i>(If yes)</i> Type of interpreter services:	<input type="checkbox"/> Bilingual WIC staff conducted session <input type="checkbox"/> Interpreter present <input type="checkbox"/> Language line service
Observation of the Workspace/Environment Where the Assessment is Conducted [IF IN-PERSON]	
Does the place where the assessment is being conducted provide privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there toys, books, coloring materials or other activities available for children?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Observation of the WIC Certification Visit

At the Beginning of the Nutrition Risk Assessment Session	
At the beginning of the session does the WIC CPA ² :	
Greet the participant warmly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Introduce self	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make initial positive comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide an overview of what will happen during the appointment and about how much time it will take	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(For new participants)</i>	
Did the WIC CPA explain the purpose of the WIC program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the WIC CPA provide an explanation of the WIC risk assessment process and its purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No

² For purposes of this Observation Form, we use the term WIC CPA to refer to the WIC staff member who is conducting the nutrition assessment. Please note that other staff members may conduct all or part of the assessment, and the staff members' type (e.g., RD/RDN, CPA, etc.) should be indicated in the first table on page 1 of this form.

Gathering Information for the Nutrition Risk Assessment

<p>Were the participant's height or length and weight measurements available to the CPA during this visit?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, measurements were obtained on day of visit <input type="checkbox"/> Yes, recent measurements were obtained from an off-site health care provider <input type="checkbox"/> Yes, the participant self-reported measurements taken at home <input type="checkbox"/> Current measurements were not available, but the CPA used measurements from the previous visit <input type="checkbox"/> No measurements were available to the CPA at the time of the certification visit <input type="checkbox"/> Could not be determined <input type="checkbox"/> Other, specify:
<p>Were the results of a hemoglobin or hematocrit test available to the CPA during this visit?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, hemoglobin or hematocrit test performed and value assessed on day of visit <input type="checkbox"/> Yes, hemoglobin or hematocrit test results were obtained from an off-site health care provider <input type="checkbox"/> Current measurements were not available, but the CPA used measurements from the previous visit <input type="checkbox"/> No measurements were available to the CPA at the time of the certification visit <input type="checkbox"/> Could not be determined <input type="checkbox"/> Other, specify:
<p>During the visit, did the WIC CPA refer to any medical information provided directly from a health care provider?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what kind of information was referred to? <i>(Mark all that apply.)</i></p>

	<input type="checkbox"/> Height/length and weight <input type="checkbox"/> Recent Hct/Hgb count <input type="checkbox"/> Medical History or other Clinical Information <input type="checkbox"/> Dietary/Nutrition Information <input type="checkbox"/> Family and Social Environment Information <input type="checkbox"/> Other, specify
<p>Did the WIC CPA ask nutrition and health questions of the participant using a questionnaire (paper or on the computer) as her/his guide? (Questions may not be read verbatim or in the order printed on the questionnaire)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Observer comment on how tool was used:
<p>How often did the WIC CPA ask follow-up probing questions to clarify and get more details when reviewing or asking questions from an assessment questionnaire?</p>	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Never asked probing questions
<p>Did the WIC CPA use any other visual aids during the assessment (e.g. food models showing serving size, pictures, other)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What kind of tools were used? <i>(Mark all that apply)</i> <input type="checkbox"/> Food models <input type="checkbox"/> Portion size pictures <input type="checkbox"/> Growth charts <input type="checkbox"/> Pamphlets/printed material <input type="checkbox"/> Other, specify
<p>Which of the following topic areas did the WIC CPA ask about during the assessment component of the session?</p> <ul style="list-style-type: none"> <input type="radio"/> Health/medical information <input type="radio"/> Feeding/Dietary practices and preferences <input type="radio"/> Breastfeeding intention or practices <input type="radio"/> Immunizations 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> o Substance use o Family and home environment o Other (specify) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>
<p>During the assessment conversation, did the WIC CPA explore the participant's cultural behaviors and beliefs?</p> <p>If yes, please provide examples of the questions the WIC CPA asked to explore the participant's cultural behaviors and beliefs</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Examples: <hr/> <hr/> <hr/>
Nutrition Risk Assessment Process	
<p>(For recertification visits only) During the assessment, did the WIC CPA refer back to previous visits to ask the participant or caregiver about progress made?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Did the WIC CPA explain the participant's growth/weight gain pattern to participant caregiver?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable, no measurements available
<p>Did the WIC CPA explain the meaning of the Hct/Hgb results to the participant or caregiver?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable, no blood work available
<p>Did the WIC CPA utilize any electronic tools (other than the use of a nutrition or health questionnaire) to help her/him determine the participant's nutrition risks? <i>(If yes, please ensure these were collected from the Site Director.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>As part of the assessment, did the WIC CPA ask the participant or caregiver about her/his nutrition needs and interests?</p> <p>If yes, did the WIC CPA acknowledge and affirm the participant's thoughts and concerns?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>What nutrition risks were directly discussed with the participant or caregiver?</p> <p>If any nutrition risks were directly discussed with the participant or caregiver, was this done in a way that focused</p>	<input type="checkbox"/> None discussed <input type="checkbox"/> Risks discussed (specify): <hr/> <hr/> <hr/> <input type="checkbox"/> Focused on positive

<p>primarily on positive changes and/or desirable health outcomes or on deficiencies?</p>	<p>changes and/or desirable health outcomes <input type="checkbox"/> Focused on deficiencies</p> <p>Describe examples of how risks were communicated to justify response choice</p> <p>_____</p> <p>_____</p>
<p>Did the WIC CPA complete the nutrition assessment before providing education/counseling?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Breastfeeding Component of Nutrition Assessment</p>	
<p><i>For Pregnant Women and Postpartum Breastfeeding Women</i></p>	
<p>Did the WIC CPA explore the woman's knowledge about breastfeeding?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Did the WIC CPA explore the woman's thoughts and concerns regarding breastfeeding?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Did the WIC CPA ask the woman about her plans for breastfeeding (i.e., for a pregnant woman - whether she plans to breastfeed; for a breastfeeding woman - duration of plans for breastfeeding)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Did the WIC CPA assess the introduction of complementary foods as part of her breastfeeding assessment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, who initiated the conversation about the introduction of complementary foods?</p>	<p><input type="checkbox"/> WIC staff <input type="checkbox"/> Caregiver</p>
<p>Nutrition Education/Counseling (for low and high risk participants)</p>	
<p>Following the assessment of risk, was nutrition education/counseling provided to the participant/caregiver by the WIC CPA who conducted the assessment?</p> <p>If no, how was the nutrition education/counseling provided?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Provided in a one-on-one session by a different WIC staff person</p> <p><input type="checkbox"/> Provided during this visit in a group session</p> <p><input type="checkbox"/> Provided via on-site technology (e.g. computer, kiosk, tablet) Specify method _____</p> <p><input type="checkbox"/> To be provided via off-site technology (e.g. web-based) at another time Specify _____</p>

<p>During nutrition education, did the WIC staff specifically address any of the participant or caregiver's nutrition risks?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>To what extent did the nutrition education/counseling component of the visit specifically address the concerns expressed by the participant or caregiver during the assessment conversation?</p>	<input type="checkbox"/> All participant concerns addressed during nutrition education/counseling <input type="checkbox"/> Some, but not all of the concerns expressed by the participant were addressed during nutrition education/counseling <input type="checkbox"/> Participant's concerns were not addressed during nutrition education/counseling Observer comment to explain response choice: _____
<p>If there were many nutrition risks discussed and needs expressed by the participant or caregiver, how was the priority for topics for nutrition education/counseling determined?</p>	<input type="checkbox"/> Discussion with participant to determine her/his priorities <input type="checkbox"/> WIC staff identified the priorities using her/his judgment <input type="checkbox"/> No apparent prioritization of topics <input type="checkbox"/> Other, specify _____
<p>What nutrition and health topics were discussed during the nutrition education/counseling portion of the visit?)</p>	<i>(Mark all that apply)</i> <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Calcium Intake <input type="checkbox"/> Child feeding practices <input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Having enough to eat <input type="checkbox"/> Healthy meals <input type="checkbox"/> Healthy snacking <input type="checkbox"/> Healthy weight for child <input type="checkbox"/> Healthy weight for mother <input type="checkbox"/> Infant feeding practices <input type="checkbox"/> Introduction of solid foods <input type="checkbox"/> Iron/anemia <input type="checkbox"/> Medical issues (e.g. blood pressure, gestational)

	diabetes) <input type="checkbox"/> Milk choices/consumption <input type="checkbox"/> Physical activity <input type="checkbox"/> Picky eaters <input type="checkbox"/> Prenatal nutrition/diet <input type="checkbox"/> Protein intake <input type="checkbox"/> Shopping for and preparing healthy foods <input type="checkbox"/> Sugar-sweetened beverages <input type="checkbox"/> Vitamins and mineral supplements <input type="checkbox"/> Water consumption <input type="checkbox"/> Weaning from the bottle <input type="checkbox"/> Whole grains <input type="checkbox"/> Other _____
<p>Did the CPA help the participant set a personal behavior change goal or goals during this visit, based on input from the participant?</p> <p>If yes, did the educator help the participant or caregiver identify any challenges that might be faced in trying to reach the goal(s)?</p> <p>Did the education discuss how the participant or caregiver might handle the challenges?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Internal Referrals	
<p>During the visit, were any referrals made to internal resources offered by the WIC clinic other than general nutrition education?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, to what types of internal resources was the participant or caregiver referred to for help that day or follow-up after the visit?</p>	<p><i>(Mark all that apply)</i></p> <p><input type="checkbox"/> Peer counselor <input type="checkbox"/> WIC designated breastfeeding expert (DBE) <input type="checkbox"/> WIC registered dietitian <input type="checkbox"/> Other (specify): _____</p>
Referrals to External Health and Social Services	
<p>During the visit, were any referrals made to specific external health or social service programs or organizations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>If yes, to what types of other health and social service programs or organizations was the participant or caregiver referred to for help?</p>	<p><i>(Mark all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Breastfeeding support <input type="checkbox"/> Immunizations <input type="checkbox"/> Other Health services <input type="checkbox"/> Income support (TANF, SSI, UI) <input type="checkbox"/> SNAP/Food stamps <input type="checkbox"/> Medicaid/CHIP (we will determine what these programs are called in each state) <input type="checkbox"/> Substance use counseling <input type="checkbox"/> Domestic violence <input type="checkbox"/> Housing/Shelter <input type="checkbox"/> Child abuse prevention <input type="checkbox"/> Emergency food provider <input type="checkbox"/> Head Start <input type="checkbox"/> Other (Specify) <p>_____</p> <p>_____</p> <p>_____</p>
<p>If any external referrals were made, how was the referral made?</p>	<p><i>(Mark all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral was provided orally to the participant <input type="checkbox"/> Written information (e.g. brochure) was provided to the participant <input type="checkbox"/> WIC staff called the referral organization on behalf of the participant <input type="checkbox"/> WIC staff emailed the referral organization <input type="checkbox"/> WIC staff texted the referral information to the participant <input type="checkbox"/> Other (Specify) <p>_____</p> <p>_____</p>
<p>Participant Centered Communication Skills</p>	
<p><i>If the caregiver and/or participant sees more than one WIC staff person for the certification visit (starting with the nutrition risk assessment portion of the visit), complete this table of observation questions for the first WIC staff person seen during this visit.</i></p>	
<p>[IF IN-PERSON] Throughout the session, how often did the WIC CPA look directly at the participant (not at the computer)?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> For the majority of the time <input type="checkbox"/> For some but not the

<p>[IF REMOTE VIA VIDEO] Throughout the video call, how often did the WIC CPA look directly at the participant (i.e., without breaking eye contact to multitask or look at other screens)?</p> <p>[IF REMOTE VIA TELEPHONE, SKIP]</p>	<p>majority of the time</p> <p><input type="checkbox"/> Infrequently</p>
<p>Throughout the session, how often did the WIC CPA use open-ended questions?</p>	<p><input type="checkbox"/> Frequently</p> <p><input type="checkbox"/> A few times</p> <p><input type="checkbox"/> Never</p>
<p>Throughout the session when discussing current behaviors, progress and identified nutrition risks, to what extent did the WIC CPA affirm what the participant/caregiver was doing well, emphasizing strengths and positive behaviors rather than focus on her/his weaknesses, deficiencies or negative behaviors?</p>	<p><input type="checkbox"/> Always emphasized positive</p> <p><input type="checkbox"/> More often emphasized positive than negative, but not always</p> <p><input type="checkbox"/> More often emphasized negative than positive</p>
<p>Throughout the session, how often did the WIC CPA try to elicit the participant/caregiver's views and input?</p>	<p><input type="checkbox"/> Very Often</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Never</p>
<p>[IF IN-PERSON] Did the WIC CPA invite the participant to look at the computer screen for any purpose during the assessment?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Comment:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Throughout the session, in what other ways, if any, did the WIC staff appear attentive to the WIC participant or caregiver's needs or concerns?</p>	<p>Comment:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Throughout the session, in what ways, if any, did the WIC staff appear <u>not</u> attentive to the WIC participant or caregiver's needs or concerns?</p>	<p>Comment:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Closing Text at the End of the Observation:

Thank you for letting me listen and observe. I have learned a lot from this experience.

Note to Observer: After the participant leaves her/their assessment, ask the WIC CPA the following questions, using the nutrition risk checklist provided on the following pages.

GO TO APPENDIX C6a. IDENTIFIED RISKS DATA COLLECTION FORM