

BABY/CHILD NUTRITION QUESTIONS (6–23 months)

Baby's/Child's Name: <i>Jasmine</i>	Baby's/Child's Age: <i>1 yr.</i>
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Please circle or write your answers to the following questions:

1. What month is your baby's/child's next doctor's appointment? in 2 weeks
2. How do you know when your baby/child is ready to eat? asks for food
How do you know when your baby/child is full? stops eating
3. If you breastfeed your baby/child:
How many times in 24 hours do you breastfeed? once a day (at night)
How is breastfeeding going? (not good) 1 2 **3** 4 5 (great)

4. If you feed your baby/child formula:
How often does your baby/child take a bottle of formula? _____
How many ounces of formula does your baby/child drink at a feeding? _____
What brand of formula do you give your baby/child? _____
Explain how you make the formula. _____
How is formula feeding going? (not good) 1 2 3 4 5 (great)

5. If your baby or child uses a bottle or a cup:
 - ◆ Where are all the places your baby/child takes a bottle or a **cup**? Bed Stroller **Car Seat**
Held in someone's arms High-Chair Holds his/her own bottle Other (list) _____
 - ◆ What does your baby/child drink from a bottle or a **cup**?

<u>Water</u>	Rice Water	Hi-C/Punch	Coffee	Breastmilk
Water with Sugar	Cereal	Soda	Tea	Formula
Water with Honey	Skim Milk	Lemonade	Manzanilla/Chamomile Tea	
Water with Karo Syrup	Lowfat Milk	Juice	Pedialyte	
Jell-O Water	Whole Milk	Gatorade	Other _____	

6. What do you feed your baby/child? **Family/Table Food** Baby Food in Jars Both None

7. Which textures of food do you feed your baby/child?
Pureed Chunky Chopped **Soft Pieces** Other finger foods

8. What foods does your baby/child eat?

<u>Cold/Hot Cereal</u>	<u>Beef/Chicken</u>	Fish	<u>Fruits</u>	Yogurt	<u>Crackers</u>
<u>Rice</u>	<u>Eggs Yolks</u>	Whites	<u>Vegetables</u>	Ice Cream	Candy
<u>Noodles/Spaghetti</u>	<u>Peanut Butter</u>		<u>Beans</u>	Pudding/Custard	Nuts
<u>Tortillas</u>	<u>Meat Sticks</u>		<u>Soup</u>	Popsicles	Popcorn
<u>Bread/Toast</u>	<u>Hotdogs</u>		<u>Cheese</u>	Raisins	Cookies
<u>French Fries</u>	<u>Chips</u>		<u>Tofu</u>	Other (list) _____	Honey

9. My baby/child uses the following: **Breast** Bottle **Cup** **Spoon** Fork **Fingers**

10. I give my baby/child: Vitamins Fluoride Iron Drops Medicine **None** Other _____

11. My baby/child currently has: Allergies Wheezing Rash Constipation Diarrhea **None**

12. Has your child had a blood lead test? Yes **No** If yes, when? _____

13. What questions do you have about your baby's/child's eating and growth?
Is breastfeeding making my child not gain weight?

For Staff Use Only

Date: _____ WIC Staff Name: _____

Participant WIC ID #: _____ Length/Height: _____ Weight: _____

