

**HEAD START INFANT NUTRITION HISTORY**  
(Complete only for children 0-12 months age)

Infant's Name:	Site:	Interviewer:
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Chronological Age **9** - Months Premature **9** = Corrected Age **9**

**EATING SKILLS**

1. How do you feed your baby?                      Breastfeed                      Breast and Bottle                      Bottle

Do you have any concerns about breast feeding? \_\_\_\_\_

2. If you are breast feeding, how many times in 24 hours do you breast feed? \_\_\_\_\_

How many ounces does your baby drink at each feeding? \_\_\_\_\_ Brand: \_\_\_\_\_

3. If you are bottle feeding, how many times does your baby get a bottle in 24 hours? \_\_\_\_\_

How many ounces does your baby drink at each feeding? \_\_\_\_\_ Brand: \_\_\_\_\_

What do you use?                      Concentrated Formula                      Powdered Formula                      Ready to Feed                      Fresh Milk

How do you prepare your formula? \_\_\_\_\_

4. Does your baby drink a bottle in bed?      Yes                      No

5. What else do you put in your baby's bottle?      Water    Water w/Sugar    Honey    Karo Syrup    Jello Water    Rice Water    Juice    Cereal    Hi-C  
Lemonade    Punch    Kool-Aid    Soda    Tea    Coffee    Chocolate Milk

6. Which do you feed your baby?                      Homemade Baby Food                      Bay Food in Jars

7. Who else feeds your baby? \_\_\_\_\_

8. My baby has:                      Allergies: \_\_\_\_\_                      Diarrhea                      Constipation                      None of These

9. Do you have any questions about the way your baby is eating?                      Yes                      No

If yes, please explain: \_\_\_\_\_

**ASSESSMENT**

Age/Weight	Nutritional Intake	Assessment	Intervention	Follow Up (T)
	Breast Feeding	Nurse on demand?                      Y N Nurse at least 8x/day?                      Y N (First month) Nurse at least 5x/day?                      Y N (After first month)	If less than recommended, evaluate growth grid WNL. Refer to lactation consultant if necessary.	<b>9</b>
8 lbs.	20-23 oz Formula	Completes bottle in 20-30'?                      Y N Holds baby while feeding?                      Y N Is formula mixed correctly?                      Y N	>30'-evaluate suck-swallow Encourages/demo holding Correct mixing of formula	<b>9</b>
12 lbs.	28-32 oz. Formula	Completes bottle in 20-30"                      Y N Holds baby while feeding? Is formula mixed correctly?	>30'-evaluate suck-swallow Encourages/demo holding Correct mixing of formula	<b>9</b>
4 to 6 months	30-32 oz +strained foods	Hold head upright?                      Y N Food stays in mouth?                      Y N	Start solids	<b>9</b>
7 to 9 months	28-28 oz + junior foods	Picks up small objects?                      Y N Holds own bottle?                      Y N	Start finger feeding	<b>9</b>
10 to 12 months	22-28 oz + junior foods + table food	Drinks from cup?                      Y N Eats lumpy food?                      Y N	Encourage self-feeding Introduce table foods/textures	<b>9</b>

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**TRANSITION OF SOLIDS**

Date infant's corrected age in months	1	2	3	4	5	6	7	8	9	10	11	12	Assessment		Intervention	Follow-Up (T)
	Acceptable		Unacceptable													
Water													Plain, during hot weather	mixed with sugar, honey or Karo	Training & education	9
Infant Cereal													spoon fed	in a bottle; adult cereal	spoon fed, infant cereal	9
Fruits & Vegetables													no citrus until 12 mos	strained food in a bottle; citrus before 12 mos	spoon fed	9
Meat/Poultry/Alternative													spoon fed	strained food in a bottle	spoon fed	9
Bread/Cereal/Starches													finger foods, toast, crackers, Cornbran, Cheerios	Sugar-coated cereals, cake, cookies	toast, crackers, Cornbran, Cheerios	9
Juices													infant or diluted adult. No citrus until 12 mos	Kool-aid, Tang, soda, iced tea; citrus before 12 mos	infant or diluted adult; citrus at 12 mos	9
Egg Yolk													cooked yolk	egg whites; whole eggs	Cooked yolk	9
Dessert/Snack													pudding; plain yogurt	candy, chips, sweets	plain yogurt, fruit	9
Milk													whole milk	nonfat or lowfat milk	formula or breast milk to 1 year	9
Flouride Supplement													yes	no	if no, refer to physician	9

Food can be introduced

Food should not yet be introduced