



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 WIC AND NUTRITION SERVICES
WIC NUTRITION ASSESSMENT FOR INFANTS

PARTICIPANT NAME:	DATE OF BIRTH:	DATE COMPLETED:
COMPLETED BY CAREGIVER OF INFANT		
<p>1. Has the doctor ever told you that your baby has any medical conditions or illnesses? [341-362]</p> <p><input type="checkbox"/> Yes, Indicate condition or illness: _____</p> <p><input type="checkbox"/> _____ No</p> <p>When is your baby's next doctor appointment? Date: _____</p>		
<p>2. What are you feeding your baby? Select all that apply: [411.3]</p> <p><input type="checkbox"/> Breastmilk</p> <p><input type="checkbox"/> Formula (name) _____</p> <p><input type="checkbox"/> Other liquids or beverages (not infant formula): _____</p> <p><input type="checkbox"/> Baby food or family/table food _____</p>		
<p>3. Where are all the places your baby takes a bottle or cup? Select all that apply: [411.2]</p> <p><input type="checkbox"/> Breastfeeding only/no bottles</p> <p><input type="checkbox"/> Bed</p> <p><input type="checkbox"/> Stroller</p> <p><input type="checkbox"/> Car seat</p> <p><input type="checkbox"/> Held by someone</p> <p><input type="checkbox"/> High chair</p> <p><input type="checkbox"/> Holds his/her own bottle</p> <p><input type="checkbox"/> Other _____</p>		
<p>4. Do you dip your baby's pacifier in sugar, syrup or honey, or add sugar, syrup or honey to breastmilk or formula? [411.2] [411.3] [411.5]</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Does your baby eat honey or any foods made with honey such as honey graham crackers, muffins, etc.?</p> <p><input type="checkbox"/> Yes [411.3] [411.5]</p> <p><input type="checkbox"/> No</p>		
<p>5. Which of the following foods does your baby eat? Select all that apply: [411.5]</p> <p><input type="checkbox"/> Fresh squeezed fruit or vegetable juices</p> <p><input type="checkbox"/> Unpasteurized (farm fresh) dairy products</p> <p><input type="checkbox"/> Soft cheeses such as Feta, Brie, Camembert, Blue-veined cheese, Queso-Blanco or Queso-Fresco</p> <p><input type="checkbox"/> Raw or undercooked meats, fish, chicken, turkey or eggs</p> <p><input type="checkbox"/> Raw sprouts (alfalfa, clover, bean, radish)</p> <p><input type="checkbox"/> Uncooked luncheon meats, deli meats, hot dogs</p> <p><input type="checkbox"/> None of the above</p>		
<p>6. Have you noticed any oral or dental problems with (in) your baby's mouth? [381]</p> <p><input type="checkbox"/> Yes, Indicate problems: _____</p> <p><input type="checkbox"/> _____ No</p>		

Your CPA/Nutritionist will discuss your baby's eating and activity habits and will ask more questions.