

Head Start Nutrition Questionnaire

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