BABY NUTRITION QUESTIONS (BIRTH–5 MONTHS)

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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