



# Ages & Stages Questionnaires®



## 4 Month Questionnaire

3 months 0 days through 4 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: \_\_\_\_\_

### Baby's information

Baby's first name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Baby's last name: \_\_\_\_\_

Baby's date of birth: \_\_\_\_\_

If baby was born 3 or more weeks prematurely, # of weeks premature: \_\_\_\_\_

Baby's gender:  Male  Female

### Person filling out questionnaire

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to baby:  Parent  Guardian  Teacher  Child care provider

Street address: \_\_\_\_\_  Grandparent or other relative  Foster parent  Other: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Names of people assisting in questionnaire completion: \_\_\_\_\_

### Program Information

|               |  |
|---------------|--|
| Baby ID #:    | Age at administration in months and days:      |
| Program ID #: | If premature, adjusted age in months and days: |
| Program name: |  |



# Bright Futures Parent Supplemental Questionnaire

## 4 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going. Please circle Yes or No for each question. Thank you.

### How Your Family Is Doing: Family Functioning

|  |     |     |     |
|--|-----|-----|-----|
| Are you and your partner getting along?                              |     | Yes | No  |
| Have you and your partner been getting out alone?                    |     | Yes | No  |
| Are you able to care for your baby?                                  |     | Yes | No  |
| Have you returned to work or school?                                 |     | No  | Yes |
| Are you able to spend time alone with your older children?           | N/A | Yes | No  |
| Do other family members and friends help you take care of your baby? |     | Yes | No  |

### Your Changing Baby: Infant Development

|  |  |     |             |
|--|--|-----|-------------|
| Do you hold, cuddle, talk with, and play with your baby?                                   |  | Yes | No          |
| Does your baby have a regular daily schedule for feeding, napping, and playing?            |  | Yes | No          |
| Can your baby sleep for 5–6 hours at night?  |  | Yes | No          |
| Do you have a bedtime routine for your baby?   |  | Yes | No          |
| Does your baby sleep on his back?  |  | Yes | No          |
| Does your baby sleep in a crib?  |  | Yes | No          |
| Have you talked with your child care provider about your baby always sleeping on her back? |  | Yes | No          |
| Does your baby spend time with you on his tummy when awake?                                |  | Yes | No          |
| Are you able to calm your baby?  |  | Yes | No          |
| How many hours per day does your baby watch TV?  |  |     | _____ hours |



### Feeding Your Baby: Nutritional Adequacy and Growth

| What are you feeding your baby?  | Breast Milk | Formula | Both   |
|--|-------------|---------|--------|
| If your baby is breastfed, is your baby taking vitamin D supplements?      |             | N/A     | Yes No |
| If your baby is formula-fed, is your baby on iron-fortified formula?       |             | N/A     | Yes No |
| Are you thinking about when you should start giving your baby solid foods? |             |         | No Yes |
| Do you know what the signs are that your baby is ready to eat solid foods? |             |         | Yes No |

### Healthy Teeth: Oral Health

|  |     |     |
|--|-----|-----|
| Do you regularly see a dentist and brush and floss your teeth?                           | Yes | No  |
| Do you let your baby have a bottle in the crib?  | No  | Yes |
| Is your baby showing signs of teething such as drooling, having a fever, or being fussy? | No  | Yes |

### Safety

|  |     |     |
|--|-----|-----|
| Do you always use a car safety seat?   | Yes | No  |
| Is your baby's car safety seat always rear-facing in the back seat of the car?                           | Yes | No  |
| Are you having any problems with your car safety seat?   | No  | Yes |
| Do you always stay in arm's reach of your baby when he is in the bath, even if you use a bath seat ring? | Yes | No  |
| Do you always keep one hand on your baby when changing her diaper?                                       | Yes | No  |
| Is your hot water temperature set at or below 120°F at the faucet?                                       | Yes | No  |
| Do you ever drink or carry hot liquids when holding your baby?   | No  | Yes |
| Does anyone smoke around your baby?  | No  | Yes |
| If you smoke, would you like information on how to stop?   | Yes | No  |



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# 4 Month Questionnaire

3 months 0 days  
through 4 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

### Notes:

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## COMMUNICATION

|  | YES                   | SOMETIMES             | NOT YET               |     |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your baby chuckle softly?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. After you have been out of sight, does your baby smile or get excited when he sees you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby stop crying when she hears a voice other than yours?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your baby make high-pitched squeals?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby laugh?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your baby make sounds when looking at toys or people?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| COMMUNICATION TOTAL  |                       |                       |                       | ___ |

## GROSS MOTOR

|   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. While your baby is on his back, does he move his head from side to side?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. When your baby is on his tummy, does he hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. When your baby is on her tummy, does she hold her head straight up, looking around? (She can rest on her arms while doing this.)           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



**GROSS MOTOR** (continued)

- 5. When you hold him in a sitting position, does your baby hold his head steady?
- 6. While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?



| YES                   | SOMETIMES             | NOT YET               |   |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| GROSS MOTOR TOTAL     |                       |                       | — |

**FINE MOTOR**

- 1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?
- 2. When you put a toy in her hand, does your baby wave it about, at least briefly?
- 3. Does your baby grab or scratch at his clothes?
- 4. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?
- 5. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy?
- 6. When you hold your baby in a sitting position, does she reach for a toy on a table close by, even though her hand may not touch it?



| YES                   | SOMETIMES             | NOT YET               |   |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| FINE MOTOR TOTAL      |                       |                       | — |

**PROBLEM SOLVING**

- 1. When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head?
- 2. When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with her eyes?
- 3. When you hold your baby in a sitting position, does he look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him?
- 4. When you put a toy in her hand, does your baby look at it?
- 5. When you put a toy in his hand, does your baby put the toy in his mouth?

| YES                   | SOMETIMES             | NOT YET               |   |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

**PROBLEM SOLVING** (continued)

6. When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms toward the toy?



|                       |                       |                       |     |
|-----------------------|-----------------------|-----------------------|-----|
| YES                   | SOMETIMES             | NOT YET               |     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

PROBLEM SOLVING TOTAL \_\_\_

**PERSONAL-SOCIAL**

1. Does your baby watch his hands?



|                       |                       |                       |     |
|-----------------------|-----------------------|-----------------------|-----|
| YES                   | SOMETIMES             | NOT YET               |     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

2. When your baby has her hands together, does she play with her fingers?

|                       |                       |                       |     |
|-----------------------|-----------------------|-----------------------|-----|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|-----------------------|-----------------------|-----------------------|-----|

3. When your baby sees the breast or bottle, does he seem to know he is about to be fed?

|                       |                       |                       |     |
|-----------------------|-----------------------|-----------------------|-----|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|-----------------------|-----------------------|-----------------------|-----|

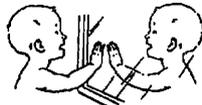
4. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?

|                       |                       |                       |     |
|-----------------------|-----------------------|-----------------------|-----|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|-----------------------|-----------------------|-----------------------|-----|

5. Before you smile or talk to your baby, does he smile when he sees you nearby?

|                       |                       |                       |     |
|-----------------------|-----------------------|-----------------------|-----|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|-----------------------|-----------------------|-----------------------|-----|

6. When in front of a large mirror, does your baby smile or coo at herself?



|                       |                       |                       |     |
|-----------------------|-----------------------|-----------------------|-----|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|-----------------------|-----------------------|-----------------------|-----|

PERSONAL-SOCIAL TOTAL \_\_\_

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:

YES       NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:

YES       NO

**OVERALL** (continued)

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

 YES NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

5. Do you have concerns about your baby's vision? If yes, explain:

 YES NO

6. Has your baby had any medical problems in the last several months? If yes, explain:

 YES NO

7. Do you have any concerns about your baby's behavior? If yes, explain:

 YES NO

8. Does anything about your baby worry you? If yes, explain:

 YES NO



# Bright Futures Medical Screening Questionnaire 4 Month Visit

Please answer the following questions about your child's health by circling Y, N, or Unsure.

|   |   |   |        |
|---|---|---|--------|
| Do you have concerns about how your child hears?                                  | Y | N | Unsure |
| Do you have concerns about how your child sees?                                   | Y | N | Unsure |
| Is your child drinking anything other than breast milk or iron-fortified formula? | Y | N | Unsure |



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# Bright Futures Parent Handout 4 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

FAMILY FUNCTIONING

## How Your Family Is Doing

- Take time for yourself.
- Take time together with your partner.
- Spend time alone with your other children.
- Encourage your partner to help care for your baby.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.
- Hold, cuddle, talk to, and sing to your baby each day.
- Massaging your infant may help your baby go to sleep more easily.
- Get help if you and your partner are in conflict. Let us know. We can help.

NUTRITIONAL ADEQUACY AND GROWTH

## Feeding Your Baby

- Feed only breast milk or iron-fortified formula in the first 4–6 months.

### If Breastfeeding

- If you are still breastfeeding, that's great!
- Plan for pumping and storage of breast milk.

### If Formula Feeding

- Make sure to prepare, heat, and store the formula safely.
- Hold your baby so you can look at each other while feeding.
- Do not prop the bottle.
- Do not give your baby a bottle in the crib.

### Solid Food

- You may begin to feed your baby solid food when your baby is ready.
- Some of the signs your baby is ready for solids
  - Opens mouth for the spoon.
  - Sits with support.
  - Good head and neck control.
  - Interest in foods you eat.

NUTRITIONAL ADEQUACY AND GROWTH

- Avoid foods that cause allergy—peanuts, tree nuts, fish, and shellfish.
- Avoid feeding your baby too much by following the baby's signs of fullness
  - Leaning back
  - Turning away
- Ask us about programs like WIC that can help get food for you if you are breastfeeding and formula for your baby if you are formula feeding.

## Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Always wear a seat belt and never drive after using alcohol or drugs.
- Keep small objects and plastic bags away from your baby.
- Keep a hand on your baby on any high surface from which she can fall and be hurt.
- Prevent burns by setting your hot water heater so the temperature at the faucet is 120°F or lower.
- Do not drink hot drinks when holding your baby.
- Never leave your baby alone in bathwater, even in a bath seat or ring.
- The kitchen is the most dangerous room. Don't let your baby crawl around there; use a playpen or high chair instead.
- Do not use a baby walker.

SAFETY

INFANT DEVELOPMENT

## Your Changing Baby

- Keep routines for feeding, nap time, and bedtime.
- Put your baby to sleep awake or drowsy, on his back, and in a safe crib at the same time each day for naps and nighttime.

### Crib/Playpen

- Lower your baby's mattress before he can sit upright.
- Make sure the sides are always up on the crib.

INFANT DEVELOPMENT

- Do not use loose, soft bedding or toys such as quilts, pillows, or pillow-like bumper pads.
- If using a mesh playpen, make sure the openings are less than ¼ inch apart.

## Playtime

- Learn what things your baby likes and does not like.
- Encourage active play.
  - Offer mirrors, floor gyms, and colorful toys to hold.
  - Tummy time—put your baby on his tummy when awake and you can watch.
- Promote quiet play.
  - Hold and talk with your baby.
  - Read to your baby often.

## Crying

- Give your baby a pacifier or his fingers or thumb to suck when crying.

## Healthy Teeth

- Go to your own dentist twice yearly. It is important to keep your teeth healthy so that you don't pass bacteria that causes tooth decay on to your baby.
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier.
- Use a cold teething ring if your baby has sore gums with teething.

ORAL HEALTH

## What to Expect at Your Baby's 6 Month Visit

### We will talk about

- Introducing solid food
- Getting help with your baby
- Home and car safety
- Brushing your baby's teeth
- Reading to and teaching your baby

Poison Help: 1-800-222-1222

Child safety seat inspection:  
1-866-SEATCHECK; seatcheck.org



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# Feeding Your Baby: The First Year

Guide E-135

Revised by Martha Archuleta  
Extension Food and Nutrition Specialist

Cooperative Extension Service • College of Agriculture and Home Economics



This publication is scheduled to be updated and reissued 3/10.

How you feed a baby through its first year teaches the baby some important lessons. The baby learns to trust those who provide the comfort and security of food, forming a tight bond with the parent or caregiver. Also, caregivers who are sensitive to a baby's nutritional needs provide a firm foundation for sound eating habits as the child grows. This guide tells you how and what to feed your baby through the first year.

## First Food

How to Feed a Baby: 0 to 6 months old  
Newborns signal hunger by restless squirming or crying. Infants who are picked up and fed as soon as they show these signs actually cry less than those allowed to fuss longer.

Offer either breast milk or formula on demand. Allow an infant to breast-feed as long as he chooses, usually about 20 minutes. Infants will suck continuously and then rest for a few seconds before starting again.

Breastfeeding should be a calm, smooth, uninterrupted process. It shouldn't hurt. If it does, you may simply be holding the baby improperly. Check with your doctor or the hospital where you gave birth to find a nurse who is specially trained to help with breastfeeding. Try not to jiggle or otherwise distract an infant from the feeding process.

Hold the infant while she's feeding—leaving an infant to feed alone from a propped-up bottle reduces opportunities for you to form a close bond. Whether breast- or bottle-feeding, hold the infant securely and comfortably, allowing her enough freedom to move her legs and arms. Make sure her neck is straight and she can look into your face.

Burp the infant to relieve swallowed air after each 1–2 ounces and when the infant stops nursing. Gently remove the infant from the breast or bottle. Place the infant on your shoulder and pat his back gently.

What to Feed a Baby: 0 to 6 months old  
Babies need only breast milk or an iron-fortified formula for the first 4–6 months of life. Breast milk is preferable to formula for several reasons. It has the right proportion and kinds of nutrients for babies. Breast milk is easily and rapidly digested by the infant's immature system. Also, babies who are breast-fed have fewer colds and ear infections.

A breast-fed infant is less likely to be overfed. The supply of breast milk from a nursing mother is dependent on the infant's needs, not on adult guesses. As the infant requires more or less milk, the supply increases or decreases appropriately.

For the bottle-fed infant, use an iron-fortified infant formula recommended by a pediatrician or physician. Do not use cow's milk.

### ***IF YOU ARE NURSING ...***

be alert to what you put in your body. Drugs, nicotine, alcohol and even some foods can be secreted in breast milk. You may need to increase your calorie intake—nursing requires about 600 extra calories a day. Make sure these come from foods with lots of nutrients, not empty calories. Because water is the main ingredient of breast milk, drink plenty of water.

## Suggested Ages and Growth Clues for Adding New Foods

| Age               | Growth clues for adding foods  | Foods to introduce  |
|-------------------|--|---|
| Birth to 4 months | <p>Baby can:</p> <ul style="list-style-type: none"> <li>• Suck and swallow liquid.</li> <li>• Push tongue out.</li> </ul>  | <p>Breast milk *</p> <p>or</p> <p>Iron-fortified infant formula</p>   |
| 4 to 6 months     | <p>Baby can:</p> <ul style="list-style-type: none"> <li>• Sit with support.</li> <li>• Hold head steady.</li> <li>• Take food off spoon with mouth and swallow it easily.</li> </ul> | <p>Baby cereal</p> <p>First:</p> <ul style="list-style-type: none"> <li>• Rice, then oatmeal or barley.</li> <li>• Feed cereal from a spoon.</li> </ul> <p>Later:</p> <ul style="list-style-type: none"> <li>• Fruit juice with vitamin C.</li> <li>• Use a small cup to give juice.</li> </ul>   |
| 6 to 8 months     | <p>Baby can:</p> <ul style="list-style-type: none"> <li>• Grab and hold onto things.</li> <li>• Sit without support.</li> <li>• Begin to chew.</li> </ul>                            | <p>First:</p> <ul style="list-style-type: none"> <li>• Strained, pureed, or mashed cooked vegetables.</li> <li>• Strained or mashed soft fruits. Soft fruits do not have to be cooked.</li> </ul> <p>Later:</p> <ul style="list-style-type: none"> <li>• Strained meat; cooked, mashed dry beans; cooked, finely chopped chicken; cooked, boned fish.</li> </ul>  |
| 8 to 10 months    | <p>Baby can:</p> <ul style="list-style-type: none"> <li>• Take a bite of food.</li> <li>• Pick up small pieces and feed self.</li> <li>• Use a cup with help.</li> </ul>             | <ul style="list-style-type: none"> <li>• Mixed baby cereal may be introduced.</li> <li>• Cooked, mashed egg yolks.</li> <li>• Cottage cheese and yogurt.</li> </ul> <p>Finger foods:</p> <ul style="list-style-type: none"> <li>• Toast squares or crackers.</li> <li>• Small pieces of cooked vegetables and peeled, soft fruits.</li> <li>• Small pieces of cooked, ground meat, chicken, or fish with all bones and tough parts removed.</li> </ul> <p>Continue to introduce new fruits and vegetables to baby, baby will like a variety of foods.</p> |
| 10 to 12 months   | <p>Baby can:</p> <ul style="list-style-type: none"> <li>• Chew and swallow soft, mashed foods.</li> <li>• Use a cup.</li> <li>• Begin to use a spoon.</li> </ul>                     | <p>Small pieces of cooked or soft foods the rest of the family eats:</p> <ul style="list-style-type: none"> <li>• Cereals, bread, and crackers.</li> <li>• Vegetables and fruits.</li> <li>• Cheese, cottage cheese, and yogurt.</li> <li>• Cooked meat, cooked dried beans, peas or lentils, cooked egg yolks.</li> </ul>  |

From *A Guide for Feeding Your Baby: Birth to Eight Months* and *A Guide to Feeding Your Baby: Six to Twelve Months*. August 2001. Michigan Dept. of Community Health, MSU Extension Bulletins E-2597 and E-2598.

\* **Breastfeeding is still beneficial after 4 months, according to the mother's preference.**

## Solid Foods

### Introducing Solid Foods

Introduce solids when the baby is 4–6 months old. Build a variety of foods into the baby’s eating pattern between 6 and 12 months. The following are common guidelines for introducing solid foods:

*Do not put cereal into a baby’s bottle or add sugar or honey to a baby’s cereal.* (See the section “Avoid These Foods for Infants.”)

Do not offer wheat cereals until the baby is about a year old because these foods frequently cause allergies.

Introduce only one solid food at a time. Wait for several days and watch for allergy symptoms, which may include a rash, asthma, or diarrhea. Don’t introduce mixed foods until each food has been offered separately; this way you’ll know if the baby is allergic to a certain food.

A wide variety of commercial baby foods, including vegetables, fruits, meats, and mixed dinners are readily available or you can make your own. These have no added salt or sugar. Babies do not need baby food desserts.

### How to Feed a Baby Solid Foods

When feeding, maintain eye contact with the baby as you offer each spoonful. Feed at the baby’s tempo, neither hurrying nor offering food more slowly than the baby desires it. Allow the baby to explore food with her fingers, either in the dish or on the spoon.

Talk in a quiet, encouraging manner. Good feeding is a nonverbal skill that develops between the baby and the parent or caregiver. Respect a baby’s wish not to eat certain foods or to eat only a small amount.

Unless the baby will eat an entire jar of food in one meal, remove enough food for the meal from the jar. Never feed a baby directly from the jar as bacteria from the baby’s mouth could contaminate the food. Warm the food over hot water from the stove—*not* in the microwave oven. Microwave-warmed food develops hot spots that can burn a baby. Never heat milk in a microwave.

#### **IRON**

Babies need more iron than adults. Provide it through iron-fortified formula or an iron supplement prescribed by a physician.

### How Much to Feed

Offer a baby small amounts of food approximately three times per day. Two or three tablespoons of a vegetable or cereal, 1/4 cup of fruit juice, and formula or breast milk is a good meal for the 7- to 8-month-old baby. A baby this age will need about 28 ounces of formula or breast milk per day to ensure the baby gets adequate protein, but still has enough space for fruits, cereal, and vegetables.

Older babies (9–12 months) should eat somewhat larger amounts of solid foods and a little less formula or breast milk (16–24 ounces).

Allow a baby to decide how much to eat. Never force or encourage a baby to eat more than he wishes; respecting a baby’s appetite will help you avoid over- or underfeeding.

### Preparing Baby Food at Home

Solid foods are easy to prepare at home. Cook meats, vegetables and fruits until tender, then puree in a blender or a grinder. Make sure meats are cooked to a safe temperature. When preparing vegetables and fruits, either boil or steam them in a small amount of water to reduce vitamin loss. Do not add sugar, salt or other spices to a baby’s food.

If you make more than the baby needs for the meal, freeze the extra puree in ice cube trays. Pop the frozen cubes into plastic bags to store. To prepare the frozen cubes for a meal, thaw and warm them over hot water—not in the microwave.

## Avoid These Foods for Infants

Honey and corn syrup: These foods may contain bacterial spores that cause food-borne illnesses, which are often fatal in infants.

Salted and overly sweet foods: A baby’s immature kidney cannot handle much salt. Too much sugar in the diet displaces the calories and essential nutrients available in cereals, fruits, meats and vegetables.

Too much formula: Don’t feed 6-month-olds more than about 40 ounces of formula. Too much formula displaces the calories and other nutrients from solid foods.

Foods that cause choking: Hot dogs, candy, nuts, grapes, coarsely cut meats, raw carrots, apples and popcorn are all foods that can get caught in a baby's throat.

Cow's milk: Only breast milk or formula should be fed until after the first birthday.

Cow's milk has too much protein and sodium and too little iron for babies less than one year old.

Citrus fruits and strawberries: These foods may cause an allergic reaction if fed before one year of age.

Too much apple or pear juice: Too much may cause diarrhea.

## Storing Baby Food Safely

Refrigerate any unused portions of food or liquid. Discard any food or liquid that has been left at room temperature for over two hours because of the risk of food-borne illnesses, which can be fatal in infants.

### Safe Storage Times for Liquids

| Liquid                 | Refrigerator | Freezer         |
|------------------------|--------------|-----------------|
| Expressed breast milk* | 2 days       | 3–4 months      |
| Formula                | 2 days       | Not recommended |

\* Check with your local La Leche League, WIC office or hospital for sources of breast pumps.

## Special Handling for Liquids

- Use unopened cans of formula before the expiration date printed on the cans.
- Heat formula properly. A microwave is not recommended for heating bottles because it may cause very hot spots in the liquid.

*Disposable bottles or bottles with liners.* Heat in hot water from the stove.

*Reusable glass or hard plastic bottles.* Remove the cap and nipple. Heat in hot water from the stove.

- To eliminate any hot spots, shake the bottle before testing the temperature on the inside of your wrist. The formula should be barely warm.
- Throw away any unused formula left in the bottle when the infant has finished feeding. If you are regularly throwing out too much, make the bottles with less formula.

### Safe Storage Times for Solid Foods

| Solid food                     | Refrigerator | Freezer    |
|--------------------------------|--------------|------------|
| Strained fruits and vegetables | 2 days       | 6–8 months |
| Strained meats and eggs        | 1 day        | 1–2 months |
| Meat/vegetable combinations    | 1 day        | 1–2 months |
| Homemade baby foods            | 1 day        | 3–4 months |

## Special Handling for Solid Foods

- Use unopened jars before the expiration date on the jar.
- Check to see that the safety button on lid is down. Discard the jar if the lid does not pop up when opened or if it is not sealed safely.
- Heat foods properly. Meat, meat sticks, eggs, and entire jars of food should be heated over hot water—not in the microwave.
- If only using part of a jar of baby food, do not feed the baby straight from the jar; bacteria from the baby's mouth could contaminate the food.

## Sources and Resources

Satter, Ellyn. *Child of Mine: Feeding with Love and Good Sense*. Palo Alto: Bull Publishing Co., 2001.

La Leche League: [www.lalecheleague.org](http://www.lalecheleague.org)

American Academy of Pediatrics: [www.aap.org](http://www.aap.org)

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Las Cruces, NM  
3C

# Parents: Staff will complete this page.



## 4 Month ASQ-3 Information Summary

3 months 0 days through  
4 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_  
 Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
 when selecting questionnaire?  Yes  No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

| Area            | Cutoff | Total Score | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|-----------------|--------|-------------|---|---|----|----|----|----|----|----|----|----|----|----|----|
| Communication   | 34.60  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  |
| Gross Motor     | 38.41  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  |
| Fine Motor      | 29.62  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  |
| Problem Solving | 34.98  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  |
| Personal-Social | 33.16  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  |

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Uses both hands and both legs equally well?<br>Comments:    | Yes        | <b>NO</b> | 5. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Feet are flat on the surface most of the time?<br>Comments: | Yes        | <b>NO</b> | 6. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Concerns about not making sounds?<br>Comments:              | <b>YES</b> | No        | 7. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Family history of hearing impairment?<br>Comments:          | <b>YES</b> | No        | 8. Other concerns?<br>Comments:          | <b>YES</b> | No |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the  area, it is above the cutoff, and the baby's development appears to be on schedule.  
 If the baby's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.  
 If the baby's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- Provide activities and rescreen in \_\_\_\_\_ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): \_\_\_\_\_

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

|                 | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------|---|---|---|---|---|---|
| Communication   |   |   |   |   |   |   |
| Gross Motor     |   |   |   |   |   |   |
| Fine Motor      |   |   |   |   |   |   |
| Problem Solving |   |   |   |   |   |   |
| Personal-Social |   |   |   |   |   |   |