Infant Questionnaire

Baby's Name _____ Date _____

Name of person completing form _____ Relationship to baby_____

Please answer these questions to help with your WIC visit today.

1. Does anyone smoke inside your home? ❒ Yes ❒ No

2. What does your household use for drinking water?
   ❒ city/town/county water ❒ well water ❒ bottled water ❒ other

3. Does the refrigerator in your home work? ❒ Yes ❒ No

4. Does the stove in your home work? ❒ Yes ❒ No

5. In the past month, have there been days when you did not have enough food or money to buy food? ❒ Yes ❒ No

6. When was your baby's last visit to the doctor?

7. Was your baby born prematurely (early)? ❒ Yes ❒ No

8. Has the doctor said your baby has any health problems? ❒ Yes ❒ No
   If "yes", list problem(s):

9. What concerns do you have about your baby's health?

10. Most days, do you wash or brush your baby's gums or teeth? ❒ Yes ❒ No

11. Which of these are problems for your baby?
    ❒ sucking or swallowing ❒ vomiting or spitting up ❒ constipation ❒ diarrhea
    ❒ other _____ ❒ none

12. Which of these does your baby take?
    ❒ vitamin D ❒ other vitamins ❒ fluoride supplement ❒ medicine from doctor
    ❒ over-the-counter medicine ❒ herbal supplement
    ❒ other _____ ❒ none

13. Are your baby's shots up-to-date? ❒ Yes ❒ No

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14. How many wet diapers does your baby have in 24 hours?

15. How many stools or dirty diapers does your baby have in 24 hours?

16. Is your baby breastfed? ❒ Yes ❒ No
    If "yes" how many times in 24 hours do you breastfeed your baby?

17. Is your baby fed breast milk from a bottle? ❒ Yes ❒ No

18. Does your baby drink formula? ❒ Yes ❒ No
    - If "yes", what kind of formula?
    - How much formula does your baby take in a 24- hour period?

19. How is the formula prepared?

20. If your baby doesn't finish a bottle, what do you do with the leftover breast milk or formula?

21. If your baby takes a bottle:
    - Is your baby held while being fed? ❒ Yes ❒ No
    - Is your baby put to bed with a bottle? ❒ Yes ❒ No

22. Is your baby fed anything besides breast milk or formula? ❒ Yes ❒ No
    If "yes", what else do you give your baby?

23. If your baby drinks anything besides breast milk or formula, what is used? (Check all that apply.)
    ❒ bottle ❒ cup with no lid ❒ cup with lid and spout (sippy cup) ❒ other

24. If your baby is fed solid foods, how is food given? (Check all that apply.)
    ❒ in bottle ❒ with spoon ❒ baby feeds self ❒ other

25. How often is your baby put on the floor for some active play?
    ❒ most days ❒some days ❒ not very often

26. How often is your baby put in front of the TV?
    ❒ most days ❒ some days ❒ not very often

27. What would you like to talk to the nutritionist about today?

Thank you!