

BABY NUTRITION QUESTIONS (Birth–5 months)

Baby's Name: _____	Baby's Age: _____
--------------------	-------------------

Please circle or write your answers to the following questions:

1. What month is your baby's next doctor's appointment? _____
2. **In the last 24 hours (day & night), how many wet diapers did your baby have?** _____
How many dirty (poopy) diapers did your baby have? _____
3. Circle all the ways you would describe your baby's poop:
Color: *Black & Sticky* *Brownish to Greenish* *Yellowish & Seedy* *Other* _____
Texture: *Firm* *Hard & Pebbly* *Soft* *Watery* *Other* _____
4. **How do you know when your baby is ready to eat?** _____
How do you know when your baby is full? _____
5. **If you breastfeed your baby:**
How many times in 24 hours do you breastfeed? _____
 How is breastfeeding going? (*not good*) 1 2 3 4 5 (*great*)
6. **If you feed your baby formula:**
How often does your baby take a bottle of formula? _____
How many ounces of formula does your baby drink at a feeding? _____
What brand of formula do you give your baby? _____
Explain how you make the formula. _____
 How is formula feeding going? (*not good*) 1 2 3 4 5 (*great*)
7. **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 (list)* _____
 - ◆ **What does your baby drink from the bottle?**

<i>Water</i>	<i>Rice Water</i>	<i>Hi-C/Punch</i>	<i>Coffee</i>	<i>Breastmilk</i>
<i>Water with Sugar</i>	<i>Cereal</i>	<i>Soda</i>	<i>Tea</i>	<i>Formula</i>
<i>Water with Honey</i>	<i>Milk</i>	<i>Lemonade</i>	<i>Manzanilla/Chamomile Tea</i>	
<i>Water with Karo Syrup</i>	<i>Gatorade</i>	<i>Juice</i>	<i>Other</i> _____	
<i>Jell-O Water</i>	<i>Pedialyte</i>			
8. **What foods does your baby eat?**

<i>Baby Cereal: Rice, Oats, Barley or Mixed</i>	<i>Meats</i>	<i>Baby Desserts</i>
<i>Vegetable/Meat Dinners</i>	<i>Egg Yolks</i>	<i>Other</i> _____
<i>Vegetables</i>	<i>Egg Whites</i>	<i>None</i>
<i>Fruits</i>	<i>Whole Eggs</i>	
9. **I give my baby:** *Vitamins* *Fluoride* *Iron Drops* *Medicine* *None* *Other* _____
10. My baby currently has: *Allergies* *Wheezing* *Rash* *Constipation*
Diarrhea *Colic* *None* *Other* _____
11. What questions do you have about how your baby is eating and growing?

For Staff Use Only

Date: _____ WIC Staff Name: _____

Participant WIC ID #: _____ Length: _____ Weight: _____