

## Pregnancy Questions

(Ask all questions at certifications and ⇨ questions at every visit)

- ⇨ 1. **Are you having any nausea, vomiting, heartburn or constipation?**
- ⇨ 2. **Are you expecting twins, triplets, or more?**
  - Multifetal Gestation (335)
- ⇨ 3. **Is your baby growing well?**
  - Fetal Growth Restriction (332)
- 4. **Have you had a baby that was born...**
  - More than 3 weeks early or Premature (311)
  - Less than 5# 8 ounces or Low Birth Weight (312)
  - Full term and 9# or more or Large for Gestational Age (337)
  - With a birth defect such as cleft palate (339- History of Birth with a Nutrition-related Congenital or Birth Defect)
- 5. **Are you breastfeeding?**
  - Pregnant Woman Currently Breastfeeding (338)
- ⇨ 6. **Do you have diabetes?**

(If yes, did you have diabetes before you were pregnant)

  - Diabetes Mellitus (343)
  - Gestational Diabetes (302)**Have you been tested for diabetes?**

(If yes, what were the results)
- ⇨ 7. **Do you have high blood pressure?**

(If yes, did you have high blood pressure before you were pregnant?)

  - Hypertension (345)
  - Pregnancy Induced Hypertension (345)
- ⇨ 8. **Do you have any medical conditions or have you had a major illness or injury in the last 6 months?**
  - Recent Major Surgery, Trauma or Burns (359)
  - Infectious Diseases (352)
  - See Risk Manual
- 9. **What problems cause you to avoid eating or drinking certain foods?**
  - Food Allergies (353)
  - Lactose Intolerance (355)
  - Eating Disorders (358)
  - Dental Problems (381)
  - Disabilities Interfering with the Ability to Eat (362)
  - Woman or Caregiver with Limited Ability (902)
  - Medical Problems: See Risk Manual
- ⇨ 10. **Do you eat any non-food items or large amounts of ice?**
  - Eating Non-food Items –Pica (427)
- 11. **Do you ever run out of food to feed your family?**
- 12. **Do you have a working stove, refrigerator and running water?**
- 13. **Have you been the victim of domestic violence in the last 6 months?**
  - Recipient of Abuse (901)

## Breastfeeding & Postpartum Questions

- 1. **Was your baby born...**
  - More than 3 weeks early or Premature (311)
  - Less than 5# 8 ounces or Low Birth Weight (312)
  - Full term and 9# or more or Large for Gestational Age (337)
  - With a birth defect such as cleft palate (339- Birth w/ Nutrition Related Defect at Last Delivery)
- 2. **Do you have any medical conditions or have you had a major illness or injury in the last 6 months?**
  - Recent Major Surgery, Trauma or Burns (359)
  - Infectious Diseases (352)
  - See Risk Manual
- 3. **What problems cause you to avoid eating or drinking certain foods?**
  - Food Allergies (353)
  - Lactose Intolerance (355)
  - Eating Disorders (358)
  - Dental Problems (381)
  - Disabilities Interfering with the Ability to Eat (362)
  - Woman or Caregiver with Limited Ability (902)
- 4. **Do you eat any non-food items or large amounts of ice?**
  - Eating Non-food Items – Pica (427)
- 5. **Do you ever run out of food to feed your family?**
- 6. **Do you have a working stove, refrigerator and running water?**
- 7. **Have you been the victim of domestic violence in the last 6 months?**
  - Recipient of Abuse (901)

## Breastfeeding Women Only

(Ask all questions at certifications and ⇨ questions at every visit)

- ⇨ 1. **How is breastfeeding going?**

**Do you have any concerns about breastfeeding?**

  - Breastfeeding Complications (602)
    - Engorgement or Breast Soreness, BF Kardex, pages 8-9
    - Sore Nipples, BF Kardex, pages 10-12
    - Fussy Baby, BF Kardex, pages 13-18
    - Not Enough Milk, BF Kardex, pages 19-22
- 2. **Do your breasts feel full and heavy before feeding and softer after feeding?**

(If no and baby is 6 days or older refer to Breastfeeding Lead)
- ⇨ 3. **How often are you breastfeeding? For how long at each feeding?**
  - Limited Exclusive Breastfeeding (411)
- ⇨ 4. **Are you working, going to school or away from your baby for long periods of time?**

Remember to assign: Breastfeeding Mother of Priority 1, 2 or 4 Infant (601)

## Infants 0-5 months Questions

(Ask all questions at certification and ⇔ questions at every visit)

### Breastfeeding

- ⇔ 1. **How is breastfeeding going?**  
**Do you have any concerns about breastfeeding?**
- Breastfeeding Complications (602)
    - Engorgement or Breast Soreness, BF Kardex, pages 8-9
    - Sore Nipples, BF Kardex, pages 10-12
    - Fussy Baby, BF Kardex, pages 13-18
    - Not Enough Milk, BF Kardex, pages 19-22
2. **Can you hear or see your baby swallowing during feeding?**  
(If no and baby is 6 days or older refer to Breastfeeding Lead)
- ⇔ 3. **How often are you breastfeeding? For how long at each feeding?**
- Limited Exclusive Breastfeeding (411)
- ⇔ 4. **How do you know your baby is full?**
- Feeding that Disregards Developmental Needs (411)  
(BF Kardex, page 21)
- ⇔ 5. **How do you know your baby is hungry?**
- Feeding that Disregards Developmental Needs (411)  
(BF Kardex, pages 4 and 19-20)
6. **How many wet diapers does your baby have in 24 hours?**  
(Breastfeeding (BF) Kardex, pages 19-21)
7. **How many stools does your baby have in 24 hours?**  
(BF Kardex, pages 19-22)

Remember to assign: Breastfeeding Infant of Priority 1, 2 or 4 Woman (702)

### Bottle Feeding

- ⇔ 6. **What are you feeding your baby?**
- Substitute for Breastmilk or Formula (411)
  - Inappropriate Food or Drinks (411)
  - Feeding that Disregards Developmental Needs (411)  
(BF Kardex, page 5)
- ⇔ 7. **How do you prepare and mix a bottle?**
- Improper Dilution of Formula (411)
  - Lack of Sanitation-Handling of Breastmilk/Formula (411)
- ⇔ 8. Breastmilk  
**How do you store your breastmilk?**  
Formula  
**What do you do with the can of formula after you open it?**  
**Do you make multiple bottles of formula at once?**  
**What do you do with the formula after you mix it?**
- Lack of Sanitation-Handling Breastmilk/Formula (411)
9. **Do you use plastic liners?**
- Improper Dilution of Formula (411)
- ⇔ 10. **How many times does your baby take a bottle during the daytime?**
- About how many ounces at a feeding?
- ⇔ 11. **How many times does your baby take a bottle during the nighttime?**
- About how many ounces at a feeding?

## Infants 0-5 months Questions Continued

(Ask all questions at certification and ⇔ questions at every visit)

### Bottle Feeding Continued

- ⇔ 12. **How long does it take your baby to finish a bottle?**
- Routinely using Nursing Bottles, Cups or Pacifiers Improperly (411)
  - Lack of Sanitation-Handling Breastmilk/Formula (411)
- ⇔ 13. **How do you know your baby is full?**
- Feeding that Disregards Developmental Needs (411)
- ⇔ 14. **How do you know your baby is hungry?**
- Feeding that Disregards Developmental Needs (411)
- ⇔ **What happens if your baby doesn't finish a bottle?**
- Lack of Sanitation-Handling Breastmilk/Formula (411)
- ⇔ 15. **How do you give your baby a bottle?**
- Routinely using Nursing Bottles, Cups or Pacifiers Improperly (411)
- ⇔ 16. **How do you put your baby to sleep?**
- Routinely using Nursing Bottles, Cups or Pacifiers Improperly (411)
- ⇔ 13. **What do you put in your baby's bottle besides formula/breastmilk?**
- Inappropriate Food or Drinks (411)
  - Routinely using Nursing Bottles, Cups or Pacifiers Improperly (411)
14. **Do you have safe water to mix formula, a working stove and refrigerator?**
- Lack of Sanitation-Handling Breastmilk/Formula (411)
15. **Do you ever run out of formula to feed your baby?**

### All

- ⇔ 1. **Does your baby have diarrhea or constipation?**
- ⇔ 2. **Does your baby have any medical conditions or has your baby had a major illness or injury?**
- Recent Major Surgery, Trauma, Burns (359)
  - Infectious Diseases (352)
  - See Risk Manual
4. **Does your baby have problems chewing or swallowing?**
- Dental Problems (381)
  - Disabilities Interfering with the Ability to Eat (362)
- ⇔ 5. **What is your baby being fed other than breastmilk or formula?**
- Inappropriate Food or Drinks (411)
  - Feeding that Disregards Developmental Needs (411)
  - Introducing Solids Before 4 Months
- ⇔ 6. **How is your baby being fed the foods?**
- Feeding that Disregards Developmental Needs (411)
  - Inappropriate Food/Drink (411)
7. **Has your baby been a victim of abuse?**
- Recipient of Abuse (901)

## Infants 6-12 months Questions

(Ask all questions at midcertification and ⇔ questions at every visit)

### Bottle Feeding

1. **What are you feeding your baby?**
  - Substitute for breastmilk or formula (411)
  - Inappropriate food or drinks (411)
  - Feeding that disregards developmental needs (411)
2. **How do you prepare and mix a bottle?**
  - Improper Dilution of Formula (411)
  - Lack of Sanitation-Handling of Breastmilk/Formula (411)
3. **Breastmilk**  
**How do you store your breastmilk?**  
Formula  
**What do you do with the can of formula after you open it?**  
**Do you make multiple bottles of formula at once?**  
**What do you do with the formula after you mix it?**
  - Lack of Sanitation-Handling Breastmilk/Formula (411)
4. **Do you use plastic liners?**
  - Improper Dilution of Formula (411)
5. **How many times does your baby take a bottle during the daytime?**
  - About how many ounces at a feeding?
6. **How many times does your baby take a bottle during the nighttime?**
  - About how many ounces at a feeding?
7. **How long does it take your baby to finish a bottle?**
  - Routinely using Nursing Bottles, Cups, or Pacifiers Improperly (411)
8. **How do you know your baby is full?**
  - Feeding that Disregards Developmental Needs (411)
  - Lack of Sanitation-Handling Breastmilk/Formula (411)
9. **How do you know your baby is hungry?**
  - Feeding that Disregards Developmental Needs (411)
10. **What happens if your baby doesn't finish a bottle?**
  - Lack of Sanitation-Handling Breastmilk/Formula (411)
11. **How do you give your baby a bottle?**
  - Routinely using Nursing Bottles, Cups, or Pacifiers Improperly (411)
12. **How do you put your baby to sleep?**
  - Routinely using Nursing Bottles, Cups, or Pacifiers Improperly (411)
13. **Do you have safe water to mix formula, a working stove and refrigerator?**
  - Lack of Sanitation-Handling Breastmilk/Formula (411)
14. **Do you ever run out of formula to feed your baby?**

## Infants 6-12 months Questions

(Ask all questions at midcertification and ⇔ questions at every visit)

### All

- ⇔ 1. **Does your baby have diarrhea or constipation?**
- ⇔ 2. **Does your baby have any medical conditions or has your baby had a major illness or injury in the last 6 months?**
  - Recent Major Surgery, Trauma, Burns (359)
  - Infectious Diseases (352)
  - See Risk Manual
3. **Does your baby have problems chewing or swallowing?**
  - Dental Problems (381)
  - Disabilities Interfering with the Ability to Eat (362)
- ⇔ 4. **What is your baby being fed other than breastmilk or formula?**
  - Inappropriate Food or Drinks (411)
  - Feeding that Disregards Developmental Needs (411)
- ⇔ 5. **How is your baby being fed the foods?**
  - Feeding that Disregards Developmental Needs (411)
  - Inappropriate Food or Drinks (411)
- ⇔ 7. **Does your baby eat:**  
Hotdogs\_\_\_\_, Chips\_\_\_\_, Grapes\_\_\_\_, Popcorn\_\_\_\_,  
Hard Candy\_\_\_\_, Peanut Butter\_\_\_\_
  - Feeding that Disregards Developmental Needs (411)
- ⇔ 8. **What do you put in your baby's bottle or cup?**  
(Follow up on amounts and how often)
  - Inappropriate Food or Drinks (411)
  - Routinely using Nursing Bottles, Cups, or Pacifiers Improperly (411)
9. **Has your baby been a victim of abuse in the last 6 months?**
  - Recipient of Abuse (901)

## Children Questions

1. **Does your child have any medical conditions or has your child a major illness or injury in the last 6 months?**
  - Recent Major Surgery, Trauma, Burns (359)
  - See Risk Manual
2. **What problems cause your child to avoid eating or drinking certain foods?**
  - Food Allergies (353)
  - Lactose Intolerance (355)
  - Dental Problems (381)
  - Disabilities Interfering with the Ability to Eat (362)
  - Woman or Caregiver with Limited Ability (902)
  - Medical Problems: See Risk Manual
3. **Is your child using a bottle?**
  - Routinely using nursing bottles, cups or pacifiers improperly (425)
4. **How much of the following does your child drink:**  
Gatorade/Powerade\_\_\_\_, Soda\_\_\_\_, Kool-Aid\_\_\_\_, Capri-Sun\_\_\_\_,  
Sunny Delight/Hi-C\_\_\_\_, Juice\_\_\_\_, Water\_\_\_\_, Milk\_\_\_\_,  
Other\_\_\_\_\_
  - Routinely Feeding Sugar Drinks (425)
5. **What kind of milk does your child drink?**
  - Inappropriate Milk Type/Milk Substitute (425)
6. **Does your child eat any non-food items or large amounts of ice?**
  - Eating Non-food Items –Pica (425)
7. **Is your child a picky eater?**
8. **Does your child eat:**  
Hotdogs\_\_\_\_, Chips\_\_\_\_, Grapes\_\_\_\_, Popcorn\_\_\_\_,  
Hard Candy\_\_\_\_, Peanut Butter\_\_\_\_
  - Feeding that Disregards Developmental Needs (425)
9. **Where in your home does your child eat and drink?**
  - Routinely using Nursing Bottles, Cups, or Pacifiers Improperly (425)
10. **How is your child being fed the foods?**
  - Feeding that Disregards Developmental Needs (425)
11. **How often does your child eat?**
  - Feeding that Disregards Developmental Needs (425)
12. **How do you put your child to sleep?**
  - Routinely using Nursing Bottles, Cups, or Pacifiers Improperly (425)
13. **Do you ever run out of food to feed your family?**
14. **Do you have a working stove, refrigerator and running water?**
15. **Has your child been a victim of abuse in the last 6 months?**
  - Recipient of Abuse (901)