

BABY NUTRITION QUESTIONS (BIRTH-5 MONTHS)

BABY'S NAME: Jayden This baby is healthy & growing well! AGE: 14 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?
He's growing great
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? When it is meal time
6. How do you know your baby is full? When he 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? Partner
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? 3 days old
How often does your baby take a bottle of formula? about 12 times-a-day
How many ounces of formula does your baby drink at a feeding? 4 to 8 oz
What brand of formula do you give your baby? enfamil lipil
Explain how you make the formula 1 scoop per 2 oz of water
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 Tastes of what we are eating
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? Two Weeks