

What Does Your Child Eat?

Guidelines for Diet and Nutrition Screening for Children Ages Birth Through Eight Years

This tool helps to identify the child's risks for nutrition-related problems that may affect his/her growth and development.

Is the child being breastfed and/or formula fed with the recommended frequency and amounts?

Is the child started on solid foods at the recommended age and learning to eat and drink by himself as he/she gets older?

Is honey or Karo Syrup being given to the child during the first year?

The "Office Use" section identifies feeding milestones and key nutrition concerns to guide the staff to provide needed counseling and/or referral.

State of California—Health and Human Services Agency

What Does Your Child Eat?

Circle the foods your child eats every day or at least 3 times per week:

<p>Are breads and cereals eaten daily for energy?</p>	<p>Baby Foods</p>	<p>How does your child feel about mealtimes?</p>	<p>Office Use Only Feeding milestones to check/visit</p> <p>Baby: Birth to 24 months Yes/No</p> <p><input type="checkbox"/> <input type="checkbox"/> Breast-fed 8–12 times/24 hours during early weeks of lactation OR every 3–4 hours/day for older infants?</p> <p><input type="checkbox"/> <input type="checkbox"/> Formula-fed w/iron no less than 20 ounces/day? Correct dilution?</p> <p><input type="checkbox"/> <input type="checkbox"/> No honey/Karo Syrup until 1 year?</p> <p><input type="checkbox"/> <input type="checkbox"/> 4–6 months: Start on baby cereal with iron?</p> <p><input type="checkbox"/> <input type="checkbox"/> 5–7 months: Start on pureed vegetables and fruits?</p> <p><input type="checkbox"/> <input type="checkbox"/> 6–7 months: Drink from a cup?</p> <p><input type="checkbox"/> <input type="checkbox"/> 6–8 months: Start on pureed or ground meat, i.e., poultry, beef, pork, fish, egg yolk, beans, tofu?</p> <p><input type="checkbox"/> <input type="checkbox"/> 7–9 months: Eats finger foods and mashed/chopped foods, NO grapes, nuts, popcorn, hotdogs, hard candy?</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 year: Drinks regular milk no less than 16 ounces/day?</p> <p><input type="checkbox"/> <input type="checkbox"/> 9–12 months: Feeds self, joins family meal and snack times?</p> <p><input type="checkbox"/> <input type="checkbox"/> 12–24 months: Eats variety of foods: small portions, i.e., 1–2 Tbsp., ½ c juice, ½ slice of bread.</p>
<p>Are fruits and vegetables eaten daily, especially foods high in vitamin A, C, folic acid, and fiber? Are these foods offered for snack?</p>	<p>Breads, Grains, and Cereals</p>		
<p>Are foods high in iron and protein eaten daily? Is child anemic or at risk for anemia?</p>	<p>Fruits and Vegetables/Vitamin A, C, Folic Acid, and Fiber Rich Foods</p>		
<p>Are dairy products eaten daily? If not, are other good sources of calcium eaten?</p>	<p>Milk Products/Calcium Rich Foods</p>	<p>Protein/Iron Rich Foods</p>	<p>Child: 2 to 8 years Yes/No</p> <p><input type="checkbox"/> <input type="checkbox"/> Eats recommended variety and amounts of foods daily for age from the food guide pyramid?</p>
<p>Are high fat/sugar foods eaten often?</p>	<p>Other Foods</p>	<p>Circle if baby/child uses:</p>	<p>Mealtime/Others: Yes/No</p> <p><input type="checkbox"/> <input type="checkbox"/> Set meal and snack times?</p> <p><input type="checkbox"/> <input type="checkbox"/> Brush teeth by himself at > 2 years?</p> <p><input type="checkbox"/> <input type="checkbox"/> Good food supply?</p> <p><input type="checkbox"/> <input type="checkbox"/> Takes vitamins, iron, or fluoride?</p> <p><input type="checkbox"/> <input type="checkbox"/> Growing normally according to his/her growth patterns?</p> <p><input type="checkbox"/> <input type="checkbox"/> Does child play with or eat dirt, plaster, clay, and paint chips?</p> <p><input type="checkbox"/> <input type="checkbox"/> Any food intolerances or allergies? _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Referral for identified nutrition problem? Where? _____</p>
<p>Is the child actively playing everyday?</p>	<p>Circle activities your baby or child does every day.</p>	<p>Circle if your baby or child receives food from:</p> <p>Food Stamps School Lunch Head Start WIC</p>	<p>Activity: Yes/No</p> <p><input type="checkbox"/> <input type="checkbox"/> Actively plays everyday, i.e., running, biking, sports, 1 hour/day?</p> <p><input type="checkbox"/> <input type="checkbox"/> TV viewing: 2 hours or less/day?</p>

Child's name: _____ Record #: _____

Age: ___ yrs ___ mos. Wt: ___ lbs. Ht: ___ in. Date: ___/___/___

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Is the child taking iron, vitamins, and minerals?

Is water offered daily, especially after active play?

Is the child qualified to receive help from local food resources?