

SAMPLE Infant Umbrella Health Questions (*Certification Visit*)

Tell me about your baby's doctor, their last visit, and any growth concerns.

- 1 Does your baby have a regular doctor or go to a clinic?
- 2 When was the last time your baby saw a doctor?
- 3 Do you or your doctor have any concerns about your baby or your baby's growth?

Tell me about any medication use, medical conditions, and concerns with constipation, diarrhea or vomiting.

- 4 Does your baby have any problems with constipation, diarrhea, or vomiting?
- 5* Is your baby currently taking any medications?
- 6* Does your baby currently have any diagnosed medical conditions, illnesses, or developmental problems?
- 7 Is your baby seeing a specialist for anything?

Were you on WIC during your pregnancy? And does anyone living in your household smoke inside the home?

- 8* Was mother on WIC during her pregnancy?
If answer is "yes", question #9 is disabled.
- 9* If mother was not on WIC during her pregnancy, check any of the following that would have made her eligible.
- 10 Does anyone living in your household smoke inside the home?

SAMPLE Infant Umbrella Diet Questions (*Certification Visit*)

Describe to me how you are feeding your baby.

1* How are you feeding your baby?

If Exclusively breastfeeding is selected, question #8 is disabled. If formula only is selected, questions #2 and #7 are disabled.

2* How is breastfeeding going for your baby?

3* Does your baby have any feeding problems?

4* How do you know when your baby is hungry and when your baby is full?

5* What working appliances and equipment do you have to prepare bottles, formula and food?

6* How often do you feed your baby in 24 hours?

7* Are you expressing your breast milk?

Tell me what kind of formula you are using how you mix/make it.

8* If formula fed, what kind of formula is your baby taking?

9* What do you do with breastmilk or formula left in a bottle?

Describe to me what is put in your baby's bottle and when it is used.

10* What do you put in baby's bottle?

If "no bottle use" is selected, question # 11 is disabled.

11* Do you: Put baby to bed with bottle?

Prop baby's bottle?

13* How much fruit juice or sweetened beverages is baby drinking every day?

14* What solid foods is baby eating now?

Any cup or pacifier use?

12 Does your baby drink from a cup?

15* Is there anything like honey, sugar or syrup used on or in a pacifier?

Do you use faucet water or do you buy your baby's water?

16 What kind of water do you use to mix the baby's formula or for their drinking water?

17 Is the water fluoridated?

Are you giving your baby any vitamins, supplements?

18* Does baby take any vitamins, minerals, herbs, or herbal supplements?

Did your family have any problems getting enough food last month? Are you using any food programs?

19 Did your family have problems getting enough food last month?

20 Is your family participating in any food programs?

There is no question for this – this would be selected if indicated during the assessment process.

21* CPA:

- *Infant born to woman with developmental delays
- *Primary caregiver has limited ability to make feeding decisions and/or prepare food
- *Infant entered or moved from one foster care home to another in last 6 months