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## QNUTRITION SCREENING FOR CHILDREN AGES 5 TO 8 YEARS $\oslash$

Full name $\qquad$
Name of Mother $\qquad$
Name of Father
Address
City
Phone
Doctor's name
Who referred you to me? $\qquad$
Did you breast feed your child? Did you supplement with formula?
, yes for how long?
If yes, which formula?
the following foods:
At what age did your child start to eat the following foods:

Breads __ Type: white or whole grain?
Meats/Poultry $\qquad$ Types:
Fish $\qquad$ Types:
Eggs Meat alternatives, like tofu or beans
Dairy products Types:
Soy milk, rice milk, nut milk, circle which kind 100\%fruit juice $\qquad$ Types:
Sugar sweetened juice___Types: $\qquad$
Sweets $\qquad$ Types:

How many stools does your child have per day? $\qquad$ Are they formed?
What is the color of your child's stool? Light brown__Yellow/green__Black__Tan/gray__Red_
Does your child experience any bloating or gas, please circle which one ? $\qquad$
If yes, how often does your child experience bloating or gas?
If yes, which foods
Do ever see undigested food particles in your child's stool?
If yes, which foods
Within the last year, how often did your child get a cold, flu, ear infection, or childhood diseases?
How many times has your child been on antibiotics____ for what_____
Which vaccinations has s/he received?
How does your child sleep during the night, during naps?___

Dear Parent, in order to assess your child's diet, I need to get an accurate idea of what your child eats. When I am able to accurately assess your child's diet, I will be able to help you with your child's diet. Please take your time when answering the remainder of this nutrition screening questionnaire.
$\left.\begin{array}{|l|l|l|}\hline \text { PAST \& PRESENT } & \begin{array}{l}\text { AMOUNT OF MEDICATION } \\ \text { MEDICATIONS } \\ \text { SUPPLEMENTS }\end{array} & \text { BRAND \& NAME OF } \\ \text { SUPPLEMENT }\end{array}\right)$

Common Measurement used which can help you estimate your child's food servings. If you have any, it might help to bring out measuring cups and measuring spoons to help you visualize how many servings your child eats of a particular food.

| 1 cup $=16$ tablespoons | $1 / 2$ cup $=8$ tablespoons | $1 / 4$ cup $=4$ tablespoons |
| :--- | :--- | :--- |
| 1 tablespoons $=3$ teaspoons | 1 tablespoon $=15 \mathrm{ml}$ |  |
| 1 cup $=8$ fluid ounces | $1 / 2$ cup $=4$ fluid ounces | $1 / 4$ cup $=2$ fluid ounces |
| 1 cup $=250 \mathrm{ml}$ | $1 / 2$ cup $=125 \mathrm{ml}$ | $1 / 4$ cup $=63$ fluid ounces |

HOW MANY ½ CUPS OF THE FOLLOWING DOES YOUR CHILD DRINK, IF YOUR CHILD DRINKS IT LESS THAN ONCE A DAY, INDICATE HOW MANY TIMES A WEEK Please list the types of fluids your child usually drinks, how often, how much.

|  | DAILY OR | WEEKLY |
| :--- | :--- | :--- |
| WATER |  |  |
| MILK, WHAT \% |  |  |
| SOY/RICE/NUT MILK, <br> CIRCLE WHICH ONE |  |  |
| 100\% FRUIT JUICES |  |  |
| SWEETENED JUICE |  |  |
| VEGETABLE JUICES |  |  |
| HERBAL TEAS (TYPE) |  |  |
| REGULAR SODA (TYPE) |  |  |
| DIET SODA (TYPE) |  |  |
| OTHER DRINKS |  |  |

WHOLE/WHITE GRAINS, BREADS, PASTAS, CRACKERS, COLD/HOT CEREALS One serving equals one of the following: $1 / 2$ slice of bread, 1/4 bagel, 1/4 cup of cooked cereal or grain such as rice, 1/4 cup of dry cereal, 1/4 cup of granola, 1/4 cup of pasta or macaroni. How many servings from the Grain Group do you estimate your child eats per day? $\qquad$ . How many whole grain serving per day? $\qquad$ . Please list all the types of these products your child usually eats, how much, how often, when, and how is it prepared, ie, cooked, mashed, pureed, toasted, soaked etc.

| GRAINS/BREADS | WHEN | HOW MUCH | HOW OFTEN | PREPARATION |
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COOKIES, CAKES, PIES BARS, CANDY, CHOCOLATES,
SALTY SNACKS LIKE CHIPS OR PRETZELS.
Please list all the types of sweets and/or salty snacks your child usually eat.

| TYPE OF SNACK | WHEN | HOW MUCH | HOW OFTEN |
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## FRUIT \& FRUIT JUICES

One serving of fruit equals one of the following: 1/4 cup of mashed fruit, fruit puree or fruit sauce, 1/4 apple, 1/4 banana, or 1/4 orange, 1/4 cup of chopped or canned fruit, 2 tablespoons of dried fruit, $1 / 2$ cup of $100 \%$ fruit juice. How many serving of fruit do you estimate your child eats per day? $\qquad$ . Please list all the types fruits \& juices your child usually eats \& drinks, how much, how often, when, and how is it prepared, ie, raw, canned in its own juice, chopped, pureed, mashed, frozen, dried, or cooked.

| FRUITS | WHEN | HOW MUCH | HOW OFTEN | PREPARATION |
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## VEGETABLES \& VEGETABLE JUICES

How many servings of vegetables do you estimate your child eats per day?
One serving equals one of the following: 1/4 cup of cooked whole vegetable, $1 / 2$ cup of raw vegetables, $1 / 2$ c. vegetable juice. Please list all the types vegetables \& juices your child eats \& drinks, how much, how often, when, and how is it prepared, ie, cooked whole, mashed, pureed.

| VEGETABLES | WHEN | HOW MUCH | HOW OFTEN | PREPARATION |
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## BEEF, POULTRY, PORK, LAMB, VENISON, AND FISH

How many serving of red meat, chicken, fish do you estimate your child eats per day or week? One serving equals 1 ounce or the size of a one inch cube.
$\overline{\text { Please list all the types meat, chicken \& fish your child usually eats, how much, how often, }}$ when, and how is it prepared, ie, fried, grilled, broiled, baked, or stewed.

| MEAT ETC. | WHEN | HOW MUCH | HOW OFTEN | PREPARATION |
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## EGGS \& DAIRY PRODUCTS

How many eggs do estimate your child eats per week? $\qquad$
How are the eggs prepared? $\qquad$
How many serving of dairy do you estimate your child eats per day? $\qquad$ . One serving of dairy equals one of the following: $1 / 2$ cup of milk or yogurt, $1 / 2$ cup of pudding, $1 / 2$ cup of frozen yogurt or ice cream, 1 oz of cheese, 1/4 cup of cottage cheese, 1 tablespoon of cream cheese or sour cream.
Please list all the types of dairy products you eat, how much, how often, when, and how it is prepared, ie, as part of a dish, sauce, soup, on bread, etc.

| DAIRY PRODUCTS | WHEN | HOW MUCH | HOW OFTEN | PREPARATION |
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## MEAT ALTERNATIVES \& DAIRY ALTERNATIVES

One serving equals one of the following: 1/4 cup of cooked beans, 1/4 cup of tofu, 1/4 cup tofu, $1 / 2$ tofu dog, burger etc. $1 / 2$ cup of soy milk, 1 tablespoon of nut butter. How many times per week do you estimate your child eats a meat alternate?
Please list all the meat alternatives \& dairy alternatives your child eats eat, how much, how often, when, and how is it prepared, ie, boiled, baked, mashed, pureed.

| MEAT/ DAIRY <br> ALTERNATIVES | WHEN | HOW MUCH | HOW OFTEN | PREPARATION |
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DIETARY INTAKE, THE 24 HOUR RECALL: Please recall all the foods, food quantity, beverages your child ate yesterday, or if it was an unusual day for your child please give me a pattern of a typical day.

TIME: FOOD OR BEVERAGE: AMOUNT: FOOD PREPARATION:
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## MISCELLANEOUS DIETARY QUESTIONS

How many teaspoons of sugar, syrups, honey, jams, jellies or spreadable fruit does your child use either per day, week, or month?

What type of cooking oils do you use for your child, how much, how often, is it cold pressed?

What type of margarine do you use for your child, hard or soft type. What about butter or mayo? Where do you use it on? How much? How often?

How often do your child eats fried foods, ie. french fries, potato chips, tempura?

Does you child have any known food allergies? How were you able to pinpoint the food allergy, ie. By elimination, by allergy testing, by muscle testing. What are the symptoms, how soon do they occur after eating?

If food allergies are not known, do you suspect any food allergies? Which foods you suspect might give your child problems? What are the symptoms, how soon do they occur after eating?

Dear Parent, if you have any questions regarding this nutrition screening questionnaire don't hesitate to call me. ©

