

HEALTHCHECK INFANT'S FOOD RECORD (Birth to 12 Months of Age)

Name of Infant	Date
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Directions: Write down everything your baby ate or drank in the last 24 hours (meals and snacks). Start with the first morning feeding yesterday to the first morning feeding today.

Example

3:00 AM Home	Breastfed
7:00 AM Home	Breastfed
9:00 AM Sitter	3 ounces SMA with Iron, concentrate (made with 1 can concentrate and 1 can water)

TIME	PLACE	AMOUNT AND FOOD OR BEVERAGE CONSUMED

OFFICE USE ONLY	Ounces of formula	Number Breast Feed	Bread	Vegetables	Fruit	Meat
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1. Is this the way your baby eats most of the time? Yes No If no, why not?
2. What is fed to your baby in a bottle? Breast Milk Formula Juices Water Cereal Milk Jello
 Water Tea Other
3. Check any problems your baby has during feedings. Chokes and Gags Is a fussy eater
 Other
4. Where does your baby's drinking water come from? Well City Water Bottled Water Don't know
5. How often does your baby go to babysitter or day care? Days a week Never
 If baby goes to sitter or day care, are meals / food provided? Yes No
6. When you are short of money for your baby's food or formula, what do you do?