

### BABY/CHILD NUTRITION QUESTIONS (6–23 months)

Baby's/Child's Name: <u>Carlos Marillo</u>	Baby's/Child's Age: <u>23 months</u>
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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? next month

2. How do you know when your baby/child is ready to eat? he asks for food  
 How do you know when your baby/child is full? he pushes his plate away

3. If you breastfeed your baby/child:  
 How many times in 24 hours do you breastfeed? 1-2 times 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? No 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: No bottle

◆ 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) Cup at table

◆ What does your baby/child drink from a bottle or a cup?

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

8. What foods does your baby/child eat?

<u>Cold/Hot Cereal</u>	<u>Beef/Chicken/Fish</u>	<u>Fruits</u>	Yogurt	<u>Crackers</u>
<u>Rice</u>	<u>Eggs Yolks Whites</u>	<u>Vegetables</u>	Ice Cream	Candy
Noodles/Spaghetti	Peanut Butter	<u>Beans</u>	Pudding/Custard	Nuts
<u>Tortillas</u>	Meat Sticks	<u>Soup</u>	Popsicles	Popcorn
Bread/Toast	<u>Hotdogs</u>	<u>Cheese</u>	Raisins	<u>Cookies</u>
French Fries	<u>Chips</u>	Tofu	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? at 1 year

13. What questions do you have about your baby's/child's eating and growth?  
IS he too small?

**For Staff Use Only**

Date: 12/10/13 WIC Staff Name: \_\_\_\_\_

Participant WIC ID #: 622215610 CU Length/Height: 31 3/4" Weight: 22 1/2 lbs

