



Nutrition Questionnaire

Name _____ D.O.B. _____ Parent _____ Date _____

Reason for Nutrition Evaluation _____

Please list any previous or current medical issues your child has. _____

Please list any food allergies or intolerances your child has. _____

Has your child experienced any recent weight gain or loss? Y N If so, how much in how long? _____

Please list any medications, nutrition supplements or vitamins that your child is currently taking: _____

Does your child have any issues with: Constipation Diarrhea Vomiting Reflux

Social History:

Who is living at home with your child? _____

Who is with your child before school? _____ After school? _____ Weekends? _____

Who is responsible for meal preparation? _____

If your child is in daycare or school, do you provide their meals & snacks? Y N

Feeding / Diet History:

How many meals does your child eat per day? _____ How many snacks? _____ Are meals and snacks at scheduled times? Y N

Please list meal and snack times. _____

Where are the meals eaten? _____ How long do meals last? _____

Who are the meals eaten with? _____

Does your child ever refuse food? Y N If so, how often? _____ Do you offer another option when food is refused? Y N

What foods does he/she often refuse? _____

How many times per week does your family dine out? _____ Please list examples of where you dine out. _____

What type of milk does your child drink? _____ Flavoring? _____ How many ounces per day? _____

What else does your child drink? _____

Provide a brief diet recall of what your child eats for meals and snacks on a typical day. _____

Activity:

How many hours per day does your child watch TV or sit at the computer? _____

Does your child have a television or computer in the bedroom? Y N

How many hours per day is your child active? _____ What kinds of activities does your child participate in? _____

Please check all that apply to your child:

- Eats junk food.
- Eats more than one snack between meals.
- Requests second helpings.
- Constantly complains of being hungry.
- Eats in front of the television.
- Is a fast eater.
- Eats alone.
- Eats when bored.
- Skips meals.
- Gets his/her own snacks.
- Demands certain food or snacks.
- Gets upset when demanded food is not met.
- Sneaks or hides food.
- Refuses certain food groups.
- Still wants to ride in a stroller.
- Seems unmotivated to get active.
- Caregivers disagree on what, when, where and how much the child should eat.

Additional Comments: