### Ohio Department of Health • Bureau of Nutrition Services

**WIC Health History for Infants**

<table>
<thead>
<tr>
<th>Baby's name</th>
<th>Today's date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name</td>
<td>Your relationship to baby</td>
</tr>
<tr>
<td>Birthdate</td>
<td>Date baby was due</td>
</tr>
<tr>
<td>Birth weight</td>
<td>Birth length</td>
</tr>
<tr>
<td>Baby's doctor or clinic</td>
<td>Date of last doctor or clinic visit</td>
</tr>
</tbody>
</table>

Were you on WIC during this pregnancy?  
☐ Yes  ☐ No

Please answer the questions below

**My baby breastfeeds**

- Every ________ hours or ________ times a day and ________ times a night  ☐ Not breastfed

Check all that apply to your breastfed baby.
- ☐ Weak suck  ☐ Slow weight gain  ☐ Problems latching on  ☐ My baby has no problems breastfeeding
- ☐ Not breastfeeding  ☐ Other

Did you ever breastfeed your baby?  
☐ Yes  ☐ No

Still breastfeeding?  
☐ Yes  ☐ No

Why did you stop? ___________________________  
How old was your baby when you stopped? ______

Was your baby born three or more weeks early?  
☐ Yes  ☐ No

Check any health problems your baby has.
- ☐ Colic  ☐ Reflux  ☐ Teeth/gums  ☐ Birth defects  ☐ Slow weight gain  ☐ Jaundice (yellow color)
- ☐ Other  ☐ None

List your baby's medicines.
- ☐ None

Is your baby up to date on shots?  
☐ Yes  ☐ No  ☐ Don’t know

Has the doctor tested your baby's blood for lead?  
☐ Yes  ☐ No

Do you clean your baby's gums or teeth?  
☐ Yes  ☐ No

Check all that your baby takes.
- ☐ Vitamins (vitamin D)  ☐ Iron drops  ☐ Fluoride drops  ☐ Herbs
- ☐ Other  ☐ None

List your baby's food allergies.  
☐ None

How many times a day is your baby's diaper wet or dirty?  
(74)
If you give your baby bottles, what is in the bottles?

☐ Breastmilk  ☐ Formula  ☐ Which formula? ___________________________  ☐ No bottles used

How many ounces a feeding? __________  How often are the feedings? ________________ (38)

If you mix formula, what kind of water do you use?

☐ Well  ☐ City  ☐ Distilled  ☐ Spring  ☐ Nursery  ☐ I don’t mix formula

☐ Other ___________________________________________ (38)

Do you have special instructions for mixing your baby’s formula from your doctor?

☐ Yes  ☐ No (38)

Do you have any questions about mixing your baby’s formula?

☐ Yes  ☐ No (38)

If you use bottles for your baby, check all that apply.

☐ I wash my hands before fixing the bottle.  ☐ I reuse leftover bottles of formula.  ☐ I sterilize the bottles and nipples.

☐ I wash the bottles with hot, soapy water.  ☐ I use the microwave to warm bottles.  ☐ I do not give bottles. (38)

Other than breastmilk or formula, what else do you put into the bottle?

☐ Karo® syrup  ☐ Juice  ☐ Punch  ☐ Cow's milk  ☐ Jell-O® water

☐ Sugar  ☐ Pop  ☐ Sheep/goat’s milk  ☐ Tea/coffee  ☐ Cereal

☐ Honey  ☐ Water  ☐ Gatorade®  ☐ Kool Aid®  ☐ Baby foods

☐ Other ___________________________________________  ☐ Nothing (36, 38)

Check all that apply.

☐ Baby is fed with a spoon  ☐ Baby uses an infant feeder

☐ Baby drinks from a cup  ☐ Baby’s pacifier is dipped in ________________

☐ Baby feeds self  ☐ Baby goes to bed with a bottle

☐ Baby’s bottle is propped when feeding  ☐ Baby is usually fed away from home (36, 38)

If your baby has started the following foods, at what age did you start

Cereal _____  Vegetables _____  Fruit _____  Juice _____  Meat _____  Dinners_____  Desserts_____  Cow’s milk _____ (36, 38)

Is there a working stove or microwave and refrigerator in your home?

☐ Yes  ☐ No (38)

If anyone living in your home smokes, where do they smoke?

☐ Inside  ☐ Outside  ☐ Car  ☐ No one smokes (46)

During the last six months, has your baby been physically, sexually or verbally abused or neglected?

☐ Yes  ☐ No (67)

Do you have any questions or concerns?