

BABY NUTRITION QUESTIONS (BIRTH-5 MONTHS)

BABY'S NAME: Will AGE: 3wks

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?
He cries all the time and is never full!!

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? 12
How many dirty (poopy) diapers did your baby have? 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? Cries

6. How do you know your baby is full? Stops crying

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? Boyfriend and his mom

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? Don't know

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? 2 wks

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Date: _____ WIC Staff Name: _____

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



BABY NUTRITION QUESTIONS (BIRTH-5 MONTHS)

BABY'S NAME: GUSTAVO AGE: 3 wks

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?
Can I get a can of formula, just in case he needs it?

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
How many dirty (poopy) diapers did your baby have? 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? Cries, sucks hand

6. How do you know your baby is full? Turns away, sleeps

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 mom

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? 6

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? In 1 wk

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Date: _____ WIC Staff Name: _____

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



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BABY NUTRITION QUESTIONS (BIRTH-5 MONTHS)

BABY'S NAME: Sammie AGE: 2 WKS

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?

Need to go back to work soon-pumping milk now

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? 8

How many dirty (poopy) diapers did your baby have? 2 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? Cries

6. How do you know your baby is full? Stops nursing

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? 5 months

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? 2 x a day

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

What brand of formula do you give your baby? Entamil

Explain how you make the formula 2 oz water - 1 scoop 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? 2 WKS

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BABY NUTRITION QUESTIONS (BIRTH-5 MONTHS)

BABY'S NAME: Carrie AGE: 2 wks

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?

I think she's getting skinner - doesn't nurse too much now

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? 2

How many dirty (poopy) diapers did your baby have? none 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? Cries - looks for breast

6. How do you know your baby is full? Let's go of nipple, 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? Sister

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? 8 months

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? No doctor

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Date: _____ WIC Staff Name: _____

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

