

## Early Head Start Nutrition Questionnaire for ages Birth - 12 months

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

WIC:  Yes  No SNAP:  Yes  No

1. Is your child:  Breastfed  Formula-fed
2. If formula-fed, what type of formula? \_\_\_\_\_ is it Iron-fortified?  Yes  No  
Preparation method: \_\_\_\_\_ Number of ounces taken daily: \_\_\_\_\_  
Do you put anything else in the bottle with the formula?  Yes  No If yes, what? \_\_\_\_\_
3. Is your infant on a special diet?  Yes  No If yes, please describe what type of diet, by whom was it recommended and why? \_\_\_\_\_  
How long has your child been on a special diet? \_\_\_\_\_
4. Does your child take any of the following fluids?  Yes  No If yes, how much?  
Cow's milk (whole, 2%, 1% or skim?  Yes  No Amount: \_\_\_\_\_  
Fruit drink, Kool-Aid, or soda?  Yes  No Amount: \_\_\_\_\_  
100% Fruit Juice?  Yes  No Amount: \_\_\_\_\_
5. Does your child drink water?  Yes  No If yes, how much? \_\_\_\_\_  
Is it fluoridated?  Yes  No Does your child take fluoride supplement?  Yes  No  
Do you add sugar, honey or syrup to the water?  Yes  No
6. Circle any of the following foods your child is eating:  

	Meat	Egg yolks	Vegetables	Desserts	Poultry
Cereals	Fruits	Mixed dinners	Fish	Breads	
		Whole eggs (not given until one year of age)			

List other foods your child is eating: \_\_\_\_\_

7. Do you clean your child's gums/teeth daily?  Yes  No
8. Does your child sleep with a bottle?  Yes  No If yes, what's in it? \_\_\_\_\_
9. Do you have any concerns about your child's eating habits?  Yes  No  
If yes, please explain: \_\_\_\_\_

### Recommended Infant Feeding Guide

Age	Breast milk* or Iron Fortified Formula	Infant Cereal	Plain Fruits & Vegetables	Plain Meats, Egg Yolks & Fruit Juices	Some Plain Table Foods
Birth-3 months	Yes				
4 months	Yes				
5 months	Yes				
6 months	Yes	Yes	Yes		
8-11 months	Yes	Yes	Yes	Yes	Yes

\*Breastfed infants should receive iron supplementation; Please talk to your child's doctor about this.

**PLEASE NOTE: The serving sizes of each food will vary with the infant's age and growth rate. The introduction of solid foods may be delay, if desired. When introducing new foods, always wait 3-4 days between foods. In the event the child has an adverse reaction, the food may be easily identified.**

Please share any additional information on the back of page.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date