

## NUTRITION QUESTIONNAIRE FOR INFANTS

1. How would you describe feeding time with your baby?  
(Check all that apply.)

- Always pleasant
- Usually pleasant
- Sometimes pleasant
- Never pleasant

2. How do you know when your baby is hungry or has had enough to eat?

3. What type of milk do you feed your baby and how often?  
(Check all that apply.)

- Iron-fortified infant formula
- Evaporated milk
- Whole milk
- Reduced-fat (2%) milk
- Low-fat (1%) milk
- Fat-free (skim) milk
- Goat's milk
- Soymilk

4. What types of things can your baby do?  
(Check all that apply.)

- Open mouth for breast or bottle
- Drink liquids
- Follow objects and sounds with eyes
- Put hand in mouth
- Sit with support
- Bring objects to mouth and bite them
- Hold bottle without support
- Drink from a cup that is held

5. Does your baby eat solid foods? If yes, which ones?

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6. Does your baby drink juice? If yes, how much?
  
7. Does your baby take a bottle to bed at night or carry a bottle around during the day?
  
8. Do you add honey to your baby's bottle or dip your baby's pacifier in honey?
  
9. What is the source of the water your baby drinks? Sources include public, well, commercially bottled, and home system-processed water.
  
10. Do you have a working stove, oven, and refrigerator where you live?
  
11. Were there any days last month when your family didn't have enough food to eat or enough money to buy food?
  
12. What concerns or questions do you have about feeding your baby or how your baby is growing? Do you have any concerns or questions about your baby's weight?