



8. Does your baby drink from a baby bottle?  No  Yes  Sometimes (411.2)

• What does your baby drink from a baby bottle? *Check all that apply* (411.1, 411.3 & 411.5, 411.9)

- Breastmilk  Formula  Water  
 Cow's milk  Raw milk  Goat's milk  
 100% Juice  Raw fruit or vegetable juice  
 Evaporated milk  Powdered milk  Cereal in bottle or infant feeder  
 Sweetened drinks (corn syrup, soda, sweet tea, Koolaid, Tang, Hi-C, honey)  Other \_\_\_\_\_

9. Is your baby held in someone's arms when fed from a bottle? (381, 411.2)

- Never  Rarely  Sometimes  Often  Always

10. Where else is your baby given a bottle? *(check all that apply)*  Crib / Bed  Car Seat (411.2)

- High-chair  Stroller  Other \_\_\_\_\_

11. How do you feed your baby solid foods: (411.9) *(check all that apply)*

- No solid foods, baby only takes breastmilk/formula  by Spoon\*  
 in Baby Bottle\*  by Infant feeder\*  Other\* \_\_\_\_\_

\* How old was your baby when you started feeding solid foods? \_\_\_\_\_ months (411.3)

12. Which of the following foods does your baby eat? *(check all that apply)* (411.4 & 411.5, 411.8)

- No solid foods, baby only takes breastmilk / formula  
 Infant cereal  Crackers  Bread  
 Chopped fruit  Chopped vegetables  
 Strained or mashed fruits  Strained or mashed vegetables  
 Strained meat, egg yolk, yogurt, cottage cheese, tuna  Cooked beans, soft pieces of chicken, turkey, beef, pork

13. I make my baby's food at home  No  Yes  Sometimes

*Describe how you make baby's food:* \_\_\_\_\_

801, 802, 902, 903)

14. How can you tell baby doesn't want or need to eat more food? *(check all that apply)* (411.4)

- Turns head away  Food all eaten  Goes to sleep  
 Won't open mouth  Bottle is empty  Stops breastfeeding  
 None of these  Spits food out  Other, \_\_\_\_\_

15. Check any of the following concerns you have for your baby: *(check all that apply)* (411.4)

- No concerns  Constipation  Chewing/swallowing problems  
 Diarrhea  Choking/Gagging  Vomiting  Other: \_\_\_\_\_

16. Do you worry that your baby: *(check any that apply)*

- May be too slender  Is not developing well  
 May be eating too much  Is not eating enough  
 May be too heavy  No worries about baby's growth & development  
 Other: \_\_\_\_\_

17. Do you worry someone you know will hurt your baby?  No  Yes  Sometimes

18. What is your main concern today?

Thank you!