

Health & Nutrition Questionnaire
Older Baby: 5 -10 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:

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

Has there been any change in your child's health since your last WIC visit?

- No
- Yes: _____
- Not on WIC before

My baby is growing:

- Too slow
- Just enough
- Too fast

Do you give your baby any of the following? (check all that apply)

- Iron
- Fluoride
- Vitamin D
- Children's Vitamins
- Medication(s): _____
- None of the above

Is your baby breastfed?

- Yes, feeding only breastmilk
- Yes, feeding some breastmilk and some formula
- Not now, but (s)he was breastfed for _____# of months and we stopped because:
- Never breastfed

Does your baby drink formula?

- No
- Yes: _____ name of formula # ounces per day

If your baby drinks formula, at what age did he or she start? _____

The water I use for making formula is:

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

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

- No
- Yes

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

Over Please.....

Date:

♣ Medical home: Y N
Provider: _____

IZ utd: Y N
 request

♣ Growth pattern:
01 03 04 06 07 08 09 12

♣ Health/medical
10 11 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? _____

My baby has tried the following foods/beverages:

- | | | |
|--|--|--|
| <input type="checkbox"/> Baby cereal | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Fruits |
| <input type="checkbox"/> Regular cereal | <input type="checkbox"/> Meats | <input type="checkbox"/> Beans |
| <input type="checkbox"/> Noodles or rice | <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Bread or tortillas | <input type="checkbox"/> Baby desserts | <input type="checkbox"/> Cookies or sweets |
| <input type="checkbox"/> Baby dinners | <input type="checkbox"/> 100% juice | <input type="checkbox"/> Fruit punch |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Soda or pop | <input type="checkbox"/> Water |
| <input type="checkbox"/> Has not started solid foods yet | | |

Is your baby allergic to any foods?

- No
- Yes : _____

My baby eats:

- Too little
- Just enough
- Too much

My baby eats with us at family mealtimes:

- Most of the time
- Sometimes
- Rarely

My baby eats with: (check all that apply)

- Fingers
- Spoon
- Fork
- Is fed by adult

My baby drinks from a: (check all that apply)

- Cup
- Sippy cup
- Bottle

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

I know my baby is full when he or she:

Do you wipe your baby's gums?

- No
- Yes

Does your baby use a pacifier?

- No
- Yes

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

- Making my own baby food
- When my baby can feed herself
- Foods my baby can try
- Family meals
- How to take care of my baby's teeth
- Activities for my baby's age
- Weaning
- Play groups in my area
- Food resources in the area
- Other: _____

♣ Nutrition practices:
64 71 85.____ 88

♣ Topics discussed:

♣ Ed materials given:

- None
- Let's Eat!
- Learning to Eat
- Fruits & Vegetables
- 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 fully/mostly bf
H some bf/full formula
Z no foods
F medical formula

Omissions:

♣ Staff signature & Title