

# WIC Nutrition/Health Assessment – Infant

Baby's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the following questions to help WIC staff better understand your baby's needs.**

1. How much did the baby weigh at birth?  
\_\_\_\_lbs\_\_\_\_oz  
What was the baby's length at birth? \_\_\_\_\_ inches
2. I feed my baby:  
 Human milk from baby's mother  
 Human milk from another source  
 Formula: \_\_\_\_\_  
 Water  
 Juice  
 Tea / Coffee / Soft drinks / Kool-Aid  
 Pedialyte / Gatorade  
 Other: \_\_\_\_\_
3. If breastfeeding, how is breastfeeding going?  
\_\_\_\_\_  
\_\_\_\_\_
4. How many wet diapers does your baby have in 24 hours? \_\_\_\_\_
5. What does a typical "poop" look like for your baby? \_\_\_\_\_  
How many in 24 hours? \_\_\_\_\_
6. How many feedings does your baby take in 24 hours? (Include day & night feedings) \_\_\_\_\_
7. Do you hold your baby during feedings?  
 Yes  No
8. If you use bottles, how many ounces does your baby consume at each feeding? \_\_\_\_\_ Ounces
9. If you mix formula, what kind of water do you use:  
\_\_\_\_\_  N/A
10. If your baby does not finish a bottle, do you save the extra for another feeding?  
 Yes  No  N/A
11. Is anything other than human milk, formula, or water put in the bottle?  Yes  No  N/A
12. Does your baby drink a bottle in bed or carry a bottle around during the day?  Yes  No  N/A
13. Does your baby take daily vitamins or minerals?  
 Yes  No  Unsure  
If yes, are they taken as instructed?  
 Yes  No  Unsure  
Does your baby take a supplement with vitamin D?  
 Yes  No  Unsure  
Does your baby take any herbal or botanical supplement(s)?  Yes  No
14. Does your baby eat any solid foods?  
 Yes  No  N/A  
If yes, check all that apply  
 Fruits  Vegetables  
 Cereal  Meats  
 Eggs  Other: \_\_\_\_\_  
Were any foods introduced to your baby before 6 months of age?  Yes  No  N/A
15. Is your baby offered any of the following?  
 Raw or undercooked meat, fish, poultry, eggs  
 Raw sprouts like alfalfa or bean sprouts  
 Unheated lunch meats, hot dogs, processed meats  
 Soft cheeses like Brie, Feta, Queso Fresco  
 Raw or unpasteurized milk or juice  
 Honey  
 My baby is not offered any of these foods
16. Did the mother have any medical/health problems during pregnancy?  Yes  No
17. Has your baby entered the foster care system in the last 6 months?  Yes  No  
Has your baby changed foster homes in the last 6 months?  Yes  No
18. Does your baby visit a doctor for routine check-ups?  Yes  No
19. Tell me about any health issues your baby has:  
\_\_\_\_\_  
\_\_\_\_\_
20. Have these health issues been diagnosed by your baby's doctor?  Yes  No
21. What activities and play time do you enjoy with your baby? \_\_\_\_\_
22. If you could wish for one healthy habit for your baby in the next six months, what would it be? \_\_\_\_\_

**This institution is an equal opportunity provider.**

----- THIS SIDE IS FOR WIC STAFF TO COMPLETE -----

Below are suggested questions to facilitate WIC discussion.

- How is feeding going? *(Fed by strict schedule or is schedule baby-led?)*
  
- How do you know your baby is hungry? *(Baby behavior)*  
How do you know your baby is full?
  
- How do you pump and store your milk? *(Assess for sanitation and proper storage)*
  
- How do you fix a bottle? *(Assess for sterilization, sanitation, proper dilution and mixing, and storage)*
  
- Tell me about foods the baby is taking. *(Assess for developmentally appropriate foods, developmental readiness for solids, early introduction of solids, sanitation, refeeding leftovers, using a spoon with solids)*
  - What foods are being offered?
  - How do you prepare baby's food?
  - How did you know it was time to offer foods?
  
- What concerns do you have about your baby's health?
  
- How do you care for your baby's gums and teeth?
  
- What has been helpful at this visit?

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