Location of CPA	HT	WT	BMI	HGB	Mom's BMI	Dad's BMI

Ohio Department of Health • Bureau of Nutrition Services

WIC Health History for Infants

Baby's name			Today's date
Your name			Your relationship to baby (96)
Birthdate	Date baby was due (50)	Birth weight (51, 59)	Birth length (52)
Baby's doctor or clinic		Date of last doctor or clinic visit	Were you on WIC during this pregnancy? ☐ Yes ☐ No (61)

Please answer the questions below

My baby breastfeeds

Every _____ hours **or** _____ times a day and _____ times a night ☐ Not breastfed (71, 75)

Check all that apply to your breastfed baby.

☐ Weak suck ☐ Slow weight gain ☐ Problems latching on ☐ My baby has no problems breastfeeding

☐ Not breastfeeding ☐ Other _____ (56, 74)

Did you ever breastfeed your baby?

☐ Yes ☐ No

Still breastfeeding?

☐ Yes ☐ No

Why did you stop?_____ How old was your baby when you stopped? _____

Was your baby born three or more weeks early?

☐ Yes How many weeks? _____ ☐ No (50)

Check any health problems your baby has.

☐ Colic ☐ Reflux ☐ Teeth/gums ☐ Birth defects ☐ Slow weight gain ☐ Jaundice (yellow color)

☐ Other _____ ☐ None (56, 68, 91, 93, 94)

List your baby's medicines.

☐ None (93)

Is your baby up to date on shots?

☐ Yes ☐ No ☐ Don't know

Has the doctor tested your baby's blood for lead?

☐ Yes Results_____ ☐ No ☐ Don't know (21)

Do you clean your baby's gums or teeth?

☐ Yes ☐ No

Check all that your baby takes.

☐ Vitamins (vitamin D) ☐ Iron drops ☐ Fluoride drops ☐ Herbs

☐ Other _____ ☐ None (30)

List your baby's food allergies.

☐ None (93)

How many times a day is your baby's diaper wet or dirty?

(74)

OVER ☛

If you give your baby bottles, what is in the bottles?

☐ Breastmilk ☐ Formula Which formula? _____ ☐ No bottles used

How many ounces a feeding? _____ How often are the feedings?_____ (38)

If you mix formula, what kind of water do you use?

☐ Well ☐ City ☐ Distilled ☐ Spring ☐ Nursery ☐ I don't mix formula

☐ Other _____ (38)

Do you have special instructions for mixing your baby's formula from your doctor?

☐ Yes ☐ No (38)

Do you have any questions about mixing your baby's formula?

☐ Yes ☐ No (38)

If you use bottles for your baby, check all that apply.

☐ I wash my hands before fixing the bottle. ☐ I reuse leftover bottles of formula. ☐ I sterilize the bottles and nipples.

☐ I wash the bottles with hot, soapy water. ☐ I use the microwave to warm bottles. ☐ I do not give bottles. (38)

Other than breastmilk or formula, what else do you put into the bottle?

☐ Karo® syrup ☐ Juice ☐ Punch ☐ Cow's milk ☐ Jell-O® water

☐ Sugar ☐ Pop ☐ Sheep/goat's milk ☐ Tea/coffee ☐ Cereal

☐ Honey ☐ Water ☐ Gatorade® ☐ Kool Aid® ☐ Baby foods

☐ Other _____ ☐ Nothing (36, 38)

Check all that apply.

☐ Baby is fed with a spoon ☐ Baby uses an infant feeder

☐ Baby drinks from a cup ☐ Baby's pacifier is dipped in _____

☐ Baby feeds self ☐ Baby goes to bed with a bottle

☐ Baby's bottle is propped when feeding ☐ Baby is usually fed away from home (36, 38)

If your baby has started the following foods, at what age did you start

Cereal_____ Vegetables_____ Fruit _____ Juice_____ Meat _____ Dinners_____ Desserts_____ Cow's milk _____ (36, 38)

Is there a working stove or microwave and refrigerator in your home?

☐ Yes ☐ No (38)

If anyone living in your home smokes, where do they smoke?

☐ Inside ☐ Outside ☐ Car ☐ No one smokes (46)

During the last six months, has your baby been physically, sexually or verbally abused or neglected?

☐ Yes ☐ No (67)

Do you have any questions or concerns?

_____