

Infant's name: _____ Today's date: _____

Please answer these questions about your baby.

1. How are you feeding your baby?
 Breastfeeding Breastfeeding and formula feeding Formula feeding

2. If your baby only drinks breast milk:
 - a. How often does your baby breastfeed in 24 hours? _____
 - b. Is your baby breastfeeding as often as he or she wants? Yes No

3. If your baby drinks both breast milk and formula:
 - a. How often does your baby breastfeed in 24 hours? _____
 - b. At what age did you start giving formula to your baby? _____

4. If your baby only drinks formula:
 - a. How long did you breastfeed? _____
 - b. At what age did you start giving formula to your baby? _____

5. **If your baby uses a bottle:**
 - a. What does your baby usually drink from the bottle? (check all that apply)
 Breast milk Water Sweetened drinks (pop, Kool-Aid®)
 Formula Fruit juice Cereal
 Other: _____

 - b. Does your baby fall asleep with the bottle at nap or bedtime?
 Yes No

6. **If your baby drinks formula:**

- a. What formula do you use? _____
- b. What type do you use? Powder Concentrate Ready-to-use
- c. How are you preparing the formula? _____
- d. How much formula does your baby drink each day? _____

7. How can you tell when your baby is hungry or full?

8. What is your plan for introducing infant cereal and baby foods to your baby?

9. What is your plan for introducing finger foods to your baby?

10. What is your plan for introducing the cup?

11. How do you handle and store expressed breast milk or left over formula?

12. Is your baby receiving a Vitamin D supplement?

- Yes, has a supplement or drinks one quart of formula or milk per day
- No Unknown

13. If your baby is 6 months or older, is he or she receiving fluoride?

- Yes No My baby is not 6 months old yet Unknown

For alternate format requests, please call 971-673-0040. TTY 1-800-735-2900

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