



NUTRITION ASSESSMENT FOR INFANTS - 6 THROUGH 11 MONTHS OF AGE – Follow UP

Follow-up Questions	BF Only	BF & Formula	Formula Only
1. Tell me about breastfeeding your baby. (Select all that apply.) [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.) Other/Comments:	X	X	
2. Tell me about formula feeding your baby. (Select all that apply.) [411.4] <input type="checkbox"/> No concerns <input type="checkbox"/> Formula properly mixed and stored <input type="checkbox"/> Adequate amount of formula and feedings Fed on demand <input type="checkbox"/> Other/Comments:		X	X
3. Tell me more about your decision to supplement with formula. (Select all that apply.) <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. (Select all that apply.) [411.4, 428] <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 supplements or vitamins you give your baby. (Select all that apply.) [411.10, 411.11] <input type="checkbox"/> None <input type="checkbox"/> No concerns <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"/> Other/Comments:	X	X	X
6. Tell me about playtime for your baby. (Select all that apply.) <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 feeding goals do you have for your baby? Reminder: Establish a goal.	X	X	X
8. Optional Documentation if needed. Full name and WIC title of person completing the nutrition assessment.	X	X	X