



MID-CERTIFICATION: NUTRITION ASSESSMENT - INFANT 6 THROUGH 11 MONTHS OF AGE

Review previous nutrition/health assessment	BF Only	BF & Formula	Formula Only
1. Tell me about breastfeeding your baby. [411.7, 411.9, 603] <input type="checkbox"/> No concerns <input type="checkbox"/> Feeding on demand <input type="checkbox"/> Proper storage of breastmilk <input type="checkbox"/> Breastfeeding concerns (sore nipples, etc.) <input type="checkbox"/> Other/Comments:	X	X	
2. Tell me about formula feeding your baby and how you prepare and store your baby's formula. [411.4] <input type="checkbox"/> No concerns <input type="checkbox"/> Formula properly mixed and stored <input type="checkbox"/> Adequate amount of formula and feedings <input type="checkbox"/> Fed on demand <input type="checkbox"/> Other/Comments:		X	X
3. Tell me more about your decision to supplement with formula. <input type="checkbox"/> Health care provider <input type="checkbox"/> Low supply (actual or perceived) <input type="checkbox"/> Personal choice <input type="checkbox"/> Other/Comments:		X	
4. Tell me about the foods you are feeding your baby. [411.4] <input type="checkbox"/> None <input type="checkbox"/> No concerns <input type="checkbox"/> Age appropriate foods <input type="checkbox"/> Proper feeding methods <input type="checkbox"/> Other/Comments:	X	X	X
5. Tell me about any health or medical issues/problems your baby currently has. [341-362] <input type="checkbox"/> None <input type="checkbox"/> No concerns <input type="checkbox"/> Other/Comments:	X	X	X
6. Tell me about playtime for your baby. <input type="checkbox"/> None <input type="checkbox"/> No concerns <input type="checkbox"/> Age appropriate activities <input type="checkbox"/> Other/Comments:	X	X	X
7. What oral or dental problems have you noticed with (in) your baby's mouth? [381] <input type="checkbox"/> No problems. <input type="checkbox"/> Problems. Indicate: _____	X	X	X
8. Optional documentation: Full name and WIC title of the person completing the nutrition assessment.	X	X	X