

INFANT FEEDING QUESTIONNAIRE

Feeding challenges are incredibly common for breast and bottle-fed babies and can be extremely challenging to identify among parents and caregivers. Some common reasons for feeding difficulties include tongue and lip-ties, infant reflux, poor latch and breastmilk supply challenges among others. The goal of this questionnaire is to better understand your baby's unique feeding habits and to determine the underlying cause(s) of feeding difficulties while also directing the necessary treatment strategies.

ALL BABIES (breast & bottle fed):

Breastfed

Formula-fed

Mixed breastmilk & formula

Formula type(s) & allergies/intolerances (if applicable): _____

Bottle type(s): _____

Number of stools per day: _____ Stool color: _____

Number of wet diapers per day: _____

How often does your infant feed? Every (circle one): 30 min / 60 min / 90 min / 2+ hours

How long does your infant actively nurse/drink from a bottle? _____

Y N Have you discussed these concerns with your pediatrician?

Y N Has your infant been assessed for a tongue tie? If yes, date of revision: _____

Y N Have you seen a lactation consultant or sought breastfeeding support?

If so, please list names/groups: _____

Y N Infant tucks upper lip while feeding

Y N Infant appears happy and well-fed after feedings

Y N Infant falls asleep at the breast/bottle

Y N Infant appears fussy or uncomfortable during/after feedings

Y N Audible clicking at the breast/bottle or sucking in air

Y N Frequent gas/burping

Y N Frequent or projectile spit up during or after feedings?

Y N Have you introduced solids to your infant?

If so, what foods _____

BREASTFEEDING MAMAS:

Breastmilk supply seems (check one): ____ Sufficient ____ Insufficient ____ Unsure

Do you take any supplements to support breastmilk supply? Please list names and dosages:

Y N Difficulty latching or maintaining latch

Y N Chomping at the breast

Y N Easily breaks latch

Y N Pain with breastfeeding that does not subside with feedings

Y N Cracked/bleeding nipples

Y N Are you currently pumping?

If so, how often and how many ounces per session? _____