

**DIETARY QUESTIONNAIRE FOR INFANTS**  
Pennsylvania Department of Health -- WIC Program

Infant's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ F.I.D. #: \_\_\_\_\_  
Endorser's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your baby premature?  No  Yes If yes, how many weeks? \_\_\_\_\_  
Does your baby have any medical problems?  No  Yes Please describe: \_\_\_\_\_  
Does your baby take any medicine?  No  Yes Please list: \_\_\_\_\_

2. Describe how your baby is fed:  Breastfed only  Breastfed and formula fed  Formula fed only

3. Breastfeeding mothers please answer these questions (If using formula only, proceed to question #4).

How many daytime feedings? \_\_\_\_\_ Nighttime feedings? \_\_\_\_\_  
How long is each feeding?  Less than 5 min.  5-20 min.  20-30 min.  More than 30 min.  
Do you have any issues with  Latch  Sore nipples  Milk supply  Fussy baby  Other \_\_\_\_\_  No concerns  
Do you plan to return to work?  No  Not sure  Yes Date of return: \_\_\_\_\_  Full-time  Part-time

If you are using a pump, please answer these questions:

Type of pump?  Hand pump  Single Electric  Double Electric  
What made you decide to pump? \_\_\_\_\_  
How many times do you pump in 24 hours? \_\_\_\_\_ Ounces per session: \_\_\_\_\_  
Does pumped milk sit out (not in the refrigerator)?  No  Yes If yes, how long? \_\_\_\_\_  
How long is pumped milk stored in the refrigerator? \_\_\_\_\_ In the freezer? \_\_\_\_\_  
How long do you keep thawed breast milk in the refrigerator?  1 day  2 days  3 days or more  
Do you re-freeze thawed breast milk?  No  Yes  
How are you cleaning your breast pump? \_\_\_\_\_ How often? \_\_\_\_\_

4. If you give your baby any formula, please answer these questions:

Name of formula (s) \_\_\_\_\_  
How many daytime feedings? \_\_\_\_\_ Nighttime feedings? \_\_\_\_\_  
How many ounces per feeding? \_\_\_\_\_

Describe which type of formula you use and how it is prepared:

Concentrate: \_\_\_\_\_ ounces formula with \_\_\_\_\_ ounces water  
Powdered: \_\_\_\_\_ scoops powder with \_\_\_\_\_ ounces water Which is added first?  Water  Powder  
Ready-to-feed: Do you add water?  No  Yes

What kind of water is used to prepare formula?  Well  Bottled  Nursery  Tap Do you boil the water?  No  Yes  
How long do you keep formula in the refrigerator?  1 day  2 days  3 days or more  Not applicable  
How long does a bottle of formula sit out (not in the refrigerator)?  1 hour or less  1 to 2 hours  2 or more hours  N/A

5. How many bowel movements does your baby have in 24 hours? \_\_\_\_\_

Describe the color:  Yellow/Tan  Green  Brown  Black

How many wet diapers in 24 hours? \_\_\_\_\_ Describe the color:  Light Yellow  Dark Yellow

Did the doctor say your baby has jaundice?  No  Not sure  Yes

6. Does your baby take any of the following?

Multivitamins  Fluoride  Iron  Vitamin D  Herbal teas or supplements  
 Anise Tea  Other \_\_\_\_\_  None of these

7. Does your baby drink from a bottle?  No  Yes  
 Where?  Crib  Stroller/car seat  High chair  Someone holds it  Baby walks around with it  Other  
 What do you do with breast milk or formula left in the bottle after a feeding?  Save it for later  Throw it away  Other
8. Does your baby use a sippy cup?  No  Yes  
 When?  Mealtimes  With snacks  Walks around with it  Other  
 What goes in the cup?  Breast milk  Formula  100% juice  Milk  Water  Other \_\_\_\_\_
9. Check any milk products your baby receives besides breast milk or formula:  
 Cow's milk:  Whole  2%  1%  Skim  Lactose-free  Chocolate/Strawberry  
 Goat's milk  Soy milk  Rice milk  None of these  Other \_\_\_\_\_
- Check any other beverages you give your baby:  
 Soda  Kool-Aid  100% fruit juice  Hugs or drinks in pouches, boxes, etc.  Tea  
 Juice drinks (Hawaiian punch, Hi-C, Sunny D, etc.)  Other \_\_\_\_\_  None of these
10. When do you feed your baby?  When baby is fussy or cries  On a schedule  When baby seems hungry  
 How do you tell when baby is hungry? \_\_\_\_\_  
 How do you tell when baby is full? \_\_\_\_\_
11. Do you offer baby foods?  No  Yes Which ones?  Infant Cereal  Infant fruits or vegetables  Infant meats  Other  
 Describe the texture:  Pureed  With chunks How do you feed these foods?  Bottle  Spoon  Infant feeder
- Do you offer table foods?  No  Yes  
 Describe the texture:  Pureed  Mashed  Finely chopped  Chunky chopped  Regular
12. Does your baby receive any of the following foods?  
 Popcorn/nuts/candy  Whole grapes  Hard candy/lollipops  Seeds/berries/raisins  Pretzels/chips  
 Raw vegetables  Peanut butter  Gummies/jelly beans  Hot dogs  Chunks of meat or cheese
13. Do you add salt, sugar, syrup, or honey to your baby's foods or drinks?  No  Not sure  Yes
14. Does everyone wash their hands before feeding baby and/or preparing food?  No  Not sure  Yes
15. Do you clean your baby's gums and teeth?  No  Yes
16. Check the items you have at home that work:  Running water  Stove  Refrigerator  Freezer  Microwave  
 Is there a thermometer in your refrigerator or freezer?  No  Yes What is the refrigerator temperature? \_\_\_\_\_ Freezer? \_\_\_\_\_
17. Does your baby receive any of the following foods?  
 Raw or unpasteurized milk  Honey  Raw or uncooked eggs, meat, or fish  Soft cheeses like Feta or Brie  
 Unpasteurized juice/cider  Bean sprouts  Raw cookie dough or cake batter  Hot dogs, deli or lunch meats
18. Does your baby drink water?  No  Yes How many ounces daily? \_\_\_\_\_
19. Is your baby allergic to any foods?  No  Yes Which foods? \_\_\_\_\_
20. Are others in the family allergic to any foods?  No  Yes  
 Who?  Parent  Sister/Brother  Grandparent  Other \_\_\_\_\_  
 What foods?  Soy  Eggs  Wheat  Peanuts/Nuts  Milk/Milk products  Other \_\_\_\_\_
21. Does anyone smoke in your home?  No  Yes
22. Do you ever have to choose between buying food and paying bills?  Often  Sometimes  Rarely  Never