

CHILD HEALTH RECORD:

NUTRITION

CHILD'S NAME: _____ **SEX:** _____ **BIRTHDATE:** _____

DIETARY HABITS

1. WHAT FOODS DOES YOUR CHILD ESPECIALLY LIKE? _____

2. ARE THERE ANY FOODS YOUR CHILD DISLIKES? _____

PART I. TO BE COMPLETED BY HEAD START STAFF DURING PARENT/GUARDIAN INTERVIEW

3. DOES YOUR CHILD TAKE VITAMINS AND MINERAL SUPPLEMENTS?	Yes	No	12. ABOUT HOW OFTEN DOES YOUR CHILD EAT A FOOD FROM EACH OF THE FOLLOWING GROUPS?	Approximate Number of Times a Week (circle the number(s) nearest to parent's answer)
(a) If "yes", what kind are they? _____	*		(a) Milk, cheese, yogurt.	0* 1* 2* 3 4 5 6 7 7+
(b) Do they contain iron?	*		(b) Meat, poultry, fish, eggs; or	0* 1* 2* 3 4 5 6 7 7+
(c) Do they contain fluoride?	*		dried beans/peas, peanut butter.	0* 1* 2* 3 4 5 6 7 7+
(d) Were they prescribed?	*		(c) Rice, grits, bread, cereal, tortillas.	0* 1* 2* 3 4 5 6 7 7+
4. IS THERE ANY FOOD YOUR CHILD SHOULD NOT EAT FOR MEDICAL, RELIGIOUS, OR PERSONAL REASONS?	*		(d) Greens, carrots, broccoli, winter squash, pumpkin, sweet potatoes.	0* 1* 2* 3 4 5 6 7 7+
5. IS YOUR CHILD ON A SPECIAL DIET?	*		(e) Oranges, grapefruit, tomatoes (fruit/juice).	0* 1* 2* 3 4 5 6 7 7+
6. HAS THERE BEEN A BIG CHANGE IN YOUR CHILD'S APPETITE IN THE LAST MONTH?	*		(f) Other fruits and vegetables.	0* 1* 2* 3 4 5 6 7 7+*
7. DOES YOUR CHILD TAKE A BOTTLE?	*		(g) Oil, butter, margarine, lard.	0* 1* 2* 3 4 5 6 7 7+*
8. DOES YOUR CHILD EAT OR CHEW THINGS THAT AREN'T FOOD?	*		(h) Cakes, cookies, sodas, fruit drinks, candy.	0* 1* 2* 3 4 5 6 7 7+*
9. DOES YOUR CHILD HAVE TROUBLE CHEWING OR SWALLOWING?	*			
10. DOES YOUR CHILD OFTEN HAVE: (a) Diarrhea? (b) Constipation?	*			
11. DO YOU HAVE ANY CONCERNS ABOUT WHAT YOUR CHILD EATS?				

*Starred answers may require follow-up. Explain details or give additional comments here.