

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? _____

- 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? _____