WIC HEALTH QUESTIONNAIRE
Infant (6 - 12 Months)

Date:_____

_____ Baby's Name | _____ Birth Date | _____ Age (months)

Baby's Birth Weight: _____ pounds _____ ounces Birth Length: _____ inches

Female / Male (Circle one)

		Circle Yes or No		NRFs
1.	**Is your baby up-to-date on his/her immunizations? Please bring shot records.**	Yes	No	Refer
2.	**Has your baby had a blood lead test done?** Lead level or result (if known) _____	No	Yes	System Assigned
3.	**Was your baby born more than 3 weeks before the due date?**	No	Yes	11
4.	**Does your baby have a medical problem diagnosed by a doctor (such as birth defects/disabilities, hepatitis, HIV)?** If yes, describe: _____	No	Yes	Medical Conditions
5.	**Has your baby had major surgery?** If yes, describe: _____	No	Yes	
6.	**Does your baby have any of the following?** ❑ Frequent constipation ❑ Frequent vomiting or spitting up ❑ Frequent diarrhea ❑ Frequent illness If yes, describe how often/how long: _____	No	Yes	Counsel/ Refer
7.	**Does your baby have any problems sucking, swallowing, or eating?** If yes, describe: _____	No	Yes	
8.	**When is your baby seen by a doctor or in a clinic?** ❑ For regular check-ups ❑ Just when sick ❑ Both ❑ Neither Name of doctor or clinic: _____			
9.	**Do you have any questions or concerns about:** ❑ Lead exposure ❑ Meeting other mothers who breastfeed ❑ Family Planning/birth control ❑ Baby preferring one breast ❑ Immunizations ❑ Pumping/storing breast milk ❑ Tooth care ❑ Working/going to school & breastfeeding ❑ Child support payments ❑ Baby not interested in breastfeeding ❑ Well Baby clinic ❑ Breast pain ❑ Teething/Biting Other questions: _____ **Would you like information about:** ❑ Medicaid ❑ TANF ❑ Food Stamps	No No	Yes Yes	
10.	**Does anyone in your home or day care smoke tobacco?**	No	Yes	
11.	**Is this child in foster care?** If yes, when did they move to this foster care home? _____	No	Yes	94
	FOR STAFF USE ONLY **Is this infant's mother a priority 1 breastfeeding mother?**	No	Yes	74

*Questionnaire assessed by:*_____ *(Staff)*

Notes: