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?