Infant's Name: _____
Date of Birth: _____ Age _____
Name of Parent/Guardian: _____

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:**

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

STOP HERE

For Staff use Only

Nutrition Education Flow Sheet (Infant)

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