

**MATERNAL INFANT HEALTH PROGRAM (MIHP)  
SUPPLEMENTAL NUTRITION ASSESSMENT**

**INSTRUCTIONS**

1. Fill in the name of the parent (s) and write in date the form was completed.
2. Fill in the name of the infant
3. Check yes or no regarding whether a Physician order is in place for the services of a Registered Dietitian and write the date of the order in the space provided

**INFANT'S NUTRITION**

**This section is for information about the baby's nutrition and feeding**

1. Check yes or no regarding whether mom is currently breastfeeding this infant
2. Check yes or no regarding whether this infant has ever breastfed or has ever been fed breastmilk
3. Write, on the line provided, the age that the infant was when (s)he was first fed something other than breastmilk
4. Write, on the line provided, the age that the infant was when (s)he completely stopped breastfeeding
5. If the infant is currently breastfeeding, check all responses that are true. If the infant is not currently breastfeeding, no response is necessary
6. Write, on the lines provided, how many wet diapers and how many messy (BM) diapers the infant has had in the last 24 hours
7. Check yes or no regarding whether the infant is currently drinking formula
8. If the infant is currently drinking formula, write on the line provided, the brand name and type of formula (s)he is drinking
9. If the infant is currently drinking formula, write on the line provided, how many times (s)he was fed formula in the past 24 hours
10. Check the appropriate box regarding the type of formula that the infant is being fed
11. On the line provided, write how much water is added to the infant's formula. If no water is added to the formula, no response is necessary
12. On the line provided, write how much formula the infant usually drinks at one feeding
13. Check yes or no regarding whether the infant has ever been given a bottle of formula or expressed breast milk that was left over from a previous feeding
14. On the line provided, write how much water the infant usually drinks in a 24 hour period
15. On the line provided, write how many times in a 24 hour period the infant is fed
16. Check yes or no regarding whether the parent(s) have access to safe water to prepare the infant's formula
17. Check yes or no regarding whether the parent(s) have a refrigerator to store formula or breast milk
18. Check yes or no regarding whether the infant's formula is ever stored at room temperature for longer than 2 hours
19. Check yes or no regarding whether the infant's formula is ever stored in the refrigerator for longer than 48 hours
20. Check the appropriate box regarding the type of appliance the parent(s) use to prepare the infant's formula

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21. Check yes or no regarding whether the infant eats/drinks anything besides breast milk, formula and water
22. Check the appropriate box regarding what the infant eats/drinks. If the infant eats something that is not identified, check the "other" box and write the name of the food on the line provided
23. Check yes or no regarding whether the parent(s) add sugar, honey, or syrup to any drinks or food, or use it on the infant's pacifier

**PARENT(S)/ CAREGIVER'S NUTRITION**

**This section is for information about the baby's parent(s) or caregiver(s) nutrition and feeding**

1. On the line provided, write down what changes, if any, have been made in the infant's parent(s) eating habits since the infant was born
2. Check yes or no regarding whether the parent(s) have ever had an eating disorder. If they have had an eating disorder, use the line provided to provide further description and detail (e.g. type of eating disorder, whether eating disorder is a current concern, etc.)
3. Check yes or no regarding whether the parent(s) have enough food. Check yes or no regarding whether the parent(s) have enough food for others in the household and whether or not there is a stove for food preparation
4. Check yes or no regarding whether the parent(s) are currently enrolled in WIC
5. Check yes or no regarding whether the parent(s) receive food benefits through DHS
6. On the lines provided, write down the other resources the parent(s) use for food

**This section is for comments about the infant's and/or the parent(s) or caregiver(s) nutrition and feeding**

*Please sign on the signature line provided and write the date that the supplemental nutrition form was completed*