



NEWBORN NUTRITION QUESTIONS: Enrollment Contact (Alternate)

Baby's Name: _____	Birth Date: _____
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Please circle or write your answer to the following questions:

1. Mother's age:	19 years & under	20 years & older			
2. How did the mother feed this baby in the hospital?	Breastmilk	Formula	Both		
3. How is the mother feeding this baby now?	Breastmilk	Formula	Both		
4. If mother is breastfeeding now, how many times in 24 hours does she breastfeed? _____					
Does the mother have any difficulty with breastfeeding?	YES	NO			
Does her baby seem satisfied?	YES	NO			
How long does the mother plan to breastfeed? _____					
Does the mother have any formula at home right now?	YES	NO			
5. If the baby drinks formula now:					
What brand of formula is it? _____					
What kind?	Powder	Ready to Feed	Concentrate		
How is the formula prepared? _____					
How many ounces does the baby take at each feeding? _____					
How often does the baby get a bottle in 24 hours? _____					
6. What does the baby eat or drink besides breastmilk or formula?					
Nothing else	Water	Water with _____	Juice	Tea	
Cereal	Other _____				
7. Where are all the places the baby takes a bottle?					
Bed	Stroller	Car Seat	Held by someone	Other _____	
8. Which does the baby take?					
None	Vitamin Drops	Fluoride	Iron Drops	Medicine	Other _____
9. In the last 24 hours (day & night), how many wet diapers did the baby have? _____					
How many dirty (poopy) diapers did the baby have in 24 hours? _____					
10. Circle all the ways you would describe the baby's poop:					
Texture:	Firm	Hard & Pebbly	Soft	Watery	Other _____
Color:	Black & Sticky	Brownish to greenish	Yellowish & seedy	Other _____	
11. Is the mother concerned that her baby is crying too much?				YES	NO
12. Is the mother concerned that her baby is not sleeping enough or sleeping too much?				YES	NO
13. Who helps the mother at home? _____					

Staff Use Only:
WIC Staff _____ Date _____
WIC ID# _____