

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?
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?
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15. How many stools or dirty diapers does your baby have in 24 hours?
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16. Is your baby breastfed? Yes No
If "yes" how many times in 24 hours do you breastfeed your baby?
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17. Is your baby fed breast milk from a bottle? Yes No
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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?
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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?
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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
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22. Is your baby fed anything besides breast milk or formula? Yes No
If "yes", what else do you give your baby?
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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
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24. If your baby is fed solid foods, how is food given? (Check all that apply.)
 in bottle with spoon baby feeds self other
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25. How often is your baby put on the floor for some active play?
 most days some days not very often
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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?
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Thank you!