

# Infant Questionnaire

Baby's Name \_\_\_\_\_ Date \_\_\_\_\_

Name of person completing form \_\_\_\_\_ Relationship to baby \_\_\_\_\_

Date of Measurements \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please answer these questions to help with your WIC visit today.

1. How many people live in your house? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

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2. Does anyone in your household smoke?  Yes  No  
If yes:  Inside  Outside

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3. What does your household use for drinking water?  
 city/town/county water  well water  bottled water  other

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4. Does the refrigerator, stove and microwave in your home work?  Yes  No

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5. In the past month, have there been days when you did not have enough food or money to buy food? If yes: Would you be interested in receiving information on local food banks or government assistance agencies?  
 Yes  No  
 Yes  No

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6. Does your household receive food stamps?  Yes  No

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7. When was your baby's last visit to the doctor? \_\_\_\_\_

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8. Was your baby born prematurely (early)?  Yes  No

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9. Has the doctor said your baby has any health problems?  
If "yes", list problem(s): \_\_\_\_\_  Yes  No

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10. Most days, do you wash or brush your baby's gums or teeth?  Yes  No

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11. Which of these are problems for your baby?  
 sucking or swallowing  vomiting or spitting up  constipation  diarrhea  
 other \_\_\_\_\_  none

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12. Which of these does your baby take?  
 vitamin D  other vitamins  fluoride supplement  medicine from doctor  
 over-the-counter medicine  herbal supplement  
 other \_\_\_\_\_  none

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13. Are your baby's shots up-to-date?  Yes  No

turn page over →

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14. How many wet diapers does your baby have in 24 hours?
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15. How many stools or dirty diapers does your baby have in 24 hours?
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16. Is your baby breastfed?  Yes  No  
If "yes" how many times in 24 hours do you breastfeed your baby?
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17. Is your baby fed breast milk from a bottle?  Yes  No
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18. Does your baby drink formula?  Yes  No  
- If "yes", what is the name of the formula?  
- How much formula does your baby take in a 24- hour period?
- Number of ounces per bottle: \_\_\_\_\_ Number of bottles: \_\_\_\_\_
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19. If your baby drinks formula, how do you make a bottle of formula?
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20. If your baby doesn't finish a bottle, what do you do with the leftover breast milk or formula?
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21. If your baby takes a bottle:  
- Is your baby held while being fed?  Yes  No  
- Is your baby put to bed with a bottle?  Yes  No
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22. Is your baby fed anything besides breast milk or formula?  Yes  No  
If "yes", what else do you give your baby?
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23. If your baby drinks anything besides breast milk or formula, what is used? (Check all that apply.)  
 bottle  cup with no lid  cup with lid and spout (sippy cup)  other
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24. If your baby is fed solid foods, how is food given? (Check all that apply.)  
 in bottle  with spoon  baby feeds self  other
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25. How often is your baby put on the floor for some active play?  
 most days  some days  not very often
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26. How often is your baby put in front of the TV?  
 most days  some days  not very often
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27. When you see the nutritionist today, what would you like to talk about?
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Thank you!