

Health & Nutrition Questionnaire  
Older Baby: 5 -10 months

Baby's name: \_\_\_\_\_ Baby's Age: \_\_\_\_\_

At today's visit, we will talk about:

- \* How your baby is eating
- \* Ways to keep your baby healthy
- \* How your baby is growing
- \* Questions you may have

**Please answer the following questions:**

When was your baby's last well child visit? \_\_\_\_\_

Has there been any change in your child's health since your last WIC visit?

- No
- Yes: \_\_\_\_\_
- Not on WIC before

My baby is growing:

- Too slow
- Just enough
- Too fast

Do you give your baby any of the following?

- Iron  No  Yes
- Fluoride  No  Yes
- Vitamin D  No  Yes
- Children's Vitamins  No  Yes
- Medication  No  Yes: \_\_\_\_\_

Is your baby breastfed?

- Yes, feeding only breastmilk
- Yes, feeding some breastmilk and some formula
- Not now, but he/she was breastfed for \_\_\_\_\_ # of months
- Never breastfed

Does your baby drink formula?

- No
- Yes: \_\_\_\_\_  
name of formula # ounces per day

If your baby drinks formula, at what age did he or she start? \_\_\_\_\_

The water I use for making formula is:

- Well or spring water
- City/town water
- Bottled water

Does your baby take a bottle to sleep at naptime or bedtime?

- No
- Yes

How often is your baby around someone who smokes (includes home, childcare, and car)?

- Never
- 3 days per week or less
- 4 days per week or more
- person only smokes outside

Over Please.....

**Staff use only:**

♣ Medical home: Y N  
Provider: \_\_\_\_\_

IZ utd: Y N  
 request

♣ Growth pattern:  
01 03 04 06 07 08 09

♣ Health/medical  
10 11 13 14 15 16 17  
18 19 31 32 33 34 35  
36 38 39 40 41

♣ Breastfeeding  
72 77

♣ Formula feeding  
85

Family environment:  
90 96 97

63

If your baby uses a bottle, do you add cereal or other foods to the bottle?

- No
- Yes if yes, what? \_\_\_\_\_

My baby has tried the following foods/beverages:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Baby cereal                     | <input type="checkbox"/> Vegetables        | <input type="checkbox"/> Fruits            |
| <input type="checkbox"/> Regular cereal                  | <input type="checkbox"/> Meats             | <input type="checkbox"/> Beans             |
| <input type="checkbox"/> Noodles or rice                 | <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> Eggs              |
| <input type="checkbox"/> Bread or tortillas              | <input type="checkbox"/> Baby desserts     | <input type="checkbox"/> Cookies or sweets |
| <input type="checkbox"/> Baby dinners                    | <input type="checkbox"/> 100% juice        | <input type="checkbox"/> Fruit punch       |
| <input type="checkbox"/> Milk                            | <input type="checkbox"/> Soda or pop       | <input type="checkbox"/> Water             |
| <input type="checkbox"/> Has not started solid foods yet |  |  |

Is your baby allergic to any foods?

- No
- Yes : \_\_\_\_\_

My baby eats:

- Too little
- Just enough
- Too much

My baby eats with us at family mealtimes:

- Most of the time
- Sometimes
- Rarely

My baby eats with: (check all that apply)

- Fingers
- Spoon
- Fork
- Is fed by adult

My baby drinks from a: (check all that apply)

- Cup
- Sippy cup
- Bottle

I know my baby wants to eat when he or she:

\_\_\_\_\_

I know my baby is full when he or she:

\_\_\_\_\_

Do you wipe your baby's gums?

- No
- Yes

Does your baby use a pacifier?

- No
- Yes

I would like to learn more about.....

- Making my own baby food
- When my baby can feed herself
- Foods my baby can try
- Family meals
- How to take care of my baby's teeth
- Activities for my baby's age
- Weaning
- Play groups in my area
- Food resources in the area
- Other: \_\_\_\_\_

**Staff use only:**

♣ Nutrition practices:  
64 71 85 88

♣ Topics discussed:

♣ Ed materials given:

- None
- Feeding Guide
- Loving Support materials
- Guide to Healthy Baby (Spangler)
- Making Own Baby Food
- Playing With Your Baby
- Other:

♣ Referrals:

- None
- HBKF..... Declined
- Provider/medical home
- \_\_\_\_\_

♣ Parent's SMART plan for baby is:

♣ Nutrition follow up/next steps:

- INCP
- Phone call
- Weight check
- Clinic or office visit
- Invited to group/nutrition activity:
- Other:

♣ Food package: H J Z  
Omissions:

♣ Staff signature & title

♣ Date of visit