Certification: Infants
Mandatory Questions

WIC ID: _____ **Child's name:** _____

Cardholder: _____ **Today's date:** _____

Weight: _____ **Length:** _____

Head Circumference: _____

Date of birth:_____ Birth weight: _____lbs _____oz Birth length: _____inches

Sex: ❑ Male ❑ Female # of weeks at birth:_____

The format of the questions follows what is seen in TWIST.

Note: Bolded questions are mandatory TWIST questions

Health History

01 Tell me about your baby's health.

02 Does your baby have any health problems or medical conditions?

❑ No ❑ Yes

04 Are your baby's DTaP vaccines up to date?

❑ Yes ❑ No or unknown, referred ❑ Younger than 3 months, no screening

06 Were you (the baby's mom) on WIC during pregnancy? (701)

❑ Yes and baby is less than 6 months

❑ No and baby is less than 6 months

6a Did mom have any risks during her pregnancy that would have qualified her for WIC? ❑ No ❑ Yes, describe:

❑ Baby is older than 6 months

❑ Unknown

08 Do you have any concerns about your child's emotional and/or physical safety? (901)

❑ No ❑ Unable to ask ❑ Yes

Diet Assessment

Birth-5 months

06 How are you feeding your baby?

❑ Breastfeeding:

06.1a How often does your baby breastfeed in 24 hours? (411.7)

06.1b Is your baby breastfeeding as often as he/she wants? (411.7)

❑ Yes ❑ No, scheduled feedings

❑ Formula Feeding:

06b How long did you breastfeed?

06ba At what age did you start giving formula to your baby?

❑ Partially Breastfeeding:

06aa How often does your baby breastfeed in 24 hours?

06bb At what age did you start giving formula to your baby?

6-9 months

06 How are you feeding your baby?

❑ Breastfeeding:

06.1a Is your baby breastfeeding as often as he/she wants? (411.7)

❑ Yes ❑ No, scheduled feedings

06.a How often does your baby breastfeed in 24 hours?

❑ Formula Feeding:

06b How long did you breastfeed?

06ba At what age did you start giving formula to your baby?

07b How much formula does your baby drink each day?

08.2 What does your baby drink from the bottle? (411.1, 411.2)

- ❑ Breastmilk and/or formula
- ❑ Substitute for breastmilk or formula
- ❑ Juice or sweetened beverages
- ❑ Infant cereal
- ❑ Sweetened beverage and cereal or other solid food
- ❑ Other, please list

08.4 Does your baby fall asleep with the bottle at nap or bedtime? (411.2)

❑ No ❑ Yes

08.8 How are you preparing the formula? (411.6)

❑ Correct ❑ Incorrect, explain:

❑ Partially Breastfeeding:

06aa How often does your baby breastfeed in 24 hours?

06bb At what age did you start giving formula to your baby?

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- ❑ Other, please list

08.3 Does your baby fall asleep with the bottle at nap or bedtime? (411.2)

❑ No ❑ Yes

08.7 How are you preparing the formula? (411.6)

❑ Correct ❑ Incorrect, explain:

16 IFVB screening and developmental readiness, food safety, texture progression NE provided?

❑ a. Yes, all 3 topics discussed ❑ b. No

<u>10-12 months</u>

06 How are you feeding your baby?

❑ Breastfeeding:

06.a How often does your baby breastfeed in 24 hours?

❑ Formula Feeding:

06b How long did you breastfeed?

06bb At what age did you start giving formula to your baby?

07b How much formula does your baby drink each day?

08.2 What does your baby drink from the bottle? (411.1, 411.2)

- ❑ Breastmilk and/or formula and water
- ❑ Early intro of milk or soy beverage
- ❑ Juice or other sweetened beverages

08.4 Does your baby fall asleep with the bottle at nap or bedtime? (411.2)

❑ No ❑ Yes

08.8 What is your plan for weaning from the bottle?

❑ Partially Breastfeeding:

06aa How often does your baby breastfeed in 24 hours?

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❑ No ❑ Yes

08.7 What is your plan for weaning from the bottle?

NE Provided:

Next Step:

Food Package Notes: (formula type, modifications, etc)

Quarterly NE Plan/Next Appointment Type: