**INFANT Nutrition Interview – FORMULA FEEDING**

**Health Care Provider:**  No Health Care Provider

Do you give WIC permission to share <baby’s name>’s WIC information with this health care provider? Yes  No

Nutrition Practices

**2a. Tell me how it is feeding <baby’s name>.**

*Listen, ask, and assess for*

* *Hunger and satiety cues*
* *Number of wet/dirty diapers*
* *Appetite changes*
* *Constipation or diarrhea*
* *Vomiting*

**2b. How do you prepare formula?**

*Listen, ask, and assess for*

* *Amount of formula*
* *Ounces/bottle or bottles/day*
* *Formula brand/type*
* *How is formula mixed*
* *Water source*
* *Contents other than formula*
* *Storage/handling*

**2c. Does your baby take any vitamins, minerals, herbs, or dietary supplements?**  Yes  No

**2d. What other questions or concerns do you have about feeding <baby’s name>? Or is there anything you would like to change?**

*Listen, ask, and assess for*

* *Dietary progression*
* *Making baby food*
* *When to start solids*
* *Introducing a cup*
* *Weaning bottle*
* *Type of solids*

**411 – Nutrition Practices**

411a – Primary Nutrient Source Inappropriate

411c – Inappropriate Complimentary Foods

411e – Feeding Potentially Harmful Foods

411g – Inappropriate Breastfeeding as Only Nutrition

411i – Inappropriate Sanitation Practices in Handling Formula/Breastmilk

411k –No Dietary Supplement of Vitamin D or Fluoride (when necessary)

411b – Improper Use of Bottles or Cups

411d – Feeding Practices that Disregard Developmental Stage of Infant

411f – Dilution of Formula Inappropriate

411h – Consuming a Diet Very Low in Calories and/or Essential Nutrients

411j – Dietary Supplements with Potentially Harmful Consequences

**Other Nutrition Risks**

353 – Food Allergy (must list type)

428 – Risk Associated with Complementary Feeding age 4-23 months

*Starters/Prompts*

* What are some ways that your baby lets you know he/she is hungry?
* How do you feel about waiting until 6 months to begin offering solids to your baby?

Health/Medical

**3a. What concerns do you have about <baby’s name>’s health?**

**3b. Does <baby’s name> have any medical problems diagnosed by a doctor?**  Conditions  No Conditions

Medical Conditions (listed below)

**3c. Is <baby’s name> currently on any medication?**

*Listen, ask, and assess for*

* *Medications that compromise nutritional status*

357 – Drug Nutrient Interactions

**3d. Biological Mother** Pre-Pregnancy Weight \_\_\_\_\_ lbs Current Weight \_\_\_\_\_ lbs Current Height \_\_\_\_\_ in Pre-pregnancy BMI: Current BMI:

**3e. Biological Father** Current Weight \_\_\_\_\_ lbs Current Height \_\_\_\_\_ in Current BMI:

*Starters/Prompts*

* How do you feel about your baby's growth and development?
* Do you mind sharing with me how your baby's last checkup went?

Immunizations

2a. Can we look over <child’s name>’s shot record today?

**4a. Can we look over <baby’s name>’s shot record today?**  Yes  No

**4b. Have any DTaP shots been given?**  Yes  No

**4c. \_\_\_\_# of DTaP immunizations**

*Starters/Prompts*

* Where are you at with <baby’s name> immunizations?

- 1st DTap is at 2 months of age

- 2nd DTap is at 4 months of age

- 3rd DTap is at 6 months of age

- 4th DTap is between 15 and 18 months of age

* Do you have any concerns about your baby getting routine immunizations

Oral Health

**5a. What questions do you have regarding caring for <baby’s name>’s gums and teeth?**

381 – Oral Health Conditions

*Starters/Prompts*

* Tell me about the current ways you care for your baby's gums and teeth?
* Do you have a dentist that the family uses for dental care?
* Seems <baby's name> was born just a few months ago and it's already time to start thinking of teaching them to use a cup. Although it seems early, parents like to know/feel that they are protecting their baby's smile. When do you plan to start weaning <baby's name> from the bottle?

Life Style

**6a. How active is <baby’s name> every day?**

*Listen, ask, and assess for*

* *Strollers*
* *Play pens*
* *Infant seats*
* *Car seats*

*Listen, ask, and assess for planned physical activity times for*

* *Crawling*
* *Rolling over*
* *Moving muscles (massage)*
* *Walking*

**\*6b. In the past seven days, has <infant’s name> been in an enclosed space (i.e. car, home, child care) while someone use tobacco products?**

Yes  No

**6c. What else can I help you with?**

*Listen, ask, and assess for*

* *Abuse/Neglect in the last 6 months*
* *Limiting ability to make appropriate feeding decisions or prepare foods*

902 – Limited Ability to Make Feeding Decisions/Prepare Food

*Starters/Prompts*

* Tell me about how you put <baby’s name> to sleep?
* What is your baby’s day to day routine like?
* Do you feel like you have the resources you need to keep your baby safe?

Mom’s WIC Participation

**7a. Was mother on WIC during her pregnancy?**  Yes  No

**7b. If no, would she have been eligible?**  Yes  No

701 – Mother on WIC or Mother Would Have Been Eligible (Enter reason mother would have been eligible in text box below.)

*Starters/Prompts*

* How was your delivery and hospital stay?
* Tell me about your most recent pregnancy, was there ever any  concerns or issues?
* Is there anything we have not discussed today that you hoped we would?