

Health & Nutrition Questionnaire
Baby: Birth - 4 months

Staff Use Only:

Baby's name: _____ Baby's Age: _____

At today's visit, we will talk about:

- * How your baby is eating and growing
- * Ways to keep your baby healthy
- * Questions you may have

Please answer the following questions:

Did your baby need any special care after (s)he was born?

- No
- Yes: _____

When was your baby's last regular check-up at the doctor? _____

Do you give your baby any of the following?

- Iron No Yes
- Fluoride No Yes
- Vitamin D No Yes
- Medication No Yes: _____

Is your baby breastfed?

- Yes, feeding only breastmilk
- Yes, feeding some breastmilk and some formula
- Not now, but he/she was breastfed for ____# of weeks
- Never breastfed

If your baby drinks formula:

At what age did he or she start? _____

_____ powder concentrate
name of formula #ounces per day

How is formula feeding going?

- Going well, my baby is feeding well
- My baby is having some difficulty
- My baby is fussy and/or throws up often

Do you boil the water used to make formula for 1 minute?

- No
- Yes

Describe how you make a bottle for your baby:

The water used for making formula is:

- Well or spring water
- City/town water
- Bottled water

How often is your baby around someone who smokes (includes home, childcare, and car)?

- Never
- 3 days per week or less
- 4 days per week or more
- person only smokes outside

Date: _____

♣ Medical Home: Y N

Provider: _____

IZ utd: Y N

- request
- IZ not begun

♣ Growth pattern:

01 03 04 06 07 08 09 12

♣ Health/medical

10 13 14 15 16 17
18 19 31 32 33 34
35 36 37 38 39 40 41

♣ Breastfeeding

72 77 85.7

♣ Formula feeding

85.____

Family support:

90 92 96 97

63

If your baby uses a bottle, do you add cereal or other foods to the bottle?

- No
- Yes if yes, what? _____

Does your baby take a bottle to sleep at naptime or bedtime?

- No
- Yes

Do you wipe your baby's gums?

- No
- Yes

Do you give your baby anything to eat or drink other than breastmilk or formula?

- No
- Yes: if yes, what? _____

My baby is fed: _____ times during the day

_____ times during the night

I know my baby wants to eat when he or she:

I know my baby is full when he or she:

In which position do you usually put your baby down to sleep?
(choose one):

- Back
- Side
- Tummy

I would like to learn more about.....

- Breastfeeding
- Pumping/storing breastmilk
- Formula feeding
- When to Introduce solid foods
- How to take care of my baby's gums
- Activities for my baby
- Parent groups in my area
- Food resources in my area
- Other: _____

♣ Nutrition practices:

64 71 85.____ 88

♣ Topics discussed:

♣ Educational materials given:

- None
- Let's Eat!
- Out and About
- Feeding is a Happy Time
- Make Your Own Baby Food
- Playing With Your Baby
- Other:

♣ Referrals:

- None
- CIS Declined
- Provider/medical home
- Other:

♣ Parent's SMART plan for baby is:

♣ Next steps:

Invited to group/nutrition activity:

Other:

INCP

- Phone call in _____ weeks
- Weight check _____ WIC _____ MD
- Appt with _____ Nutritionist _____ Nurse
_____ Breastfeeding designee
- Other:

♣ Food package:

- J mostly bf
- G some bf/full formula
- Z fully bf
- F medical formula

♣ Staff signature & Title

