

## 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 a babysitter or day care?      \_\_\_\_\_ days a weeks      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? \_\_\_\_\_