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\heartsuit nutrition screening for children ages 5 to 8 years \heartsuit

Full name	Date of Birth				
Name of Mother	Length of Pregnancy Birth WeightCurrent Weight Birth LengthCurrent Height				
Name of Father	Birth Weight Current Weight			ght	
Address	Birth Length		irrent Hei	ight	
City	Weight at age 1	age 2	age 3	age 4	
Phone	Height at age 1	age 2	age 3	age 4	
Doctor's name	Doctor's phone nu	umber			
Doctor's name Who referred you to me?	If self-referred, where	did you f	ind my na	ame?	
Did you breast feed your child?	If yes for how long?				
Did you supplement with fo	II, yes for new long.	hich forn	nula?		
At what age did your child start t					
Solid foods Cereals		Yes/No			
Vegetables Types	Fruits	Tvne	<u>s</u> .		
Vegetables Types: Breads Type: white or who	le grain?				
Meats/PoultryTypes:					
Fish Types:					
Fish Types: Eggs Meat alternativ	es, like tofu or beans				
Dairy products Types:					
Dairy products Types: Soy milk, rice milk, nut milk, circle	e which kind				
100% fruit juice Types:					
Sugar sweetened juiceTypes:					
Sweets Types:					
How many stools does your child h					
What is the color of your child's sto					
Does your child experience any blo				_	
If yes, how often does your					
If yes, which foods					
If yes, which foods Do ever see undigested food particl	es in your child's stool?				
If yes, which foods Within the last year, how often did					
Within the last year, how often did	your child get a cold, flu, ea	r infectio	on, or chil	dhood diseases?	
How many times has your child be	en on antibiotics	for what	at		
Which vaccinations has s/he receiv How does your child sleep during t	he 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.

PAST & PRESENT MEDICATIONS SUPPLEMENTS	AMOUNT OF MEDICATION BRAND & NAME OF SUPPLEMENT	FOR HOW LONG?

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	$\frac{1}{2}$ cup = 8 tablespoons	1/4 cup = 4 tablespoons
1 tablespoons = 3 teaspoons	1 tablespoon = 15 ml	
1 cup = 8 fluid ounces	¹ / ₂ cup = 4 fluid ounces	1/4 cup = 2 fluid ounces
1 cup = 250 ml	$\frac{1}{2}$ cup = 125 ml	1/4 cup = 63 fluid ounces

HOW MANY <u>¹/₂ CUPS</u> 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	<u>OR</u>	WEEKLY
WATER			
MILK, WHAT %			
SOY/RICE/NUT MILK, 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?______. How many *whole* grain serving per day?______. 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.

WHEN	HOW MUCH	HOW OFTEN	PREPARATION
	WHEN	WHEN HOW MUCH - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -	WHEN HOW MUCH HOW OFTEN Image: Imag

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

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?______. 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

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, ½ 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

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.

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.

WHEN	HOW MUCH	HOW OFTEN	PREPARATION
	WHEN	WHEN HOW MUCH Image:	WHENHOW MUCHHOW OFTENImage: Image:

EGGS & DAIRY PRODUCTS

How many eggs do estimate your child eats per week?_____

How are the eggs prepared?_____

How many serving of dairy do you estimate your child eats per day? _____. 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

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 ALTERNATIVES	WHEN	HOW MUCH	HOW OFTEN	PREPARATION

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:

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. ©