**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN** Division of Medicaid Services

F-01066 (07/2008)

**HEALTHCHECK INFANT'S FOOD RECORD  
(Birth to 12 Months of Age)**

|  |  |
| --- | --- |
| Name of Infant | Date |

**Directions:** Write down everything your baby ate or drank in the last 24 hours (meals and snacks). Start with the first morning feeding yesterday to the first morning feeding today.

Example

3:00 AM Home 7:00 AM Home 9:00 AM Sitter

Breastfed Breastfed

3 ounces SMA with Iron, concentrate (made with 1 can concentrate and 1 can water)

|  |  |  |
| --- | --- | --- |
| TIME | PLACE | AMOUNT AND FOOD OR BEVERAGE CONSUMED |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | Ounces of formula | Number Breast Feed | Bread | Vegetables | Fruit | Meat |

1. Is this the way your baby eats most of the time?  Yes  No If no, why not?

2. What is fed to your baby in a bottle?  Breast Milk  Formula  Juices  Water  Cereal  Milk  Jello  Water  Tea  Other

3. Check any problems your baby has during feedings.  Chokes and Gags  Is a fussy eater

Other

4. Where does your baby's drinking water come from  Well  City Water  Bottled Water  Don't know

5. How often does your baby go to babysitter or day care?  Days a week  Never

If baby goes to sitter or day care, are meals / food provided?  Yes  No

6. When you are short of money for your baby's food or formula, what do you do?