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| **Health** | |
| 1. **\*Does your baby have access to medical care?** | 🞏 Yes 🞏 No |
| 1. **\*What was your baby’s due date?** | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ |
| 1. **\*Does your baby have any health or medical conditions? If Yes, select all that apply: (*See Ref 13*)** | 🞏 Yes 🞏 No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3a. Does the condition affect your baby’s nutrition or eating?** | 🞏 Yes 🞏 No |
| 1. **\*Does your baby have any problems with their teeth or gums?** | 🞏 Yes 🞏 No |
| 1. **\*Does your baby have a dentist?** | 🞏 Yes 🞏 No |
| 1. **\*Does anyone living in your household smoke tobacco or marijuana *inside* your home or car?** | 🞏 Yes 🞏 No |
| 1. **\*Since birth, has your baby been threatened or physically hurt in any way by any members of your household?** | 🞏 Yes 🞏 No |
| 1. **\*Within the past 12 months you worried whether your food would run out before you got money to buy more.** | 🞏 Often True  🞏 Sometimes True  🞏 Never True  🞏 Don’t Know or Refuse |
| 1. **\*Within the past 12 months the food you bought just didn’t last and you didn’t have money to get more.** | 🞏 Often True  🞏 Sometimes True  🞏 Never True  🞏 Don’t Know or Refuse |
| 1. **\*Are you worried that you may not have housing in the next 2 months?** | 🞏 Yes 🞏 No |

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| **Nutrition – 0-3 Months (IBF, IBP)** | |
| 1. **\*Do you give your baby any of these?** | 🞏 Vitamin Drops  🞏 Vitamin D  🞏 Fluoride  🞏 Iron  🞏 None |
| ***If feeding formula and breastmilk:*** | |
| 1. **\*Describe how you mix the formula?**   **\*Which do you put in the bottle first?** | \_\_\_\_\_\_ ounces water with \_\_\_\_\_\_ scoops /ounces formula  🞏 Formula 🞏 Water |
| 1. **\*Describe how you feed your baby the bottle?** | 🞏 Held by parent or other caregiver  🞏 Bottle propped in crib/car seat/stroller  🞏 Paced Bottle Feeding |
| **Baby Behavior** | |
| 1. **\*In 24 hours, what is the longest stretch of time that your baby sleeps?** | \_\_\_\_\_\_ hours |
| 1. **\*What questions do you have about your baby’s sleep?** |  |
| 1. **\*How does your baby show you he or she is hungry?** | 🞏 Hands near mouth  🞏 Bends arms and legs  🞏 Sucking noises  🞏 Puckers lips  🞏 Searches for nipple (rooting)  🞏 Cries [late sign] |
| 1. **\*How does your baby show you he or she is full?** | 🞏 Sucks slower or stops sucking  🞏 Relaxes hands and arms  🞏 Turns away from nipple  🞏 Pushes away  🞏 Falls asleep |
| 1. **\*Does it seem like your baby is crying too much?** | 🞏 Yes 🞏 No |
| 1. **\*Is it ever hard to figure out what your baby needs?** | 🞏 Yes 🞏 No |

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| **Nutrition – 4-11 Months (IBF, IBP)** | |
| 1. **\*How is feeding going?** | 🞏 Great  🞏 Not so well  🞏 Mostly Ok |
| 1. **\*How does your baby show you he/she is hungry?** | 🞏 Hands near mouth  🞏 Bends arms and legs  🞏 Sucking noises  🞏 Puckers lips  🞏 Searches for nipple (rooting)  🞏 Cries [late sign] |
| 1. **\*How does your baby show you he or she is full?** | 🞏 Sucks slower or stops sucking  🞏 Relaxes hands and arms  🞏 Turns away from nipple  🞏 Pushes away  🞏 Falls asleep |
| 1. **\*Describe how you mix the formula?**   **\*Which do you put in the bottle first?** | \_\_\_\_\_\_ ounces water with \_\_\_\_\_\_ scoops /ounces formula  🞏 Formula 🞏 Water |
| 1. **\*What does your baby drink besides breastmilk or formula?** | 🞏 Nothing else  🞏 Water  🞏 Milk (cow, goat, sheep, nut, soy)  🞏 Juice  🞏 Sugar water  🞏 Pedialyte  🞏 Cereal in bottle  🞏 Tea  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **\*Do you give your baby any of these?** | 🞏 Vitamin Drops  🞏 Vitamin D  🞏 Fluoride  🞏 Iron  🞏 None |
| 1. **\*Does your baby use** | 🞏 Cup with lid  🞏 Cup without lid  🞏 Does Not Use a Cup |
| 1. **\*How often do you offer your baby solid foods?** | 🞏 Not at all  🞏 1-2 times per day  🞏 3 or more times per day |
| 1. **\*What are the solid foods you offer** | 🞏 Baby Cereal  🞏 Jarred baby foods  🞏 Table food |
| 1. **\*What textures of foods does your baby eat?** | 🞏 None  🞏 Mashed  🞏 Soft pieces  🞏 Smooth  🞏 Chopped |
| 1. **\*Does your baby often have constipation or diarrhea?** | 🞏 Yes 🞏 No |

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| **Nutrition – 0-3 Months (INB)** | |
| 1. **\*How is feeding going?** | 🞏 Not Good  🞏 Great  🞏 Ok |
| 1. **\*What is baby fed other than formula?** | 🞏 Nothing else  🞏 Cereal in bottle  🞏 Sugar water  🞏 Milk (cow, goat, sheep, nut, soy)  🞏 Baby foods  🞏 Juice  🞏 Water  🞏 Tea  🞏 Pedialyte  🞏 Table Foods  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **\*Do you give your baby any of these?** | 🞏 Vitamin Drops  🞏 Vitamin D  🞏 Fluoride  🞏 Iron  🞏 None |
| 1. **\*How long does it take to feed your baby?** | \_\_\_\_\_\_ minutes |
| 1. **\*Describe how you mix the formula**   **\*Which do you put in the bottle first?** | \_\_\_\_\_\_ ounces water with \_\_\_\_\_\_ scoops /ounces formula  🞏 Formula 🞏 Water |
| 1. **\*Describe how you feed your baby the bottle?** | 🞏 Held by parent or other caregiver  🞏 Bottle propped in crib/car seat/stroller  🞏 Paced Bottle Feeding |
| 1. **\*Does your baby often have constipation or diarrhea?** | 🞏 Yes 🞏 No |
| **Baby Behavior** | |
| 1. **\*In 24 hours, what is the longest stretch of time that your baby sleeps?** | \_\_\_\_\_\_ hours |
| 1. **\*What questions do you have about your baby’s sleep?** |  |
| 1. **\*How does your baby show you he or she is hungry?** | 🞏 Hands near mouth  🞏 Bends arms and legs  🞏 Sucking noises  🞏 Puckers lips  🞏 Searches for nipple (rooting)  🞏 Cries [late sign] |
| 1. **\*How does your baby show you he or she is full?** | 🞏 Sucks slower or stops sucking  🞏 Relaxes hands and arms  🞏 Turns away from nipple  🞏 Pushes away  🞏 Falls asleep |
| 1. **\*Does it seem like your baby is crying too much?** | 🞏 Yes 🞏 No |
| 1. **\*Is it ever hard to figure out what your baby needs?** | 🞏 Yes 🞏 No |

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| **Nutrition – 4-11 Months (INB)** | |
| 1. **\*How is feeding going?** | 🞏 Great  🞏 Not so well  🞏 Mostly Ok |
| 1. **\*How does your baby show you he/she is hungry?** | 🞏 Hands near mouth  🞏 Bends arms and legs  🞏 Sucking noises  🞏 Puckers lips  🞏 Searches for nipple (rooting)  🞏 Cries [late sign] |
| 1. **\*How does your baby show you he or she is full?** | 🞏 Sucks slower or stops sucking  🞏 Relaxes hands and arms  🞏 Turns away from nipple  🞏 Pushes away  🞏 Falls asleep |
| 1. **\*Describe how you mix the formula?**   **\*Which do you put in the bottle first?** | \_\_\_\_\_\_ ounces water with \_\_\_\_\_\_ scoops /ounces formula  🞏 Formula 🞏 Water |
| 1. **\*What does your baby drink besides breastmilk or formula?** | 🞏 Nothing else  🞏 Water  🞏 Milk (cow, goat, sheep, nut, soy)  🞏 Juice  🞏 Sugar water  🞏 Pedialyte  🞏 Cereal in bottle  🞏 Tea  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **\*Do you give your baby any of these?** | 🞏 Vitamin Drops  🞏 Vitamin D  🞏 Fluoride  🞏 Iron  🞏 None |
| 1. **\*Does your baby use** | 🞏 Cup with lid  🞏 Cup without lid  🞏 Does Not Use a Cup |
| 1. **\*How often do you offer your baby solid foods?** | 🞏 Not at all  🞏 1-2 times per day  🞏 3 or more times per day |
| 1. **\*What are the solid foods you offer** | 🞏 Baby Cereal  🞏 Jarred baby foods  🞏 Table food |
| 1. **\*What textures of foods does your baby eat?** | 🞏 None  🞏 Mashed  🞏 Soft pieces  🞏 Smooth  🞏 Chopped |
| 1. **\*Does your baby often have constipation or diarrhea?** | 🞏 Yes 🞏 No |