INFANT NUTRITION INTERVIEW – FORMULA FEEDING

Health Care Provider: ☐ No Health Care Provider

Do you give WIC permission to share <baby’s name>’s WIC information with this health care provider? ☐ Yes ☐ No

NUTRITION PRACTICES

*Pop-up – Is the infant currently breastfeeding? ☐ Yes ☐ No

*2a. Breastfeeding Description:
☐ Excl BF
☐ Prim Excl/No F PKg
☐ Prim Excl/Comp
☐ Part BF
☐ BF/Child
☐ No Longer BF
☐ Never BF

*2b. How old was <baby’s name> when he/she completely stopped breastfeeding or being fed breast milk?
Age (weeks): ___ Or select a date

2c. What was your main reason for stopping breastfeeding?
☐ Not gaining wt.
☐ Baby refused
☐ Did not like it
☐ Medication
☐ On Birth Control
☐ Became pregnant
☐ Back to work/school
☐ Had teeth/biting
☐ No support from family/friends
☐ Difficulty bf
☐ Do not recall

*2d. How old was <baby’s name> when he/she was first fed something other than breast milk?
Age (weeks): ___ Or select a date

*2e. How old was <baby’s name> when he/she was first fed something else on a regular basis?
Age (weeks): ___ Or select a date

For questions 2b. – 2e., assess cultural, medical, family, religious, and other factors affecting the introduction of other beverages and foods into the infant’s diet. Assess parent’s understanding of developmental feeding skills.

*2f. How much formula has <baby’s name> received?
☐ None
☐ Some formula, rarely
☐ Some formula, regular basis

*2g. How old was <baby’s name> when he/she was first fed formula?
Age (weeks): ___ Or select a date

2h. How old was <baby’s name> when he/she was fed formula on a regular basis (not a rare or occasional circumstance)?
Age (weeks): ___ Or select a date

For questions 2f. – 2h., consider the baby’s health history and any documented medical conditions or illnesses in relationship to the type of formula being used. Assess whether the parent has the equipment necessary to prepare formula. Assess knowledge of safe handling practices. Assess access to food preparation and food storage equipment.

2i. Tell me how it is feeding <baby’s name>.
Listen, ask, and assess for:
☐ Hunger and satiety cues
☐ Number of wet/dirty diapers
☐ Appetite changes
☐ Diarrhea or constipation
☐ Vomiting
☐ Breastfeeding or formula

Assess family or cultural practices including religious beliefs that may affect feeding choice.

2j. Describe how you prepare the formula.
Listen, ask, and assess for:
☐ Amount of formula
☐ Ounces/bottle or bottles/day
☐ Formula brand/type
☐ How is formula mixed
☐ Water source
☐ Contents other than formula
☐ Storage/handling

Consider the baby’s health history and any documented medical conditions or illnesses in relationship to the type of formula being used.
2k. Besides formula, what else do you feed <baby’s name>?
Listen, ask, and assess for
- Early introduction of solids or other liquids
- Developmentally appropriate foods
- Cup feeding – type, use, contents

Consider cultural, medical, and other influences on feeding practices and the introduction of complementary foods. Assess the baby’s developmental skills related to feeding and consider the baby’s gestational age at birth. Consider the baby’s medical history and any conditions or illnesses that may affect the introduction or intake of solid foods. If the baby is solely spoon-fed by the parent but is able and ready to finger-feed or ready to try self-feeding with utensils, assign risk 411d – Feeding Practices Disregard Developmental Needs. Document the specific issue and/or reason for assigning this risk in the text box near this question or in the care plan.

2l. Does your baby take any vitamins or minerals?

2m. Does your baby take any herbs or dietary supplements?

For questions 2l. – 2m., consider the baby’s need for selective vitamin/mineral supplementation, medical history, reason for use, and amount taken per day. Assess potential for toxicity or harm to the baby. If taking any herbal or other dietary supplements with a potential for nutrient interactions, toxicity, or teratogenicity, assign risk 411j – Potentially Harmful Dietary Supplements. If drinking < 32 ounces or formula/day and taking a multivitamin, assess for vitamin D content of supplement. If < 400 IU per daily dose or unsure of daily dose, assign risk 411k, Inadequate Fluoride or Vitamin D Intake. If drinking < 32 ounces of formula/day and not taking a multivitamin, assign risk 411k, Inadequate Fluoride or Vitamin D Intake. Document the specific issue and/or reason for assigning these risks in the text box near these questions or in the care plan.

2n. What other questions or concerns do you have about feeding <baby’s name>? Or is there anything you would like to change?

Listen, ask, and assess for
- Dietary progression
- Making baby food
- When to start solids
- Introducing a cup
- Weaning bottle
- Type of solids

### 411 – Nutrition Practices

- 411a – Inappropriate Primary Feeding
- 411b – Routinely Using Bottles or Cups Improperly
- 411c – Inappropriate Complementary Foods
- 411d – Feeding Practices Disregard Developmental Needs
- 411e – Potentially Contaminated Foods
- 411f – Inappropriately Diluted Formula
- 411g – Inappropriate Frequency of Breastfeeding
- 411h – Diet Very Low in Calories or Essential Nutrients
- 411i – Inadequate Sanitation Resources or Practices
- 411j – Potentially Harmful Dietary Supplements
- 411k – Inadequate Fluoride or Vitamin D Intake

### Other Nutrition Risks

- 353 – Food Allergy (must list type)
- 428 – Risk Associated with Complementary Feeding Practices

### Starters/Prompts

- How often does your baby eat and how long do the feedings last?
- Tell me how you know when your baby is hungry or full.
- Tell me about your baby’s wet and dirty diapers.
- Tell me about the foods your baby eats and where he/she eats them.

### HEALTH/MEDICAL

3a. What concerns do you have about <baby’s name>’s health?

Document relevant concerns and medical conditions. Determine barriers to obtaining care such as beliefs, finances, legal status, lack of insurance, and transportation.

3b. Does <baby’s name> have any medical problems diagnosed by a doctor?  

- Conditions
- No Conditions

Medical Conditions (listed below)

Ask about specific diet prescribed to manage or treat the condition. Assess current potential impact of the condition on nutritional intake, nutritional needs, (e.g., increased need for specific nutrients), and breastfeeding. Evaluate growth pattern and consider the influence of the condition or treatment on growth. Assess understanding of and compliance with treatment plan. Assess level of access to follow-up medical care.

3c. Is <baby’s name> currently on any medication?

Listen, ask, and assess for
- Medications that compromise nutritional status

- 357 – Drug Nutrient Interactions

Ask about nutritional supplements and medications prescribed to manage or treat the condition. Assess ability to meet any increased or altered nutrient needs. Assess understanding of nutrient and drug interactions.

3d. Biological Mother  
Pre-Pregnancy Weight ______ lbs  Current Weight ______ lbs  Current Height ______ in  Pre-pregnancy BMI: ______  Current BMI: ______

3e. Biological Father  
Current Weight ______ lbs  Current Height ______ in  Current BMI: ______

### Starters/Prompts

- When was the last time your baby went to the doctor?
- Don’t have to answer questions 3d. and 3e

### IMMUNIZATIONS

4a. Can we look over <baby’s name>’s shot record today?  

- Yes
- No
4b. Have any DTaP shots been given?  □ Yes □ No

4c. ___# of DTaP immunizations

For questions 4a. – 4c., determine barriers to obtaining immunizations including beliefs, finances, legal status, lack of insurance, and transportation.

**Starters/Prompts**
- Do you have any concerns about your baby getting shots?
- When was the last time your baby got shots?

**ORAL HEALTH**

5a. What questions do you have regarding caring for <baby’s name>’s gums and teeth?

☐ 381 – Oral Health Conditions

Assess for appropriate oral health practices. Evaluate parent’s knowledge of the relationship between oral health and overall health. Assess access to dental care and barriers to obtaining care such as beliefs, finances, legal status, lack of insurance, child care, and transportation. Ask about dental treatment already in progress. Assess dietary practices related to early childhood caries (baby bottle tooth decay).

**Starters/Prompts**
- What concerns do you have about your baby’s gums and teeth?
- How do you take care of your baby’s gums and teeth?

**LIFE STYLE**

6a. How active is <baby’s name> every day?

Listen, ask, and assess for
- Strollers
- Playpens
- Infant seats
- Car seats

Listen, ask, and assess for planned physical activity times for
- Crawling
- Rolling over
- Moving muscles (massage)
- Walking

*6b. Does anyone living in your household smoke inside the home?  □ Yes □ No

Assess the parent’s understanding of the potential health risks posed to the infant. Determine interest in and barriers to smoking cessation.

6c. What else can I help you with?

Listen, ask, and assess for
- Abuse/Neglect in the last 6 months
- Limiting ability to make appropriate feeding decisions or prepare foods

☐ 902 – Limited Ability to Make Feeding Decisions/Prepare Food

Assess the need for referrals to other community resources.

**Starters/Prompts**
- Tell me about your baby’s sleeping habits.
- Tell me about your baby’s floor time (tummy time, rolling, crawling vs. car seat, swing, etc.).
- What concerns do you have about your baby’s safety?
- What do you know about other nutrition programs such as Early Head Start, SNAP, or EFNEP/FNP?
- Who cares for your baby if you work or go to school? Do you have any concerns about the care provided?

**MOM’S WIC PARTICIPATION**

7a. Was mother on WIC during her pregnancy?  □ Yes □ No  If yes, no further assessment is necessary.

7b. If no, would she have been eligible?  □ Yes □ No

☐ 701 – Mother on WIC or Mother Would Have Been Eligible (Enter reason mother would have been eligible in text box below.)

**Starters/Prompts**
- If mom wasn’t on WIC during her pregnancy, find out if she had any nutrition risks such as tobacco, drug, or alcohol use, anemia, medical conditions, lack of prenatal care, weight concerns, or pregnancy complications.