

Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Please answer these questions about your child.**

1. Are you breastfeeding your child now?

Yes. How many times in 24 hours? \_\_\_\_\_

No How long did you breastfeed? \_\_\_\_\_

At what age did you start giving formula? \_\_\_\_\_

2. What is mealtime like for you and your family?

3. How many meals or snacks do you offer your child each day?

4. What foods do you usually offer to your child?

5. What are some of your child's favorite or least favorite foods?

6. Who decides when, how much, or what your child eats?

OVER ⇨

7. Does your child eat raw or undercooked meat, poultry, fish or eggs or drink unpasteurized milk or juice?
8. How well does your child feed himself/herself?
9. What does your child use when drinking?  
 Cup     Sippy Cup     Cup and bottle     Bottle
10. If your child uses a bottle, what are your plans for weaning?
11. What type of milk does your child usually drink?  
 Whole milk or 2% milk     1% or non-fat (skim) milk     Goat's milk  
 WIC approved soy beverage     Other: \_\_\_\_\_
12. What beverages other than milk does your child usually drink? (check all that apply)  
 Water     Tea     Sweetened drinks (pop, Kool-Aid®, fruit punch)  
 Fruit juice     Other: \_\_\_\_\_
13. What vitamins or supplements does your child take?
14. Is your child receiving fluoride?  
 Yes     No     Unknown
15. Is your child receiving a Vitamin D supplement?  
 Yes     No     Unknown

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

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