



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

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