

BABY NUTRITION QUESTIONS (BIRTH–5 MONTHS)

BABY'S NAME: _____ AGE: _____

Please answer the following questions:

1. How are you feeding your baby? Breastmilk Formula Both

2. What questions do you have about breastfeeding, or about how your baby is eating or growing?

3. How is your baby's feeding going for you? Not good Sometimes okay Okay Pretty good Great

4. In the last 24 hours (day & night) how many wet diapers did your baby have? _____
How many dirty (poopy) diapers did your baby have? _____ Describe your baby's poop (below), mark all that apply.
Color: Black & Sticky Brownish to Greenish Yellowish & Seedy Other
Texture: Firm Hard & Pebbly Soft Watery Other

5. How do you know your baby is hungry and ready to eat? _____

6. How do you know your baby is full? _____

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

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

9. Who helps you at home? _____

10. If you are breastfeeding, please answer these questions:
How many times in 24 hours (day and night) do you breastfeed? 1 2 3 4 5 6 7 8 9 10 11 12 12+
Does your baby seem satisfied after breastfeeding? Yes No
How long (months) do you plan to breastfeed? _____

11. If you are giving formula, please answer these questions:
Did you ever breastfeed this baby? No Yes, when was the last time? _____
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 _____
Where are all the places your baby takes a bottle? Bed Stroller Car seat Held by someone Other _____

12. Does your baby eat or drink anything besides breastmilk or formula? Nothing else Water Water with _____
 Juice Tea Cereal Other foods Other _____

13. Does your baby get: Vitamin drops Fluoride Iron drops Medicine None Other _____

14. Does your baby have: Allergies Wheezing Rash Constipation Diarrhea Colic None Other _____

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

**STAFF
USE
ONLY**

Date: _____ WIC Staff Name: _____

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



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