

Please fill out at each session attended and/or for each contact.

Please print numbers neatly within squares without touching the lines and fill in circles completely. Use dark blue or black pen.

Once complete or at program exit, fax to the HCMO Data Centre at 204-948-3768. Black out participant and baby names before faxing to HCMO.

Participant Name: _____

Baby Birthdate: _____

Baby Name: _____

(Names are for program use only)

D	D	M	M	Y	Y	Y	Y

CONTACT TYPE & DATE OF CONTACT	INFANT FEEDING Select all that apply.
Contact type: <input type="radio"/> Group <input type="radio"/> Phone <input type="radio"/> Home Visit <input type="radio"/> 2016 <input type="radio"/> JAN <input type="radio"/> FEB <input type="radio"/> MAR <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 2017 <input type="radio"/> APR <input type="radio"/> MAY <input type="radio"/> JUN <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 2018 <input type="radio"/> JUL <input type="radio"/> AUG <input type="radio"/> SEP <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 2019 <input type="radio"/> OCT <input type="radio"/> NOV <input type="radio"/> DEC <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31	<input type="radio"/> Breastfeed <input type="radio"/> Solids <input type="radio"/> Formula Feed <input type="radio"/> Cow's Milk <input type="radio"/> Supplement Breast with Formula <input type="radio"/> Vitamin D <input type="radio"/> Other, indicate: _____
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revised April 2016

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We're Glad You Are Here ID Number

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Program Code

Form completed by: _____