

INFANT 0 < 6 MONTHS FULLY FORMULA FED – NO SOLIDS ASSESSMENT QUESTIONS

QUESTION	RISK/PURPOSE	
I am going to ask you some questions about your baby's health and nutrition; then we will come back and address any concerns or questions that you may have.		
	How is your baby doing?	Rapport building
1.	Has your doctor identified any health problems or medical conditions for your baby? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2.	Has your baby had any major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3.	Is your baby taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4.	Do you give vitamins or other dietary supplements to your baby? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5.	Tell me how formula feeding is going. • How do you know when your baby is hungry? When he/she is full? • How much formula does your baby drink in 24 hours? • Does your baby drink iron fortified formula? • (If drinking less than 17 ounces of formula per day) Is your baby getting a vitamin D supplement? • In addition to what WIC provides, how many cans of formula do you buy each month?	Inadequate Vitamin/Mineral Supplementation, Very Restrictive Feeding
6.	Tell me how you prepare your baby's formula. • How much water and how much formula do you use? • What type of water do you use to prepare the formula? (Evaluate for safe water supply)	Inappropriate Formula Dilution, Unsafe Handling/Storage of Breastmilk/Formula
7.	How long do you store formula after it is prepared? • What do you do with formula left in the bottle after a feeding? • If you are going out with your baby for the day, how do you prepare and store the formula?	Unsafe Handling/Storage of Breastmilk/Formula
8.	Does your baby fall asleep with a bottle? • (If yes) Are you holding your baby? • (If yes) What is in the bottle? • Do you ever put cereal in the bottle?	Inappropriate Use of Bottle/Cup
9.	What else do you give your baby to drink? How much? (Evaluate for cow's milk, goat's milk, sports drinks, sweetened drinks, etc...)	Inappropriate Substitute for Breastmilk/Formula, Inappropriate Use of Bottle/Cup, Feeding Sugar-containing Drinks
10.	Have you offered your baby a cup? • (If yes) What do you put in the cup?	Inappropriate Use of Bottle/Cup

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11.	Does your baby: -Have honey on his/her pacifier or eat honey graham crackers? -Drink raw milk or fresh squeezed juice?	Potentially Contaminated Foods
We ask everyone the following questions, they have to do with health and safety.		Transition
12.	Does anyone smoke inside your home? • (If yes) Tell me more.	Secondhand Smoke
13.	Is there anyone in your life who is hurting you or your baby? • (If yes) Tell me more.	Recipient of Abuse (past 6 months)
<p>Note: During the risk interview consider the following additional risks that are not included in the previous questions:</p> <ul style="list-style-type: none"> • Slow Weight Gain • Foster Care (past 6 months) • Caregiver with Alcohol/Drug Addiction • Maternal Substance Use (during pregnancy) • Caregiver with Limited Ability to Make Feeding Decisions • Migrancy • Homelessness • Pri 2-Infant of WIC Eligible Mom (< 6 Months) 		
If no risks have been identified, assign: Not Meeting Feeding Guidelines (4-12 months)		



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