

BABY NUTRITION QUESTIONS (BIRTH–5 MONTHS)

BABY'S NAME: Alyssa AGE: 3 weeks

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?

My baby is always fussy after breastfeeding and wakes up all night to feed

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? 6-8

How many dirty (poopy) diapers did your baby have? 2-3 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? She eats every 3 hours

6. How do you know your baby is full? Finished her bottle or falls asleep

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? My Husband

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? As long as I have milk

11. If you are giving formula, please answer these questions:

Did you ever breastfeed this baby? No Yes, when was the last time? Today

How often does your baby take a bottle of formula? After breastfeeding

How many ounces of formula does your baby drink at a feeding? 2 oz

What brand of formula do you give your baby? Enfamil Premium

Explain how you make the formula 2oz water per 1 scoop

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? in 1 week

STAFF USE ONLY	Date: _____	WIC Staff Name: _____		
	Participant WIC ID#: _____	Length: _____	Weight: _____	

