Young Infant (0 – 6 months) Diet Questionnaire

Baby’s Name: _______________________  Baby’s Birth Date: __/__/____  Today’s date:  __/__/____

1) Please check all of the following you have that work.
   □ Stove Top  □ Oven  □ Microwave  □ Refrigerator

2) What does your baby usually drink? (Please check all that apply.)  □ Breastmilk  □ Formula
   □ Cow’s Milk  □ Goat’s Milk  □ Sweetened Condensed Milk  □ Evaporated Milk  □ Soy Milk
   □ Sweetened Tea  □ Water  □ Regular Pop/Kool-Aid  □ Juice/Juice Drinks  □ Herbal Tea
   □ Gatorade/Sports Drinks  □ Other: ____________________________________________

3) From what does your baby drink? (Please check all that apply.)  □ Breast  □ Bottle  □ Sippy Cup  □ Cup

4) How is breastfeeding going? __________________________________________ □ Baby not breastfed.
   a) How often does your baby nurse in a 24-hour period? __________________
   b) Can you hear your baby swallowing during feedings?  □ No  □ Yes

5) How many wet diapers does your baby have in a 24-hour period? __________________

6) How many dirty diapers does your baby have in a 24-hour period? __________________

7) Do you pump or express breastmilk for your baby?  □ No  □ Yes
   a) How do you store breastmilk?  □ Refrigerator  □ Freezer  □ Other: ______________
   b) How long do you keep breastmilk in the refrigerator before you throw it away? ____________ hours
   c) How long do you keep breastmilk after it’s been thawed? ________________ hours

8) Please check all items that might be in your baby’s bottle during a normal day.  □ Baby does not take a bottle
   □ Milk (including breastmilk)  □ Formula  □ Water  □ Juice/Juice Drinks  □ Cereal
   □ Soda Pop/Kool-Aid/Sweetened Tea  □ Corn Syrup  □ Honey  □ Baby Food  □ Other: ____________
   a) What do you do with any milk or formula left in the bottle?
      □ Leave it out to feed later  □ Put it back into the refrigerator for later  □ Throw it away  □ Other: ______
   b) How long do you let a bottle sit at room temperature? _________________ hours
   c) Is your baby’s bottle ever propped on a pillow, blanket, stuffed animal, etc.?  □ No  □ Yes

9) What formula does your baby take? ____________________ (□ with iron  □ low iron) □ Baby does not take formula
   a) What type of formula do you use?  □ Concentrate  □ Powder  □ Ready-to-feed
   b) How do you mix the formula? ______ amount water to ______ amount formula.
      • What kind of water do you usually use to make the formula? □ City/Rural  □ Well  □ Bottled  □ Unsure
      • Do you ever add anything besides water to the formula? □ No  □ Yes, what? ________________
   c) Do you warm the formula?  □ No  □ Yes, how
   d) How often does your baby take formula during a normal day? ________________
   e) How much formula does your baby take at each feeding? ________________ ounces
   f) How do you store formula after you mix it?
      □ Don’t store, give to baby right away  □ Refrigerator  □ Freezer  □ Other: ______________
   g) How long do you keep mixed formula in the refrigerator before you throw it away? ________________ days
   h) How long does a can of formula last? _____________________________________________

OVER
10) How many times does your baby drink water during a normal day? _________ □ Baby does not drink water
   a) How much water does your baby drink each time? ___________________ ounces
   b) What kind of water does your baby usually drink? □ City/Rural □ Well □ Bottled □ Unsure
   c) Do you ever add anything to the water? □ No □ Yes, what? _______________________

11) How many times does your baby drink juice during a normal day? _________ □ Baby does not drink juice
   a) How much juice does your baby drink each time? ___________________ ounces
   b) What kind of juice or juice drinks does your baby usually drink? ______________________________________
   c) Do you dilute the juice with water? □ No □ Yes

12) When did your baby start eating something other than breastmilk or formula?
   □ Hasn’t started yet □ 1 month □ 2 months □ 3 months □ 4 months □ 5 months □ 6 months
   a) What types of food does your baby eat? (Please check all that apply.)
      □ Baby foods (___ Cereal, ___ Fruits, ___ Vegetables, ___ Meats, ___ Dinners, ___ Desserts)
      □ Table foods (___ Mashed/blended, ___ Finely chopped, ___ Coarsely chopped/sliced)
      □ Other: _______________________________________________________________________
   b) How is your baby fed these foods? (Please check all that apply.) □ Bottle □ Spoon □ Fingers/Self-feeding

13) Please mark the situations that describe where your baby normally eats. (Check all that apply.)
   □ In a bed/crib □ In a car seat □ In caregiver’s arms/lap □ In a high chair
   □ At home □ At childcare/Head Start/preschool □ Other: ______________________________

14) Which sweets does your baby usually eat? (Please check all that apply.) □ Baby does not take anything sweet
   □ Sugar □ Honey □ Syrup □ Candy □ Other ________________________________
   How are they usually eaten? (Please check all that apply.)
   □ Added to/in drinks □ In pre-sweetened drinks □ On the pacifier
   □ Added to/on foods □ In sweet foods (candies, cookies, cakes etc) □ Other __________________

15) Does your baby have any health/medical/dental problems? □ No □ Yes, please list: _________________________
    Was this problem diagnosed by a doctor? □ No □ Yes

16) Please check and describe all of the following your baby usually takes.
    □ Over-the-counter drugs (cold medicine, pain killers, etc.) ________________________________
    □ Prescription medication ____________________________
    □ Vitamin and/or minerals supplements ____________________________
    □ Herbs/Herbal Supplements (Echinacea, ginger, etc.) ________________________________
    □ Other ________________________________

17) Do you worry about how much your baby is eating? □ No □ Yes, please explain __________________________

18) What is one thing you like about your baby’s eating? ______________________________________________

19) What is one thing that you would like to change about your baby’s eating? ______________________________