



# NUTRITION FORM



**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**DIETARY HABITS**

1. WHAT FOOD DOES YOUR CHILD ESPECIALLY LIKE?

2. ARE THERE ANY FOODS YOUR CHILD DISLIKES?

	YES	NO		
3. DOES YOUR CHILD TAKE VITAMINS AND MINERAL SUPPLEMENTS?  (a) If "yes". What kind are they? _____			12. ABOUT HOW OFTEN DOES YOUR CHILD EAT A FOOD FROM EACH OF THE FOLLOWING GROUPS?	Approximate Number Of Times A Week (Circle the number(s) nearest to the parent's answer) _____
(b) Do they contain iron?			(a) Milk, cheese, yogurt.	0 1 2 3 4 5 6 7
(c) Do they contain fluoride?			(b) Meat, poultry, fish, eggs; or Dried beans/peas, peanut butter.	0 1 2 3 4 5 6 7
(d) Were they prescribed?				
4. IS THERE ANY FOOD YOUR CHILD SHOULD NOT EAT FOR MEDICAL, RELIGIOUS, OR PERSONAL REASONS?	*		(c) Rice, grits, bread, cereal, tortillas.	0 1 2 3 4 5 6 7
5. IS YOUR CHILD ON A SPECIAL DIET? (a) What kind?	*		(d) Greens, carrots, broccoli, winter squash, pumpkin, sweet potatoes	0 1 2 3 4 5 6 7
6. HAS THERE BEEN A BIG CHANGE IN YOUR CHILD'S APPETITE IN THE LAST MONTH?	*		(e) Oranges, grapefruit, tomatoes (Fruit/juice).	0 1 2 3 4 5 6 7
7. DOES YOUR CHILD TAKE A BOTTLE?	*		(f) Other fruits and vegetables.	0 1 2 3 4 5 6 7
8. DOES YOUR CHILD EAT OR CHEW THINGS THAT ARE NOT FOOD?	*			
9. DOES YOUR CHILD HAVE TROUBLE CHEWING OR SWALLOWING?	*		(g) Oil, butter, margarine, lard.	0 1 2 3 4 5 6 7
10. DOES YOUR CHILD OFTEN HAVE:  (a) Diarrhea?	*		(h) Cakes, cookies, sodas, fruit drinks, candy.	0 1 2 3 4 5 6 7
(b) Constipation?				

**\*Starred answers may require follow-up. Provide details or additional comments here:**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Staff Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_