

BABY/CHILD NUTRITION QUESTIONS (6–23 months)

Baby's/Child's Name: <u>Edgar Salazar</u>	Baby's/Child's Age: <u>18 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? says he is hungry
How do you know when your baby/child is full? plays with food
3. If you breastfeed your baby/child:
How many times in 24 hours do you breastfeed? no
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~~ ^{milk}? 4 times a day
How many ounces of ~~formula~~ does your baby/child drink at a feeding? 8 ounces
What brand of formula do you give your baby/child? _____
Explain how you make the formula. Whole milk
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?

Water	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	<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>	Fruits	Yogurt	Crackers
Rice	<u>Eggs Yolks Whites</u>	Vegetables	<u>Ice Cream</u>	Candy
<u>Noodles/Spaghetti</u>	<u>Peanut Butter</u>	<u>Beans</u>	<u>Pudding/Custard</u>	Nuts
<u>Tortillas</u>	Meat Sticks	Soup	<u>Popsicles</u>	Popcorn
<u>Bread/Toast</u>	<u>Hotdogs</u>	<u>Cheese</u>	Raisins	<u>Cookies</u>
French Fries	Chips	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? 1 year
13. What questions do you have about your baby's/child's eating and growth?
is he drinking too many bottles?

For Staff Use Only

Date: 6/5/13 WIC Staff Name: _____

Participant WIC ID #: 393215314ES Length/Height: 30 1/4" Weight: 31 lbs

