



**NUTRITION ASSESSMENT FOR INFANTS**

<b>CPA/Nutritionist Follow-Up Questions</b>			
<b>Follow-up Questions</b>	<b>BF Only</b>	<b>BF &amp; Formula</b>	<b>Formula Only</b>
1. Tell me more about how you breastfeed your baby. <b>[411.7, 603]</b> <input type="checkbox"/> Feeding on demand <input type="checkbox"/> Scheduled feedings instead of demand feedings <input type="checkbox"/> At least 3 to 5 feedings in 24 hours if 6 to 8 months old <input type="checkbox"/> At least 3 to 4 feedings in 24 hours if 8 to 11 months old	X	X	
2. Tell me how breastfeeding is going. <input type="checkbox"/> Mother complains of sore nipples <input type="checkbox"/> Other/Comments:	X	X	
3. How do you store and prepare expressed breastmilk? <b>[411.9]</b> <input type="checkbox"/> Properly stored in freezer <input type="checkbox"/> Properly stored in refrigerator <input type="checkbox"/> Throw breastmilk away after feeding <input type="checkbox"/> Room temperature <input type="checkbox"/> Stored more than 48 hours in refrigerator <input type="checkbox"/> Stored more than 6 months in freezer <input type="checkbox"/> Leave breastmilk out to feed later <input type="checkbox"/> Put breastmilk back into refrigerator for later <input type="checkbox"/> Feeding previously frozen breastmilk that was thawed in the refrigerator for more than 24 hours <input type="checkbox"/> Refreeze breastmilk <input type="checkbox"/> Add freshly expressed unrefrigerated breastmilk to already frozen breastmilk <input type="checkbox"/> N/A <input type="checkbox"/> Other/Comments:	X	X	
4. Tell me about formula feeding your baby. <b>[411. 4]</b> <input type="checkbox"/> Number of ounces per feeding _____ <input type="checkbox"/> Number of feeding in 24 hours _____ <input type="checkbox"/> Fed on a schedule <input type="checkbox"/> Fed on demand <input type="checkbox"/> Other/Comments:		X	X
5. How do you prepare formula? <b>[411.6]</b> <input type="checkbox"/> 2 oz. water with 1 scoop powder formula <input type="checkbox"/> 1 oz. water with 1 oz. concentrate formula <input type="checkbox"/> RTF with no dilution <input type="checkbox"/> Other dilutions _____ <input type="checkbox"/> Other/Comments:		X	X
6. What kind of water do you mix with your baby's formula? <input type="checkbox"/> City or rural water system <input type="checkbox"/> Private well tested safe for bacteria or nitrates <input type="checkbox"/> Private well tested unsafe for bacteria or nitrates <input type="checkbox"/> Private well testing unknown <input type="checkbox"/> Bottled water <input type="checkbox"/> Nursery water <input type="checkbox"/> Other/Comments:		X	X
7. How do you store formula? <b>[411.9]</b> <input type="checkbox"/> Properly stored <input type="checkbox"/> Held at room temperature for > 1 hour <input type="checkbox"/> Held in the refrigerator for > 24 hours (powdered formulas) <input type="checkbox"/> Held in the refrigerator for > 48 hours (concentrated formulas) <input type="checkbox"/> Held in bottle > 1 hour after start of feeding <input type="checkbox"/> Leave left over formula out to feed later <input type="checkbox"/> Put left over formula back into refrigerator for later feeding <input type="checkbox"/> Throw out left over formula after feeding <input type="checkbox"/> Other/Comments:		X	X

Follow-up Questions	BF Only	BF & Formula	Formula Only
8. How do you feed liquids and foods to your baby? [411.2 – 411.5] <input type="checkbox"/> Sippy cup <input type="checkbox"/> Bottle <input type="checkbox"/> Spoon <input type="checkbox"/> Infant feeder or adding food to baby bottle <input type="checkbox"/> Baby feeds self <input type="checkbox"/> Other/Comments:	X	X	X
9. Tell me about the foods you are feeding your baby. [411.4] <input type="checkbox"/> Pureed or baby foods <input type="checkbox"/> Chopped <input type="checkbox"/> Mashed <input type="checkbox"/> Finger foods <input type="checkbox"/> Family/table foods <input type="checkbox"/> Other/Comments:	X	X	X
10. How do you know when your baby is hungry? [411.4] <input type="checkbox"/> Cries <input type="checkbox"/> Small fussing sounds <input type="checkbox"/> Sucking on hands or lips <input type="checkbox"/> Turns head towards nipple or bottle or spoon <input type="checkbox"/> Other/Comments:	X	X	X
11. How do you know when your baby is full? [411.4] <input type="checkbox"/> Closes mouth <input type="checkbox"/> Turns head away from nipple or bottle <input type="checkbox"/> Pushes nipple out of mouth <input type="checkbox"/> Shows interest in other things in room <input type="checkbox"/> Baby seems satisfied after feeding <input type="checkbox"/> Other/Comments:	X	X	X
12. Tell me about your baby's wet and dirty diapers. Wet diapers # _____ Dirty diapers # _____  <input type="checkbox"/> Firm <input type="checkbox"/> Hard and Pebbly <input type="checkbox"/> Watery <input type="checkbox"/> Other/Comments:	X	X	X
13. Tell me about any supplements you give your baby. [411.10, 411.11] <input type="checkbox"/> Infant multivitamin <input type="checkbox"/> Vitamin D <input type="checkbox"/> Herbal supplements, remedies, teas <input type="checkbox"/> Iron <input type="checkbox"/> Fluoride <input type="checkbox"/> None <input type="checkbox"/> Other/Comments:	X	X	X
14. What concerns do you have about the safety of your baby? (Ask when they are alone) <input type="checkbox"/> No concerns <input type="checkbox"/> Participant was not alone, question skipped <input type="checkbox"/> Other/Comments:	X	X	X
15. Optional Documentation if needed. Comments:	X	X	X
16. How would you like to improve your infant's eating habits (may use for developing a participant centered goal)?  Previous Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	X	X	X