



BABY NUTRITION QUESTIONS (Birth through 4 months)

Baby's Name: _____	Birth Date: _____
Mother's age: 19 year & under 20 years & over	Name of person completing this form: _____

Please circle or write your answers to the following questions:

1. If you breastfeed your baby:
 How many times in 24 hours (day and night) do you breastfeed? _____
 How long does your baby breastfeed at each feeding? _____
 How is breastfeeding going? (not good) 1 2 3 4 5 (great)
 Do you have any formula at home? Yes No

2. If you feed your baby formula:
 What brand of formula do you give your baby? _____
 What kind? Powder Ready to Feed Concentrate
 Explain how you mix the formula: _____
 How many ounces of formula do you make for each feeding? _____
 How many ounces of formula does your baby drink at each feeding? _____
 How many times in 24 hours does your baby take a bottle of formula? _____
 How is formula feeding going? (not good) 1 2 3 4 5 (great)

3. If your baby uses a bottle:
 Where are all the places your baby takes a bottle?
 Bed Stroller Car Seat Held in someone's arms High-Chair
 Other _____

What does your baby drink from the bottle?

Nothing	Rice Water	Breastmilk
Cereal	Juice	Soda
Formula	Lemonade	Coffee
Water	Gatorade	Tea
Water with Sugar	Kool Aid or Punch	Manzanilla/Chamomile Tea
Water with Honey	Jello Water	Pedialyte
Water with Karo Syrup	Milk (Non-fat, Low-fat, Whole, Low Lactose)	Other _____

Please turn over →

For Staff Use Only:			
Date: _____		WIC Staff Name: _____	
WIC I.D. #: _____		Baby's: Length _____ Weight _____	
Immunization Assessment:			
DTaP doses needed by this age:		Check (✓) current IZ status below for all infants:	
3 mo. 1	5 mo. 2	__UTD	__Not UTD (Ref. & Ed. given)
		__No IZ Card	__N/A
If baby was enrolled by phone, update 'Presence at certification' in ISIS _____Completed _____N/A			



4. What foods does your baby eat?

No food yet

Baby Cereal: Rice, Oats, Barley or Mixed

Vegetable/Meat Dinners

Vegetables

Fruit

Meats

Egg Yolks

Egg Whites

Whole Eggs

Baby Desserts

Other _____

5. When is your baby's next doctor appointment? _____

6. Which does your baby get? None Vitamins Fluoride Iron Drops
Medicine Other _____

7. Which does your baby currently have? None Allergies Constipation Diarrhea Colic
Other _____

8. In the last 24 hours (day & night), how many wet diapers did your baby have? _____

How many dirty (poop) diapers did your baby have? _____

9. Circle the way you would describe your baby's poop:

Firm Hard & Pebble Soft Watery Other _____

10. How do you know when your baby is ready to eat? _____

How do you know when your baby is full? _____

11. Does your baby have trouble sucking or swallowing? (Does it take a long time to feed?) Yes No

12. Are you concerned that your baby is crying too much? Yes No

13. Are you concerned that your baby is not sleeping enough or sleeping too much? Yes No

14. Who helps you at home? _____

15. What nutrition and health questions would you like to discuss with your WIC counselor today? _____
