



WIC is here to help your baby grow and develop & learn how to eat well. The information you share will guide us on how to best serve you.

\_\_\_\_\_ lb \_\_\_\_\_ oz \_\_\_\_\_ in  
 Baby's Name (First, Middle, Last) Boy Girl Baby's Birthday Birth Weight Birth Length

\_\_\_\_\_  
 Your Name Relationship to infant Today's date (141, 151, 153)

Social Security #: \_\_\_\_\_ Race: **Is this person Hispanic or Latino?**  No  Yes

**You must also select at least one of the following:**  American Indian/Alaska Native  Asian  White  
 Black/African American  Native Hawaiian/Pacific Islander

- Was your baby born more than 3 weeks early?  No  Yes, \_\_\_\_\_ weeks early (142)
- Is your baby seeing a doctor or dietitian for any health problems or illness? (134, 152, 341-357, 360, 362, 382, 703)  
 No  Yes, Describe: \_\_\_\_\_
- Has your baby been in the hospital for any of the following in the past 3 months?  No  
 Yes (359)  Emergency room  Hospital overnight  Surgery  Major Burns
- List any medications, vitamins, minerals, or herbal supplements your baby is taking? list \_\_\_\_\_ (411.10, 411.11)

**How are you feeding your baby? Feeding is a good way for you & your baby to get to know each other.**

- Breastmilk  Breastmilk + Formula  Formula **only (go to question 6)**
  - How many times do you breastfeed baby in 24 hours? \_\_\_\_\_ (411.7)
  - How many diapers does your baby have in 24 hours? Total \_\_\_\_\_ Wet only \_\_\_\_\_ (411.7)
  - How is breastfeeding going? (circle number below) (603)  
 Not well 0 1 2 3 4 5 6 7 8 9 10 Very well
  - How confident are you to continue breastfeeding? (circle number below) (603)  
 Not confident 0 1 2 3 4 5 6 7 8 9 10 Very confident
  - Have you started giving your baby formula?  No  Yes  
 If yes, how old was baby when formula was first started? \_\_\_\_\_ days or \_\_\_\_\_ weeks
  - What type of formula do you give your baby? \_\_\_\_\_
- Formula **only** Did you ever breastfeed?  No  Yes \_\_\_\_\_ days or \_\_\_\_\_ weeks. 701
  - On average, how much formula does your baby drink in 24 hours \_\_\_\_\_ oz
  - How do you prepare your baby's formula? (411.5, 411.6)
    - Powdered** formula → I add \_\_\_\_\_ scoops of powder to \_\_\_\_\_ ounces water
    - Concentrated** formula → I add \_\_\_\_\_ ounces concentrate to \_\_\_\_\_ ounces water
    - Ready-to-feed formula → Do you add water?  No  Yes, \_\_\_\_\_ oz
  - How is formula feeding going? (circle number) Not well 0 1 2 3 4 5 6 7 8 9 10 Very well
  - What do you do with formula left in the bottle after a feeding? (411.5, 411.9)
    - Throw it out  Put in refrigerator  Leave near baby

Do you ever run out of money or Food Stamps to buy formula?  No  Yes  Sometimes

7. What questions do you have about the feeding, growth or development of your baby?  
\_\_\_\_\_

**\*\*\*To Be Completed by Health Care Provider\*\*\***

Application reviewed by \_\_\_\_\_ Medical date \_\_\_\_\_ Certification Date \_\_\_\_\_  
 Length \_\_\_\_\_ (121) Weight \_\_\_\_\_ (103, 113, 135, 141, 151\*) Hgb /Hct \_\_\_\_\_ (201) Staff initials \_\_\_\_\_  
 Rev 7/98 for 10/08 Implementation

8. Does your baby drink from a baby bottle?  No  Yes  Sometimes (411.2)

• What does your baby drink from a baby bottle? *Check all that apply* (411.1, 411.3 & 411.5, 411.9)

- Breastmilk  100% Juice  Goat's milk  Powdered milk  
 Formula  Cow's milk  Raw fruit or vegetable juice  
 Water  Evaporated milk  Raw milk  
 Cereal in bottle or infant feeder  Sweetened drinks (corn syrup, soda, sweet tea,  
 Other \_\_\_\_\_ Koolaid, Tang, Hi-C, honey)

9. Is your baby held in someone's arms when fed from a bottle? (381, 411.2)

- Never  Rarely  Sometimes  Often  Always

10. Where else is your baby given a bottle? *(check all that apply)*  Crib / Bed  Car Seat (411.2)

- High-chair  Stroller  Other \_\_\_\_\_

11. Have you started your baby on solid foods?  No **(Skip to Question 15)**  Yes

12. I started baby on solid foods at \_\_\_\_ months (411.3)

13. How do you feed your baby solid foods: (411.9) *(check all that apply)*

- No solid foods, baby only takes breastmilk/formula  by Spoon\*  
 in Baby Bottle\*  by Infant feeder\*  Other\* \_\_\_\_\_

Which of the following foods does your baby eat? *(check all that apply)* (411.4 & 411.5, 411.8)

- No solid foods, baby only takes breastmilk / formula  
 Infant cereal  Crackers  Bread  
 Chopped fruit  Chopped vegetables  
 Strained or mashed fruits  Strained or mashed vegetables  
 Strained meat, egg yolk, yogurt, cottage cheese, tuna  Cooked beans, soft pieces of chicken, turkey, beef, pork

14. I make my baby's food at home  No  Yes  Sometimes

Describe how you make baby's food: \_\_\_\_\_

(801, 802, 902, 903)

15. How can you tell baby doesn't want or need to eat more food? *(check all that apply)* (411.4)

- Turns head away  Food all eaten  Goes to sleep  
 Won't open mouth  Bottle is empty  Stops breastfeeding  
 None of these  Spits food out  Other, \_\_\_\_\_

16. What concerns do you have about your baby's growth & development? \_\_\_\_\_

Check any of the following concerns you have for your baby: *(check all that apply)* (411.4)

- No concerns  Constipation  Chewing/swallowing problems  
 Diarrhea  Choking/Gagging  Vomiting  Other: \_\_\_\_\_

17. Do you worry anyone you know will hurt your baby?  No  Yes  Sometimes

18. What is your main concern today -- and how can WIC help?

\_\_\_\_\_ Thank you!