

INFANT NUTRITION SURVEY

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|-------------|-------------|---------------|
| Baby's Name | Baby's Age: | Today's Date: |
|-------------|-------------|---------------|

Please circle or write your answers to the following questions:

1. How are you feeding your baby? *Breastfeeding* *Both breastfeeding and formula* *Formula Feeding*

2. What questions do you have about how your baby is eating and growing?

3. In the last 24 hours (day & night), how many wet diapers did your baby have? _____

4. In the last 24 hours (day & night), how many dirty (poopy) diapers did your baby have? _____

5. Circle all the ways you would describe your baby's poop:
Color: *Black & Sticky* *Brownish to Greenish* *Yellowish & Seedy* *Other* _____
Texture: *Firm* *Hard & Pebbly* *Soft* *Watery* *Other* _____

6. How do you know when your baby is ready to eat? _____

7. How do you know when your baby is full? _____

8. Does it seem like your baby is crying too much? **Yes** **No**

9. What is the longest stretch of time that your baby sleeps? _____

10. How do you feel that your baby is sleeping: **Not Enough** **Too Much** **Just Right** **I'm Not Sure**

11. **If you breastfeed your baby:**
How many times in 24 hours do you breastfeed? _____
How is breastfeeding going? (Not good) 1.....2.....3.....4.....5 (Great)

12. **If you feed your baby formula:**
How often does your baby take a bottle of formula? _____
How many ounces of formula are put in each bottle? _____
How many ounces of formula does your baby drink at a feeding? _____
What is the name of the formula you give your baby? _____
How do you make the formula: How much formula _____ How much water _____
How is formula feeding going? (Not good) 1.....2.....3.....4.....5 (Great)

13. **If your baby uses a bottle:**
 - **Where are all the places your baby takes a bottle:** *Bed* *Stroller* *Car Seat* *High-chair*
Held in someone's arms *Hold's own bottle* *Other* _____
 - **Does your baby drink anything out of the bottle other than formula or breastmilk?** **Yes** **No**

14. I give my baby: *Vitamins* *Iron drops* *Vitamin D* *Fluoride* *Medicine* *None* *Other* _____

15. My baby currently has: *Allergies* *Rash* *Constipation* *Diarrhea* *Vomiting* *Colic* *None*

16. Where do baby's drinking water and/or water to mix formula come from?

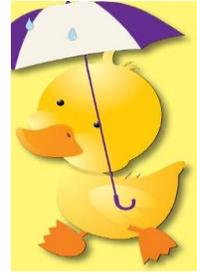
INFANT NUTRITION SURVEY – Tips for Staff

Baby Behavior Questions

question #8 Does it seem like your baby is crying too much? Yes No

Probing Questions

- Tell me more about your baby's crying.
- Is this happening at a certain time of the day? When is the crying the most?
- Is there a pattern to the crying? Such as – After Feeding? When you lay the baby down? All day long?
- What is the baby's body doing when baby is crying? What types of movements with the arms & legs?
- What do you do when your baby cries?
- Tell me how you handle the crying.



Education Topics:

- Reasons why a baby cries
- Repetition to soothe
- Look at what is going on around the baby with the baby's environment
- Look at what the baby is showing you
- *Brochures: Crying; What should I do if my baby needs something to be different?*

Affirmations:

- Crying is normal and know that it doesn't last forever. It gets better.
- Sounds like you are really trying to figure out what is going on with baby.
- Newborns can be hard to read.

Question #9: What is the longest stretch of time that your baby sleeps?

Question #10: How do you feel that your baby is sleeping?

Not Enough Too Much Just Right I'm Not Sure

Probing Questions

- How long do you feel that your baby should sleep?
- Tell me more on how you feel about your baby's sleep. What makes you feel this way?

Education Topics:

- Normal sleep patterns for baby
- Small stomach size
- Importance of waking
- Light vs. deep sleep
- Tips to get more sleep
- Waking due to growth spurts, change in routine, or sickness
- *Brochures: Healthy Sleep for Baby*



Affirmations:

- I can imagine how hard this is, it does get better.
- A lot of parents have these concerns, but know that this is normal.