

Child Nutrition Questionnaire

1 to 5 years

CHILD'S NAME: _____ CHILD'S DOCTOR: _____ DATE: ____/____/____
MM DD YY

1. What would you like to discuss today?

2. What concerns or questions do you have about your child? (check all that apply)

- Eating too much or not eating enough
- Gaining too much weight or not gaining enough weight
- Picky eating
- I have no concerns
- Other, please list: _____

3. My child has a: (check all that apply)

- Food allergy: _____
- Medical issue: _____
- Other, please list: _____
- None of the above

4. My child currently takes: (check all that apply)

- Medicine: _____
- Vitamins or minerals: _____
- Herbal teas or products: _____
- Other, please list: _____
- None of the above

5. My child sometimes eats non-food items: (e.g., dirt, chalk, crayons, large amounts of ice)

- Yes No I'm not sure

6. My child sometimes eats raw or undercooked foods: (e.g., undercooked meats, eggs, fish, etc.)

- Yes No I'm not sure

7. My child sometimes eats foods that may be hard to chew or swallow: (e.g., whole grapes, nuts, hot dogs, hard candies)

- Yes No I'm not sure

8. My child eats veggies:

- 0 to 1 time a day 2 to 3 times a day 4 or more times a day

9. My child eats fruits:

- 0 to 1 time a day 2 to 3 times a day 4 or more times a day

10. My child drinks: (check all that apply)

- Water
- 100% fruit juice
- Sugar-sweetened beverages (e.g., soda, sweet tea, lemonade, sports drinks, energy drinks)
- Milk, please list type: _____
- Other, please list: _____

11. My child eats out: (food not prepared at home)

- 0 to 1 time a week
 2 to 3 times a week
 4 or more times a week

12. My child has screen time: (e.g., television, video games, cell phone, computer, tablet)

- Less than 1 hour a day
 1 to 2 hours a day
 More than 2 hours a day

13. My child is active:

- Less than 30 minutes per day
 30 to 60 minutes per day
 More than 60 minutes per day

14. One thing our family would like to work on is:

- Eating more vegetables and fruits
- Limiting screen time
- Being more active
- Drinking more water
- Limiting sugary drinks
- Eating more meals prepared at home
- Other: _____

15. Within the past six months, I worried that our food would run out before I had money to buy more.

- Never true
 Sometimes true
 Often true