

## Early Head Start Nutrition Questionnaire for ages 13 – 35 months

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your family receive: WIC:  Yes  No SNAP:  Yes  No

1. Tell me about your child's appetite: \_\_\_\_\_
2. Does your child feed him/herself?  Yes  No
3. Has your child been iron deficient in the past year?  Yes  No
4. Describe what you do when your child doesn't eat what you've prepared: \_\_\_\_\_

**List what your child usually eats for:**

Breakfast	Lunch	Dinner	Snacks

5. What food does our child especially like? \_\_\_\_\_
6. Are there any foods your child dislikes?  Yes  No If yes, what? \_\_\_\_\_
7. How many cups of the following beverages does your child drink every day?  
Milk \_\_\_ 100% Fruit Juice \_\_\_ Water \_\_\_ Energy Drinks \_\_\_ Soda \_\_\_ Kool-Aid \_\_\_ Other \_\_\_
8. Does your child take vitamins?  Yes  No If yes, what kind? \_\_\_\_\_  
Do they contain fluoride?  Yes  No Are they prescribed?  Yes  No
9. Are there any foods that your child should not eat for medical, religious or personal reasons?  
 Yes  No If yes, what? \_\_\_\_\_
10. Has there been any big change in your child's appetite in the past month?  Yes  No
11. Does your child take a bottle?  Yes  No
12. Does your child have any problems with chewing or swallowing?  Yes  No
13. Does your child have problems with constipation?  Yes  No 13a. Diarrhea?  Yes  No
14. Is your child on any special diet?  Yes  No If yes, please describe: \_\_\_\_\_
15. Does your child eat or chew things that are not food?  Yes  No If yes, what? \_\_\_\_\_

**NOTE: Yes answers to questions 9-15 require follow-up. Explain or give additional information on back of page.**

**How many times a day does your child eat?**

- |   |             |
|---|-------------|
| • Milk, cheese, yogurt  | 0 1 2 3 4 + |
| • Meat, poultry, fish, eggs, peanut butter, dried peas/beans      | 0 1 2 3 4 + |
| • Bread, cereal, rice, grits, tortillas, cracker, muffins, bagels | 0 1 2 3 4 + |
| • Fruits and vegetables   | 0 1 2 3 4 + |
| • Oil, butter, margarine, lard, fried foods                       | 0 1 2 3 4 + |
| • Cookies, cakes, candy, gum                                      | 0 1 2 3 4 + |

**How many times a week does your child eat?\***

- |  |                   |
|--|-------------------|
| • Carrots, broccoli, greens, winter squash, sweet potato | 0 1 2 3 4 5 6 7 + |
| • Tomatoes, oranges, grapefruits (fruit, sauce or juice) | 0 1 2 3 4 5 6 7 + |

\*Why do we ask these questions? Fruits & vegetables that are dark green, red & orange are high in vitamin C and A. These are important for children's growth and development.

Please share any additional information on the back of page.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date