



Evalyasyon Sante Tibebe Infant Health Assessment

Dat(yo): Date(s): Non Tibebe a: Infant's Name:

Non Paran an/Responsab Legal la: Parent/Guardian Name: Relasyon: Relationship:

Kesyon Istwa Sante Tibebe (tanpri ranpli tout kesyon ki sou bò sa a - kite bò dèyè a vid)

Infant Health History Questions (please complete all questions on this side - leave the backside blank)

Èske ou menm/manman tibebe a te nan WIC pandan gwosès la? Were you/baby's mother on WIC during pregnancy?

Ki kote tibebe ou an ale pou jwenn swen sante? Non doktè a/klinik lan: Where does your baby go for healthcare? Doctor/clinic name:

Èske tibebe ou an ale nan vizit pou timoun ki an sante yo? Does your baby attend well visits?

Èske tibebe ou an pran dènye vaksen yo? Is your baby up to date on shots?

Èske tibebe ou an resevwa nenpòt terapi oswa lòt sèvis? Does your baby receive any therapy or other services?

Vizit nan fwaye: Home visiting: Lòt: Other: Pa Aplikab N/A

Èske tibebe ou an gen nenpòt pwoblèm medikal, oswa èske sa pa gen lontan depi li fè yon operasyon, maladi, alèji manje, oswa blese? Tanpri esplike: Does your baby have any medical conditions, or recent surgery, illness, food allergies, or injury? Please describe:

Tanpri site nenpòt medikaman tibebe ou an ap pran: Please list any medication(s) your baby takes: Pa Aplikab N/A

Èske ou bay tibebe ou an manje nan tib? Is your baby tube fed? Wi, Tanpri dekri: Yes, Please describe: Non No

Èske tibebe ou an gen: Does your baby have: Konstipasyon Constipation Dyare Diarrhea Vomisman Vomiting Gaz Gassiness Pa Aplikab N/A

Èske gen nenpòt moun nan fanmi w ki te teste pou plon? Has anyone in your family been tested for lead? Wi (nivo yo): Yes (levels): Non No Mwen pa konnen I don't know

Kijan ou netwaye dan/jansiv tibebe ou an? How do you clean your baby's teeth/gums?

Èske w ap viv nan yon kote tanporè (chèltè/abri, otèl, elatriye)? Do you live in a temporary place (shelter, hotel, etc.)? Wi Yes Non No

Èske timoun ou an te antre nan fanmi akèy oswa te demenaje nan fanmi akèy, nan 6 mwa ki sot pase yo? Has your child entered foster care or moved foster care homes, within the past 6 months? Wi Yes Non No

Èske tibebe ou an te sibi vyolans fizik, vèbal, seksyèl, oswa te neglije? Has your baby been physically, verbally, sexually abused or neglected? Wi Yes Non No

Ki kote tibebe ou an dòmi? Where does your baby sleep? Bèso Crib Basinèt Bassinet Kribèt/Pack n Play Cribette/Pack n Play Ak yon lòt moun/timoun With another person/child Lòt Other

Konbyen daypè tibebe ou an mouye oswa sal chak jou? How many wet and dirty diapers does your baby have each day? Mouye: Wet: Sal: Dirty:

Èske ou enkyete w pou manje w pa fini? Do you worry about running out of food? Wi Yes Non No

Èske w itilize bank alimantè/sant distribisyon manje lokal yo? Do you use local food banks/pantries? Wi Yes Non No

Ki kesyon oswa enkyetid ou genyen sou sante, abitud manje, ak alètman tibebe ou an?

What questions or concerns do you have about your baby's health, eating habits, and breastfeeding?

This portion is to be completed by WIC staff

New Cert (date): _____ Recert (date): _____ HA (date): _____ Continue Goal

Location of WIC Program Application: _____

HT _____ WT _____ Hgb _____ (optional)

Nutrition, Breastfeeding, and Physical Activity Questions (to be completed by WIC staff member)

Check for safe sleep (bedding/wraps/pacifier) _____

How do you interact with your baby? _____

Tell me about screen time and your baby: Time/day _____ Days/week _____

Tell me about your experience with giving your baby breast milk: _____

Describe what your baby eats and drinks each day: _____

Targeted diet assessment may include:

- Breastfeeding challenges
- Feedings per day/ounces
- Number of bottles/days
- Paced feeding
- Hunger and feeding cues
- Formula mixing and preparation
- Water source
- Choking/gagging
- Religious or cultural diets
- Bottle use/propped/sleeping
- What's in the bottle?
- Cup/sippy cup use
- What age did your baby start eating foods?
- Food safety, handwashing, leftover milk
- Feeding tube

Caregiver with limited feeding decision/inability to prepare foods:

Current/history of alcohol or substance abuse Mental illness, including severe depression
 Intellectual disability Physical disability Age ≤ 17 years N/A

Notes: