**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN** Division of Medicaid Services

F-01066 (07/2008)

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

|  |  |
| --- | --- |
| Name of Infant       | Date       |

**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 7:00 AM Home 9:00 AM Sitter

Breastfed Breastfed

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       |

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?