

WIC Nutrition/Health Assessment – Infant

Name: _____ Date of Birth: _____ Today's Date: _____

1. At birth, how many weeks gestation was your baby?
_____ weeks
2. How much did baby weigh at birth? _____ lbs _____ oz
3. What was baby's length at birth? _____ inches
4. I feed my baby:
☐ Human milk from baby's mother
☐ Human milk from another source
☐ Formula: _____
☐ Water
☐ Juice
☐ Tea/Coffee/Soft drinks/Kool-Aid
☐ Pedialyte/Gatorade
☐ Other: _____
5. How many feedings does your baby take in 24 hours?
(Include day & night feedings)
Human milk _____ Formula _____ oz
6. If using bottles, how many ounces does your baby consume at each feeding?
Human milk _____ oz Formula _____ oz
7. If you mix formula, what kind of water is used?
_____ ☐ N/A
8. If your baby does not finish a bottle, do you save the extra for another feeding? ☐ Yes ☐ No ☐ N/A
9. Is anything other than human milk, formula, or water put in the bottle? ☐ Yes ☐ No ☐ N/A
10. Does your baby drink a bottle in bed or carry a bottle around during the day? ☐ Yes ☐ No ☐ N/A
11. Do you hold your baby during feedings?
☐ Yes ☐ No
12. If breastfeeding, how is it going?

Do you pump & store milk? ☐ Yes ☐ No
13. Does your baby eat any solid foods?
☐ Yes ☐ No ☐ N/A
If yes, check all that apply:
☐ Fruits ☐ Meats
☐ Vegetables ☐ Eggs
☐ Cereal ☐ Other: _____
14. Were any foods introduced to your baby before 6 months of age? ☐ Yes ☐ No
15. Is your baby offered any of the following? Check all that apply:
☐ Raw or undercooked meat, fish, poultry, eggs
☐ Raw sprouts like alfalfa or bean sprouts
☐ Unheated: lunch meats, hot dogs, processed meats
☐ Unpasteurized soft Cheeses like Brie, Feta, Queso Fresco
☐ Raw or unpasteurized milk or juice
☐ Honey
16. Does your baby take daily vitamins or minerals?
☐ Yes ☐ No ☐ Unsure
If yes, are they taken as instructed?
☐ Yes ☐ No ☐ Unsure
Does your baby take a vitamin D supplement?
☐ Yes ☐ No ☐ Unsure
Does your baby take any herbal or botanical supplements? ☐ Yes ☐ No
17. How many wet diapers does your baby have in 24 hours?

18. Does your baby visit a health care provider for routine check-ups? ☐ Yes ☐ No
19. Did the mother have any medical/health problems during pregnancy? ☐ Yes ☐ No
20. Has your baby entered the foster care system in the last 6 months? ☐ Yes ☐ No
21. Has your baby changed foster homes in the last 6 months? ☐ Yes ☐ No
22. What health issues does your baby have, if any?

Have these health issues been diagnosed by your baby's health care provider? ☐ Yes ☐ No
23. How do you care for your baby's gums and teeth?

24. What would you like to discuss or learn more about today?
☐ Healthy sleep
☐ Playtime activities
☐ Feeding my baby
☐ Care for baby's gums & teeth
☐ Breastfeeding
☐ Other: _____

Staff Use Only:

- How is feeding going? How do you know when your baby is hungry/full? How do you fix a bottle?

This institution is an equal opportunity provider.