

Complete Questions - Infant

JULY 2014

A: 100's Anthropometric

Height/weight, %tiles, anything related to weight gain, loss, growth

- (Ask only if concern) What has your doctor said about your baby's growth?
- How do you feel about your baby's growth?
- PROBE for these topics depending on what participant shares: Family's feelings on growth, weight change, prematurity/birth weight

B: 200's Biochemical

Blood tests, anything related to blood- anemia, lead

- (If low hgb) What has your doctor said about your baby's iron?
- (If low hgb) What do you know about anemia?
- Has your baby had a lead test before? 211

C: 300's Clinical

Health/medical conditions, anything related to medical history, medical conditions

- Does your baby have any medical or nutrition conditions such as jaundice, allergies, lactose intolerance, weight loss, or recent surgery? 134, 353, 355, 359, 360, 381, others
- When was the last time your baby had a checkup at the doctor?
- Are immunizations up-to-date?

D: 400's Diet and Nutrition

- **Breastfeeding** – Tell me about your breastfeeding experience so far.
 - How often does your baby nurse? 411G
 - What changes have you noticed in your breasts?
 - How many wet diapers does s/he have in 24 hours? Dirty ones?
 - Are you pumping?
 - If using bottles, what do you do with the breastmilk after a feeding? 411I
 - Who supports you with breastfeeding?

COMPLETE QUESTIONS - INFANT

- **Formula feeding** - How are feedings going?
 - Tell me how you prepare a bottle for your baby. 411F
 - What type of water do you use? 411K
 - What do you do with an unfinished bottle? 411D, 411I
- How do you tell when your baby is full or hungry? 411D
- What foods/beverages does your baby get other than breastmilk or formula? 411C, 411D
- Tell me about any vitamins, supplements or herbal tea you are giving. 411K
- At what age do you think it's a good time to offer your baby food?
- **OLDER:** Tell me about other foods they are eating.
 - How often 411D
 - Textures of foods given 411D
 - What are family mealtimes like?

E: 900's Environmental/Other Factors

- Are there times when you feel unsafe for you or your baby? 901
PROBE for safety/abuse, drug/alcohol abuse, foster care 902, 903, 904
- Do you feel your family could use support from other programs for housing or food at this time?

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