INFANT – MID-CERTIFICATION HEALTH AND DIET QUESTIONS

Michigan Department of Health and Human Services

Today's Date	
Your Baby's Name	

Medical Information

1. **Medical conditions/recent illnesses:** WIC staff will give you a list of medical conditions to review.

2. Does your child take **medications?**
   ☐ Yes ☐ No
   If yes, what kind? ____________________
   Any side effects? ☐ Yes ☐ No
   If yes, what kind? ____________________

3. Was this a:
   ☐ Single Birth ☐ Twin Birth ☐ Triplet Birth ☐ More than 3

4. Mother's Height
   _____ feet _____ inches

5. Mother's Weight
   _____ pounds

This should be answered by the **biological mother** only. What is your current height and weight? (OR if you are pregnant now or had a baby in the past 6 months, what was your weight before that pregnancy?)

6. Father's Height
   _____ feet _____ inches

7. Father's Weight
   _____ pounds

This should be answered by the **biological father** only.

8. Does anyone living in your **household smoke** inside the home?
   ☐ Yes ☐ No ☐ Unknown

9. About how many hours did your child sit and **watch television** or videos yesterday?
   ☐ > 0 and < 1 hour
   ☐ 1 hour
   ☐ 2 hours
   ☐ 3 hours
   ☐ 4 hours
   ☐ 5 hours or more hours
   ☐ None
   ☐ Unknown

Breastfeeding Information

1. Was this child ever breastfed or fed breast milk, even for a short period of time?
   ☐ Yes ☐ No ☐ Unknown

2. Is this child currently breastfed or fed breast milk?
   ☐ Yes ☐ No

3. Was this child given any formula in the hospital?
   ☐ Yes ☐ No ☐ Unknown

3a. Is this child being fed anything other than breast milk?
   ☐ Yes ☐ No

4. How old was this child when he/she was **first fed** something other than breast milk (i.e., formula, water, infant cereal)?
   Age _____ Month _____ Weeks _____ Days _____ ☐ Unknown

5. How old was this child when he/she completely stopped breastfeeding or being fed by breast milk?
Age ______ Month ______ Weeks ______ Days ______ ☐ Unknown

Reason Breastfeeding Ended:

- ☐ My baby had difficulty latching or nursing
- ☐ Breast milk alone did not satisfy my baby
- ☐ I thought my baby was not gaining enough weight
- ☐ My nipples were sore, cracked or bleeding or it was too painful
- ☐ I thought I was not producing enough milk, or my milk dried up
- ☐ I had too many other household duties
- ☐ I felt it was the right time to stop breastfeeding
- ☐ I got sick or I had to stop for medical reasons
- ☐ I went back to work
- ☐ I went back to school
- ☐ Lack of support
- ☐ My baby had an illness or medical condition
- ☐ Doctor recommended I supplement or wean
- ☐ Other ______________________________

Breastfeeding Assessment

1. What are some of the things you look for when you are trying to decide if your baby is getting enough to eat?
   - ☐ Not looking for hunger and full cues
   - ☐ < 4 dirty diapers per day (if child is 4 days-2 months)
   - ☐ < 6 wet diapers per day
   - ☐ < 8 feedings per day (if child is less than 2 months old)
   - ☐ If breastfeeding, baby has a weak or ineffective suck.
   - ☐ If breastfeeding, baby has difficulty latching
   - ☐ Baby not satisfied after eating
   - ☐ No concerns
2. Infant has/had:
   - ☐ Jaundice
   - ☐ A weak suck
   - ☐ Poor weight gain
   - ☐ Good weight gain
   - ☐ Inadequate bowel movements for age
   - ☐ None apply
3. If breastfeeding, who ends the nursing session? ☐ Mom ☐ Child
4. Does your baby take expressed breast milk? ☐ Yes ☐ No

   Tell me how you store breast milk after pumping.

   ____

5. Does your baby take formula? ☐ Yes ☐ No

   If yes, formula name ______________________________
6. Do you have access to:

   Safe water to prepare formula? ☐ Yes ☐ No

   A refrigerator to store formula or breast milk? ☐ Yes ☐ No
7. Which appliances do you use to prepare formula?
   - ☐ Stove/range
   - ☐ Hot plate
   - ☐ Microwave
   - ☐ Other ______________________________
8. Fed leftover formula/breast milk? ☐ Yes ☐ No
9. Does your baby? (Check all that apply)
   - ☐ Take a bottle to bed, nap or while lying down
   - ☐ Drink from a bottle propped up when feeding
   - ☐ Eat from a spoon
   - ☐ Get cereal or baby food in a bottle/baby feeder
   - ☐ Take a vitamin or mineral supplement or Vitamin D supplement daily

     What kind? ______________________
   - ☐ Use herbal supplement remedies or tea

     What kind? ______________________

- [ ] Receive sugar water
- [ ] Receive juice in a bottle
- [ ] Receive soda/pop in a bottle
- [ ] Use a bottle throughout the day as a pacifier
- [ ] Sip from a training cup throughout the day
- [ ] Eat finger foods
- [ ] Have any oral/dental problems
- [ ] Consume a vegetarian diet
- [ ] Follow a special diet

  If yes, why type? ____________________
- [ ] Take fluoride supplement
- [ ] None apply

10. Check what baby eats/drinks:

- [ ] Whole/low fat milk
- [ ] Yogurt
- [ ] Imitation milk
- [ ] Goat/sheep milk
- [ ] Vegetables
- [ ] Meats
- [ ] Fruit
- [ ] Cereal
- [ ] Teething biscuits
- [ ] Table food
- [ ] Mixed dinners
- [ ] Hot dogs
- [ ] Coffee/Tea
- [ ] Candy/cookies
- [ ] Ice cream
- [ ] Chips/donuts
- [ ] French fries
- [ ] Other ____________________

11. Does your baby have any food allergies?

☐ Yes ☐ No

If yes, what type? ____________________

12. Do you use sugar, honey or syrup on a pacifier? ☐ Yes ☐ No

13. Does your baby eat or drink any of the following? (Check all that apply)

- [ ] Raw (unpasteurized) juice or milk
- [ ] Soft cheese (feta, Camembert, Brie, queso blanco, queso fresco, Panela)
- [ ] Honey
- [ ] Donor human milk (acquired directly from individuals or the Internet)
- [ ] Hot dogs, lunchmeats, and other deli meats not reheated to steaming hot
- [ ] Raw or undercooked (rare) meat, fish, poultry or egg
- [ ] Raw sprouts
- [ ] None apply

14. Has your baby been in foster care in the past 6 months? ☐ Yes ☐ No

15. Does the caregiver have any of the following? (check all that apply)

- [ ] Substance use disorder
- [ ] A mental health condition
- [ ] An intellectual disability
- [ ] A physical disability
- [ ] 17 years of age or younger
- [ ] None apply

16. Did you provide MIHP Service for this client during this visit? ☐ Yes ☐ No

Staff Notes

CPA Signature	Date

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