

What Does Your Child Eat?

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

Baby Foods 		How does your child feel about mealtimes?
Breads, Grains, and Cereals 		
Fruits and Vegetables/Vitamin A, C, Folic Acid, and Fiber Rich Foods 		
Milk Products/Calcium Rich Foods 	Protein/Iron Rich Foods 	
Other Foods 	Circle if baby/child uses: 	
Circle activities your baby or child does every day. 		Drinks water?

Office Use Only
Feeding milestones to check/visit

Baby: Birth to 24 months
Yes / No

Breast-fed 8–12 times/24 hours during early weeks of lactation OR every 3–4 hours/day for older infants?

Formula-fed w/iron no less than 20 ounces/day? Correct dilution?

No honey/Karo Syrup until 1 year?

4–6 months: Start on baby cereal with iron?

5–7 months: Start on pureed vegetables and fruits?

6–7 months: Drink from a cup?

6–8 months: Start on pureed or ground meat, i.e., poultry, beef, pork, fish, egg yolk, beans, tofu?

7–9 months: Eats finger foods and mashed/chopped foods, NO grapes, nuts, popcorn, hotdogs, hard candy?

1 year: Drinks regular milk no less than 16 ounces/day?

9–12 months: Feeds self, joins family meal and snack times?

12–24 months: Eats variety of foods: small portions, i.e., 1–2 Tbsp., ½ c juice, ½ slice of bread.

Child: 2 to 8 years
Yes / No

Eats recommended variety and amounts of foods daily for age from the food guide pyramid?

Limit Fats and Sweets

2–3 servings Milk (Calcium) Protein (Iron) 2–3 servings

3–5 servings Vegetables Fruits 2–4 servings

Breads, Grains, and Cereals 6–11 servings

Mealtime/Others:
Yes / No

Set meal and snack times?

Brush teeth by himself at 5 years?

Good food supply?

Takes vitamins, iron, or fluoride?

Growing normally according to his/her growth patterns?

Does child play with or eat dirt, plaster, clay, and paint chips?

Any food intolerances or allergies?

Referral for identified nutrition problem? Where? _____

Activity:

Actively plays everyday, i.e., running, biking, sports, 1 hour/day?

TV viewing: 2 hours or less/day?

Child's name: _____ Record #: _____

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

Adapted from the Orange and San Bernardino Counties CHDP Programs.
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