Today’s Date ____________________

WIC helps families with healthy food and nutrition choices.

What concerns, if any, do you have about what, how or how much your baby eats? 342, 411.04

1. At what Birthing Facility was the Infant born?  
______________________________________________________________________

2. Please, tell us if your baby sees a doctor, dietitian or health care provider for medical reasons, ex: hypertension, pre-hypertension, diabetes, fetal alcohol syndrome, small for gestational age, gastrointestinal disorders or anemia. 151, 152, 201, 341-357, 359, 360, 362, 382

Describe: ____________________________________________________________

3. If your baby was in the hospital in the last 3 months, please, tell us why. 359

______________________________________________________________________

4. Has your baby been screened or referred for lead poisoning?  
☐ No ☐ Yes 211

5. Please, describe any teething problems your baby may be having.  
______________________________________________________________________ 381

6. Does your baby have any food intolerances or food allergies?  
☐ No ☐ Yes 353, 354, 355

Describe: ___________________________________________________________

7. Is your baby on a special diet?  
☐ No ☐ Yes 411.8

8. What vitamin, mineral or herbal supplement do you give your baby?  
______________________________________________________________________

If not daily, how often?  
411.10, 411.11

9. List any medication your baby may be taking. 357

10. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home?  
☐ No ☐ Yes 904

11. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping? 801

☐ No ☐ Yes

12. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals?  
801

☐ No ☐ Yes

13. Did a family member have a seasonal farming job with a temporary home in the last 24 months? 802

☐ No ☐ Yes

14. What concerns, if any, do you have about anyone hurting your baby?  
______________________________________________________________________ 901

15. Do you have problems taking care of your baby?  
902

☐ No ☐ Yes 703, 704

16. Has your baby been in foster care or moved to a new foster care home within the last 6 months?  
903

☐ No ☐ Yes

17. What concerns, if any, do you have about having enough food to feed your family?  
Comment: __________________________________________________________

18. How are you feeding your baby?  
☐ Breastmilk ☐ Breastmilk + Formula ☐ Formula Only

If breastfeeding

19. On what date did breastfeeding begin?  
______________________________________________________________________

***To Be Completed by Health Care Provider (HCP)***

Medical date ____________________ Current Wt _________ lbs (103, 113, 134, 135) Ht _________ (121) Hgb/Hct _________ (201)

Name of HCP verifying applicant lives in Alaska ________________________________ ID Verified by: Visual Recognition___/Other _____ WIC

Name of CPA reviewing WIC application ________________________________ Certification Date ________________________________
20. On a scale of 0 to 10, how is breastfeeding going?
   Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well
   • I breastfeed _____ times in 24 hours. 411.7, 603, 702
   • Each feeding lasts _______ minutes. 603, 702
   • My baby has ____ (#) stool diapers a day. 411.7
   • My baby has ____ (#) wet diapers a day. 411.7

21. Are you breastfeeding another child? ☐ No ☐ Yes

22. How do you store breastmilk? (i.e., freeze, refrigerate, store on counter, in cabinet, etc.)

23. What do you usually do, if there is leftover breastmilk or formula in the bottle after a feeding?
   ☐ Throw it out ☐ Put in refrigerator
   ☐ Leave near baby

If Formula Feeding

24. If you ever breastfed, on what date did breastfeeding end?

25. What was the reason that breastfeeding was stopped?

26. At what age did you start your baby on formula?
   • I started my baby on baby formula at the age of _____ days or _____ weeks.

    On a scale of 0 to 10, how is formula feeding going?
    Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well

27. What formula are you feeding your baby?

28. How often do you feed your baby formula?

29. How much formula does your baby eat at a feeding?

30. How do you prepare your baby’s formula? 411.5, 411.6
   ☐ Powdered formula
   I add ___ scoops of powder to ____ounces water
   ☐ Concentrated formula
   I add ___ounces concentrate to ____ ounces water
   ☐ Ready-to-feed formula
   Do you add water? ☐ No ☐ Yes _____oz

31. Does your baby drink juice, sweetened drinks, soda, sweet tea, Tang/Koolaid or Hi-C in a bottle or a cup?
   ☐ Yes ☐ No ☐ Sometimes 411.2, 411.3

32. Do you add sugar, honey or syrup to your baby’s pacifier or foods?
   ☐ Yes ☐ No ☐ Sometimes 411.3
   If yes, tell us more about the reasons:

33. How old was your baby the first time he or she drank liquids other than breastmilk or formula? 411.1
   My baby was _____ months.
   List what he or she drank: __________________________

34. How old was your baby the first time he or she ate food such as cereal, baby food, or any other food?
   My baby was _____ months. 411.3
   List what he or she ate: __________________________

35. Is your baby held when bottle fed? 381, 411.2
   ☐ Never ☐ Rarely ☐ Sometimes ☐ Always

36. Where else do you give your baby a bottle?
   ☐ Crib/Bed ☐ Car Seat ☐ High-chair ☐ Stroller
   ☐ Other __________________________

37. How do you feed your baby solid foods? 411.2, 411.4
   ☐ No solid foods, only breastmilk/formula
   ☐ by Spoon ☐ In Baby Bottle ☐ by Infant Feeder
   ☐ Baby foods ☐ Finger foods ☐ Other __________

38. Check the foods your baby eats? 411.4, 411.5, 411.8
   ☐ No solid foods, only breastmilk/formula
   ☐ Infant Cereal ☐ Infant Cereal in the bottle
   ☐ Homemade baby food ☐ Crackers
   ☐ Chopped fruits/vegetables ☐ Bread
   ☐ Strained or mashed vegetables or fruits
   ☐ Strained meat/egg yolk/yogurt/cottage cheese/tuna
   ☐ Cooked soft pieces of beans/chicken/turkey/beef/pork
   ☐ Raw or undercooked meat, poultry, fish, eggs
   ☐ Unheated hot dogs/deli meat or poultry
   ☐ Soft cheeses made with un-pasteurized milk: Feta, Mexican style (queso blanco fresco), Brie, Blue
   ☐ Raw sprouts (alfalfa, clover and radish)
   ☐ Un-pasteurized milk, fruit or vegetable juice or foods made with Un-pasteurized milk

39. How do you know your baby is done eating? 411.4
   ☐ Turns head away ☐ Won’t open his/her mouth
   ☐ Eats all food ☐ Bottle is empty ☐ Spits out food

40. What does your family do for fun?

41. For Dads - please tell us what your weight _________ and height ___________ are.

42. How can WIC help your family today?

Thank you!