

What Does Your Child Eat?

(Ages Birth – Eight)

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

Baby Foods

Breast milk Formula with Iron Cereal with Iron
 Pureed Fruit Pureed Vegetables Pureed Meat Eggs Beans
 Juice Sweetened Beverages Honey

Breads, Grains and Cereals

Whole Grain Bread White Bread Tortilla Sweet Bread
 Cereal with Iron Oatmeal Bagels Crackers Pretzels
 Noodle Soup Pasta Rice

Fruits and Vegetables

Apple Strawberry Grapes Pear Peach 100% Juice
 Pineapple Orange Banana Melon Mango Cantaloupe
 Bell pepper Chili pepper Tomato Potato Cucumber Peas
 Broccoli Green Salad Cabbage Corn Green Beans
 Carrots Sweet Potato Dark Green Leafy Vegetables

Milk Products

Whole Milk 2% Milk 1% Lowfat milk Nonfat Milk
 Flavored Milk Cottage Cheese Lactose Free Milk Cheese
 Yogurt Ice Cream

Other Food Sources of Calcium

Beans Tofu Soy Yogurt/Milk Green leafy vegetables
 Calcium Fortified 100% Juice Fortified Plant Milk (Almond, Rice)

Protein Foods

Chicken/Turkey Meat/Beans Burritos Ham/Pork Tacos
 Beans/Lentils Peanuts/Peanut/Nut Butters Tofu Beef
 Fish/Canned fish Spaghetti with Meatballs Eggs

Other Foods

Hot dog Hamburger Pizza French Fries Fried Chicken
 Chips Cheese Puffs Candies Chocolate Cookies

Circle if baby/child uses

Fluoride Iron Drop Vitamins
 Spoon Cup Baby bottle Toothbrush

Circle if baby/child drinks

Water Soda Sugar Sweetened Drinks Sports Drinks Juice

Circle activities your baby or child does every day

Crawling Walking Swinging Rope jumping
 Playing ball Riding a tricycle/bicycle
 Views TV, video games or computer more than two hours a day

Circle if baby/child receives

CalFresh (Food Stamps) School Lunch Head Start WIC

Child's name: _____ Record #: _____

Age: ____ yrs ____ mos Wt: ____ lbs Ht: ____ in Date: ____/____/____

Please circle **Yes** or **No**

to answer the following questions:

Birth to 24 months

Does the child less than 1 year of age eat honey/corn syrup? **Yes** **No**

0-6 months

Breastfeeding at least 8–12 times each 24 hours for first 3 months? **Yes** **No**

Breastfeeding 6-8 times or more each 24 hours for age 4-6 months? **Yes** **No**

Feeding formula with iron at least 20 ounces a day? **Yes** **No**

6 to 9 months

Eats baby cereal with iron? **Yes** **No**

Eats pureed fruits and vegetables? **Yes** **No**

Eats pureed or ground meat, fish, cooked egg yolk, beans, tofu? **Yes** **No**

Drinks or sips from a cup? **Yes** **No**

9 to 12 months

Eats mashed/chopped foods? **Yes** **No**

Eats foods with fingers? **Yes** **No**

1 to 2 years

Drinks 16 ounces whole milk a day? **Yes** **No**

Eats a variety of different foods? **Yes** **No**

Feeds himself (or herself)? **Yes** **No**

Joins family meal and snack times? **Yes** **No**

Drinks soda or other sweet drinks? **Yes** **No**

Other

Does the child have food allergies or intolerances? **Yes** **No**

Please list: _____

Does the child play with or eat dirt, plaster, clay or paint chips? **Yes** **No**

Does the child 3 years or younger eat grapes, nuts, seeds, popcorn, hot dogs and/or hard candy? **Yes** **No**



OFFICE USE ONLY

Referred for identified nutrition problem? **Yes** **No**

If yes, where: _____

Provider initials: _____