



**NUTRITION ASSESSMENT FOR INFANTS - BIRTH THROUGH 5 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.) <b>[411.7, 411.9, 603]</b> <input type="checkbox"/> No concerns <input type="checkbox"/> Feeding on Demand <input type="checkbox"/> Less than 8 feedings in 24 hours if less than 2 months old <input type="checkbox"/> Less than 6 feedings in 24 hours if between 2 months and 6 months old <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. (Select all that apply.) <b>[411.4, 411.6, 411.9]</b> <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 your baby's wet and dirty diapers. (Select all that apply.) <input type="checkbox"/> No concerns <input type="checkbox"/> Black and sticky <input type="checkbox"/> Brownish to Greenish <input type="checkbox"/> Green and Foamy/frothy <input type="checkbox"/> Yellowish and Seedy <input type="checkbox"/> Firm <input type="checkbox"/> Hard and Pebbly <input type="checkbox"/> Watery <input type="checkbox"/> Other/Comments:	X	X	
5. Tell me about any supplements or vitamins you give your baby. (Select all that apply.) <b>[411.10, 411.11]</b> <input type="checkbox"/> None <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. What feeding goals do you have for your baby? Reminder: Establish a goal.	X	X	X
7. Optional Documentation as needed. Full name and WIC title of person completing the nutrition assessment.	X	X	X