

### ***Baby Nutrition Questions* Take Home Activity**

- 1. Circle each question on the questionnaire that relates to baby cues.**
- 2. Write what you might ask this parent to learn more about her baby's behavior?**
- 3. Write what you might say to affirm what the parent has told you?**
- 4. Write one Baby Behavior message that you might share with the parent or caregiver about their baby's cue(s). (*Use the conversation starters*)**

# BABY NUTRITION QUESTIONS (BIRTH–5 MONTHS)

BABY'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Please answer the following questions:

1. How are you feeding your baby?  Breastmilk  Formula  Both

2. What questions do you have about breastfeeding, or about how your baby is eating or growing?  
\_\_\_\_\_

3. How is your baby's feeding going for you?  Not good  Sometimes okay  Okay  Pretty good  Great

4. In the last 24 hours (day & night) how many wet diapers did your baby have? \_\_\_\_\_  
How many dirty (poopy) diapers did your baby have? \_\_\_\_\_ Describe your baby's poop (below), mark all that apply.  
Color:  Black & Sticky  Brownish to Greenish  Yellowish & Seedy  Other  
Texture:  Firm  Hard & Pebbly  Soft  Watery  Other

5. How do you know your baby is hungry and ready to eat? \_\_\_\_\_

6. How do you know your baby is full? \_\_\_\_\_

7. Are you concerned that your baby is crying too much?  Yes  No

8. Are you concerned that your baby is not sleeping enough or sleeping too much?  Yes  No

9. Who helps you at home? \_\_\_\_\_

10. If you are breastfeeding, please answer these questions:  
How many times in 24 hours (day and night) do you breastfeed? 1 2 3 4 5 6 7 8 9 10 11 12 12+  
Does your baby seem satisfied after breastfeeding?  Yes  No  
How long (months) do you plan to breastfeed? \_\_\_\_\_

11. If you are giving formula, please answer these questions:  
Did you ever breastfeed this baby?  No  Yes, when was the last time? \_\_\_\_\_  
How often does your baby take a bottle of formula? \_\_\_\_\_  
How many ounces of formula does your baby drink at a feeding? \_\_\_\_\_  
What brand of formula do you give your baby? \_\_\_\_\_  
Explain how you make the formula \_\_\_\_\_  
Where are all the places your baby takes a bottle?  Bed  Stroller  Car seat  Held by someone  Other \_\_\_\_\_

12. Does your baby eat or drink anything besides breastmilk or formula?  Nothing else  Water  Water with \_\_\_\_\_  
 Juice  Tea  Cereal  Other foods  Other \_\_\_\_\_

13. Does your baby get:  Vitamin drops  Fluoride  Iron drops  Medicine  None  Other \_\_\_\_\_

14. Does your baby have:  Allergies  Wheezing  Rash  Constipation  Diarrhea  Colic  None  Other \_\_\_\_\_

15. When is your baby's next doctor's appointment? \_\_\_\_\_

**STAFF  
USE  
ONLY**

Date: \_\_\_\_\_ WIC Staff Name: \_\_\_\_\_

Participant WIC ID#: \_\_\_\_\_ Length: \_\_\_\_\_ Weight: \_\_\_\_\_

