**Infant Nutrition/Health Questionnaire** (6 weeks -12 months old)

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES YOUR BABY DRINK BREAST MILK, FORMULA, MILK OR A COMBINATION OF?**

Breast milk Formula Milk

Combination of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If formula, specify brand used

**IF BREAST FEEDING, DO YOU PLAN TO COME TO SCHOOL AND BREAST FEED**?

Yes No

If no, are you going to bring in breast milk, or do you want Head Start to provide formula?

**DOES YOUR BABY HAVE ANY ALLERGIES OR INTOLERANCES TO FORMULAS?**

If yes, please list type:

**DOES YOU CHILD HAVE ANY DIGESTIVE PROBLEMS (*REFLUX DISEASE, COLIC, ETC.*,)**

**PLEASE DESCRIBE ANY TREATMENTS THAT ARE WORKING**?

**HAS YOUR BABY STARTED ON INFANT CEREAL, BABY FOOD OR TABLE FOOD?**

 Yes No

If yes, please list types:

**IS YOUR BABY ALLERGIC OR HAVE INTOLERANCE TO ANY FOODS?**

If yes, please list types:

**HAS YOUR CHILD BEEN PRESCRIBED A MINERAL SUPPLEMENT OR VITAMIN?**

Yes No

**DOES YOUR CHILD DRINK JUICE**?

Yes No

Breast milk or infant formula should be the only nutrient food to infants until approximately 6 months of age. After 6 months, parents can introduce fruit, but not in the form of juice. Instead, I offer infants ready for solid foods whole fruits that have been mashed or pureed. If a baby fills up on juice it could sideline the important nutrients they need for health growth, including the protein, fat, calcium and iron that come in breast milk and formula. American Academy of Pediatrics warns that drinking too much juice early in life can even stunt a child’s growth.

**DOES YOUR BABY DRINK FROM A CUP**? If yes, any special needs beyond a regular sippy cup?

Yes No

**DOES YOUR BABY HAVE?**

* Diarrhea
* Constipation
* Vomiting often
* None of these

If yes, please describe

**HAS YOUR CHILD HAD CLOSE CONTACT WITH ANYONE WITH AN ACTIVE INFECTIOUS TB DISEASE IN THE PAST 12 MONTHS?** YES NO

|  |
| --- |
| **HAS YOUR CHILD TRAVELED TO A HIGH RISK COUNTRY FOR MORE THAN 1 WEEK IN THE PAST TWO YEARS?**  YES NO \*High-risk country: Any country other than the United States, Canada, Australia, New Zealand, or a country  in Western or Northern Europe  |

**DOES YOUR BABY HAVE ANY EXISTING PROBLEMS FROM BIRTH THAT PROMISE WILL NEED TO MAKE ACCOMODATIONS FOR AT SCHOOL OR SOCIALIZATIONS**?

Yes No If yes, please explain

Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_