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Child Nutrition Questionnaire

Name: _____ Date: _____

1. Please list any current medical problems:

2. List all past medical problems: _____

3. Please tell me about your child's weight history: stable ____, up and down ____ # lbs

4. Please list all medications your child is currently taking: _____

5. Please list all vitamin/mineral supplements or herbs your child is currently taking:

Vitamin D supplement? Yes No

6. Does your child exercise? Yes No

If yes what type of exercise and how often?

7. Does your child experience problems with constipation/diarrhea/reflux? ____ yes
____no which one?

Eating Habits:

8. Please tell me about some of your child's eating habits:

- Is your child a picky eater? Yes No
- Will your child try new foods? Yes No
- How would you describe your child's appetite? Excellent Good Fair Poor
- How often do you eat out at restaurants _____
- How often do you eat at other peoples homes? _____
- My child gets meals from ____parents ____ daycare ____ babysitter ____ school
____grandparent other _____.
- My child has a special diet? Yes No Type of diet _____
- How many meals does your child eat a day? _____
- How many snacks does your child eat a day? _____
- What time of day does your child eat snacks? _____
- What are your child's favorite snacks? _____
- What snacks do you offer your child? _____
- What are your child's favorite foods? _____
- What are you child's favorite meal (s)? _____

- What beverages does your child like to drink? _____
 - How many glasses of water does your child drink/day? _____
 - What type of water does your child drink? Tap water Spring water
9. Tell me about mealtimes?
- Do you get into struggles with you child at mealtimes or snacktime? Yes No
 - Do you eat together as a family? Yes No If yes which meals? Breakfast Lunch Dinner
 - How long will your child sit for a meal? 15 minutes or less 15-30 minutes 30-60 minutes
10. When does your child go to bed? _____ Wake up? _____ Does your child take any naps during the day? Yes No If yes how many _____ and for how long? _____
11. Please list any questions or concerns you may have: