

**Infant (Birth to under 12 months)
Nutrition Questionnaire (English)**

1. Check all your baby has had in the last month:

- diarrhea constipation vomiting nausea reflux spitting up difficulty swallowing dental problems
 special diet _____ health or medical problem _____ food allergy or problem _____ none

2. Check all that your baby takes:

- medicine _____ herbal teas / herbal products _____
 vitamins / minerals _____ home remedies _____ none

3. Check all that your baby uses to eat or drink:

- breast baby bottle sippy cup his/ her fingers regular cup spoon or fork other _____

4. Do you have a working stove, refrigerator, and sink? Yes No

5. In one day (24 hours) how many does your baby usually have? _____ wet diapers per day _____ dirty diapers per day

6. Check all that you are feeding your baby and answer the following questions:

- Breastmilk** How many times do you breastfeed or give breastmilk in one day (24 hours)? _____
How long do you plan to breastfeed? _____
Are you having any problems with or do you have any questions about breastfeeding? Yes No If yes, _____
Do you ever pump your breastmilk? Yes No If yes, how many times per day? _____
- Infant Formula** Name of formula? _____
What Type? concentrate powder ready-to-feed
How do you make formula? Concentrate: _____ oz of formula to _____ oz of water
Powder: _____ scoops of formula to _____ oz of water
How many bottles does your baby drink in one day (24 hours)? _____ How many ounces are in each bottle? _____
What type of water do you use to mix the formula? city well bottled water bottled "nursery" water
Do you boil the water that is added to the formula? Yes No If boiled, for how long? _____ minutes
How are the baby bottles cleaned? _____

7. Check "Yes" or "No" to each question below:

- Does your baby fall asleep with a bottle? Yes No
Does your baby drink from a bottle that is being propped up? Yes No
Do you put cereal, other foods, or juice in your baby's bottle? Yes No
Is your baby fed breastmilk or formula that has been in the refrigerator for more than 24 hours? Yes No
Is your baby fed breastmilk or formula that has been in a bottle 1 hour after the start of a feeding? Yes No
Is your baby fed breastmilk or formula that has been in a bottle from an earlier feeding? Yes No

8. Check all the foods or beverages you give your baby:

- | | | | | | |
|---|---------------------------------------|--|---|--|--|
| <input type="checkbox"/> Breast milk | <input type="checkbox"/> Gatorade® | <input type="checkbox"/> Mixed dinners | <input type="checkbox"/> Luncheon meats | <input type="checkbox"/> Corn syrup | <input type="checkbox"/> nuts, seeds |
| <input type="checkbox"/> Cow's milk | <input type="checkbox"/> Kool-Aid® | <input type="checkbox"/> Meats | <input type="checkbox"/> hot dogs / sausage | <input type="checkbox"/> Honey | <input type="checkbox"/> peanut butter |
| <input type="checkbox"/> Soy milk | <input type="checkbox"/> Soda | <input type="checkbox"/> Fruits | <input type="checkbox"/> Fish | <input type="checkbox"/> Egg yolk (yellow) | <input type="checkbox"/> popcorn |
| <input type="checkbox"/> Goat's milk | <input type="checkbox"/> Tea | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Egg white | <input type="checkbox"/> hard candies |
| <input type="checkbox"/> Water | <input type="checkbox"/> Fruit drinks | <input type="checkbox"/> Desserts | <input type="checkbox"/> French fries | <input type="checkbox"/> Cheese | <input type="checkbox"/> marshmallows |
| <input type="checkbox"/> 100% Fruit Juice | | <input type="checkbox"/> Cereal | <input type="checkbox"/> Table food | <input type="checkbox"/> Yogurt | <input type="checkbox"/> added salt, gravy |
| <input type="checkbox"/> Other _____ | | | | | |

How do you know when your baby is hungry? _____

How do you know when your baby is full? _____

9. Do you have any questions or concerns about your baby's health, diet, feeding, growth or development?

- Yes No **If yes, please describe** _____

10. Please offer any suggestions on what WIC can do to better serve you and your family. _____



Nutrition Education Flow Sheet (Infant)

✓ Topics Discussed		Primary Education	Secondary Nutrition	Secondary Nutrition
			Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____
	Reinforce Good Points in Diet			
	Nutritional Value of WIC Foods			
Breastfeeding	Assessment of Latch & Positioning			
	Frequency/Duration/Encouragement			
	Supply & Demand / Supplementing			
	Growth Spurts			
	Problems / Barriers (Specify)			
Formula	Iron Fortified Formula			
	Formula Preparation			
	Techniques of Bottle Feeding			
General Nutrition	Spitting Up / Reflux			
	Delay Solids Until 5-6 Months			
	Beginning Solids (Type & Amounts)			
	Iron Fortified Infant Cereal			
	Offer Water Daily When Starting Solids			
	Single Food Introduction (Baby Foods)			
	Prevention of Choking			
	Encouraging Self Feeding Skills			
	↓ Empty Calories & Sweet Drinks			
	Dental Care / Weaning to Cup / Baby Bottle Caries			
Parenting Skills	Modeling Positive Behaviors			
	Stress Free Feeding			
	Picky Eating			
	Goal Setting			
	Immunizations			
	*Alcohol, Tobacco, Drugs & other Harmful Substances			
	Other: (Specify)			

Risk 401 – (Other Dietary Risk) Risk of Inappropriate Complementary Feeding Practices
Only use if no other risk is identified.

Inappropriate Nutrition Practices for Infants

WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.
 Yes No

- Breastmilk or Formula Substitute.^(6,8)

- Inappropriate use of bottles or Sugar-Containing Fluids.^(7,8)

- Inappropriate Introduction of Solid Foods.⁽⁸⁾

- Feeding Practices not Developmentally Appropriate.^(3,8)

- Potentially unsafe food consumption.^(6,7,8)

- Inappropriate Formula Preparation.⁽⁶⁾

- Restrictive Nursing.⁽⁶⁾

- Restrictive Diet.^(6,8)

- Lack of proper Sanitation.^(4,6,7)

- Potentially Harmful Dietary Supplements.⁽²⁾

- Lack of Essential Dietary Supplements.⁽²⁾

Note: the number(s) after each statement correspond to the related nutrition questionnaire.

*Required Documentation

Primary Nutrition Contact

Comments:	
*Plan / Goals:	
	*Sign./Title/Date: _____