



# Nutrition Questionnaire

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Parent \_\_\_\_\_ Date \_\_\_\_\_

Reason for Nutrition Evaluation \_\_\_\_\_

Please list any previous or current medical issues your child has. \_\_\_\_\_

Please list any food allergies or intolerances your child has. \_\_\_\_\_

Has your child experienced any recent weight gain or loss? Y N If so, how much in how long? \_\_\_\_\_

Please list any medications, nutrition supplements or vitamins that your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Does your child have any issues with:  Constipation  Diarrhea  Vomiting  Reflux

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## Social History:

Who is living at home with your child? \_\_\_\_\_

Who is with your child before school? \_\_\_\_\_ After school? \_\_\_\_\_ Weekends? \_\_\_\_\_

Who is responsible for meal preparation? \_\_\_\_\_

If your child is in daycare or school, do you provide their meals & snacks? Y N

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## Feeding / Diet History:

How many meals does your child eat per day? \_\_\_\_\_ How many snacks? \_\_\_\_\_ Are meals and snacks at scheduled times? Y N

Please list meal and snack times. \_\_\_\_\_

Where are the meals eaten? \_\_\_\_\_ How long do meals last? \_\_\_\_\_

Who are the meals eaten with? \_\_\_\_\_

Does your child ever refuse food? Y N If so, how often? \_\_\_\_\_ Do you offer another option when food is refused? Y N

What foods does he/she often refuse? \_\_\_\_\_

How many times per week does your family dine out? \_\_\_\_\_ Please list examples of where you dine out. \_\_\_\_\_

\_\_\_\_\_

What type of milk does your child drink? \_\_\_\_\_ Flavoring? \_\_\_\_\_ How many ounces per day? \_\_\_\_\_

What else does your child drink? \_\_\_\_\_

Provide a brief diet recall of what your child eats for meals and snacks on a typical day. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Activity:**

How many hours per day does your child watch TV or sit at the computer? \_\_\_\_\_

Does your child have a television or computer in the bedroom? Y N

How many hours per day is your child active? \_\_\_\_\_ What kinds of activities does your child participate in? \_\_\_\_\_

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**Please check all that apply to your child:**

- Eats junk food.
- Eats more than one snack between meals.
- Requests second helpings.
- Constantly complains of being hungry.
- Eats in front of the television.
- Is a fast eater.
- Eats alone.
- Eats when bored.
- Skips meals.
- Gets his/her own snacks.
- Demands certain food or snacks.
- Gets upset when demanded food is not met.
- Sneaks or hides food.
- Refuses certain food groups.
- Still wants to ride in a stroller.
- Seems unmotivated to get active.
- Caregivers disagree on what, when, where and how much the child should eat.

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**Additional Comments:**