

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
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? _____

13. Does your baby take daily vitamins or minerals?
 Yes No
Does the supplement contain 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

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----- 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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