Diet Health History for Infants

Today's Date: _____

Name: _____

DOB: _____ Age: _____

Breastfeeding History for Infants

1. Is this infant currently breastfed?
   ❑ Yes ❑ No
2. If no, was this infant *ever* breastfed or fed breastmilk?
   ❑ Yes ❑ No

Breastfed Infant (Total or Partial)

3. How many feedings has this infant had in the past 24 hours? _____
4. How long did each feeding last? _____
5. Have you had any problems breastfeeding?
   ❑ Yes ❑ No

   If yes, list the problems: _____

   _____
6. How many dirty diapers per day? _____

Bottle-Fed Infant (Answer only if bottle-feeding this infant.)

7. What type of formula do you use for this infant?
   ❑ Powder ❑ Concentrated ❑ Ready-to-Use
8. What is the name of the formula? _____
9. How is the formula diluted and mixed?

   _____
10. Do you add anything to the formula besides water?
    ❑ Yes ❑ No

    If yes, what is added? _____
11. Is water boiled before it is mixed with formula?
    ❑ Yes ❑ No
12. How many bottles do you make at one time? _____
13. How much breastmilk or formula do you put in each bottle? _____
14. How much breastmilk or formula does this infant drink at each feeding? _____
15. How many bottles of breastmilk or formula does this infant drink in 24 hours? _____
16. How long does one can of formula last? _____
17. What is done with leftover breastmilk or formula in the bottle?

    _____
18. How are bottles and equipment cleaned? _____

    _____
19. How are bottles of breastmilk or prepared formula stored?

    _____

All Infants

20. Do you always hold this infant during feedings?
    ❑ Yes ❑ No
21. Do you put this infant in bed with a bottle?
    ❑ Yes ❑ No
22. Do you prop up the bottle?
    ❑ Yes ❑ No
23. Do you let this infant crawl or walk around with the bottle or a cup?
    ❑ Yes ❑ No
24. Do you give this infant the bottle whenever he cries?
    ❑ Yes ❑ No
25. Do you give the bottle to feed liquids other than breastmilk, formula, or water?
    ❑ Yes ❑ No

    If yes, what do you give? _____
26. Have you ever given this infant any **drinks** other than breastmilk or formula?
    ❑ Yes ❑ No

    If yes, how old was the infant? _____
27. Do you give any of the following to this infant?

a. juice	❑ Yes	❑ No
b. water	❑ Yes	❑ No
c. tea or coffee	❑ Yes	❑ No
d. colas or other sweetened beverages	❑ Yes	❑ No
e. corn syrup, sugar, or salt	❑ Yes	❑ No
f. honey	❑ Yes	❑ No

28. Have you ever given this infant any **foods** other than breastmilk or formula?

    If yes, at what age? _____

    If no, skip to **Health History for Infants**.

Continue on other side →

Name: _____

DOB: _____

29. What foods or beverages, other than breastmilk or formula, have you given this infant in the last 24 hours? (Please list and include amounts.)

_____

_____

_____

_____

30. Does this infant use his or her fingers to eat with?
❑ Yes ❑ No

How are solid foods fed to this infant? _____

Health History for Infants

31. Where does this infant get health care? _____

_____

32. How long has it been since the last health-care visit? _____

33. Has this infant ever had any health problems?
❑ Yes ❑ No

If yes, please list:_____

_____

34. Do you feed this infant a special diet or have special instructions you follow?

❑ Yes ❑ No

If yes, what is the diet or instructions? _____

_____

35. Does this infant have any feeding problems?
❑ Yes ❑ No

If yes, what problems? _____

_____

36. Are there any foods that you limit, avoid, or do not give this infant for any reason?
❑ Yes ❑ No

If yes, please list:_____

_____

37. Has this infant had surgeries, burns, or serious injuries?
❑ Yes ❑ No

38. Is this infant taking any medications?
❑ Yes ❑ No

If yes, please list:_____

39. Do you give this infant any of these?
a. herbal medicine ❑ Yes ❑ No
b. vitamins or minerals ❑ Yes ❑ No

40. Do you have any of these?
a. a working stove ❑ Yes ❑ No
b. a working refrigerator ❑ Yes ❑ No
c. running water ❑ Yes ❑ No

41. Is there anyone living in this household who currently smokes inside the home?
❑ Yes ❑ No

42. Are you afraid someone you know may injure or harm you or this infant?
❑ Yes ❑ No

National Domestic Violence Hotline 1-800-799-7233

43. Are you ever concerned you won't be able to buy enough food to feed your family?
❑ Yes ❑ No

The Texas Information and Referral Network can be reached by dialing 211 or online http://www.211Texas.org.

Staff Comments