

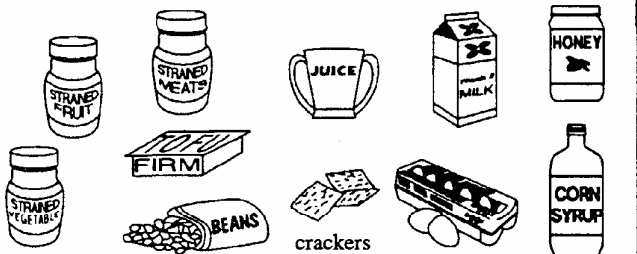
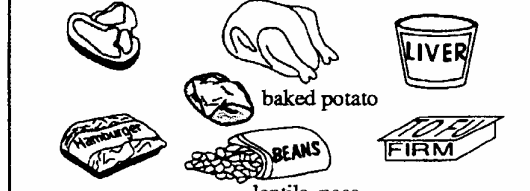


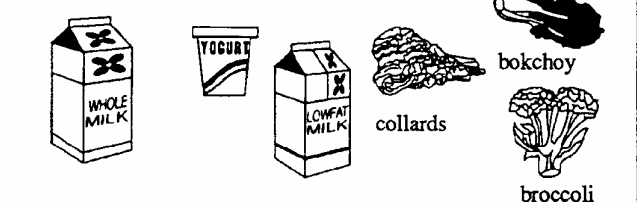

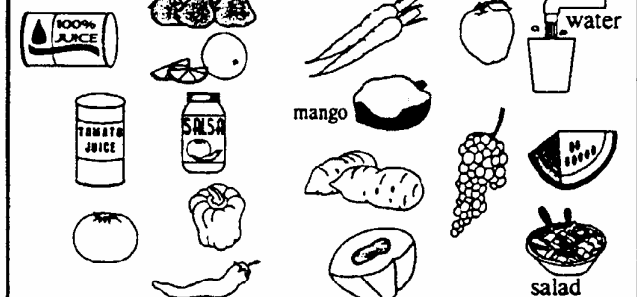



What Does Your Child Eat?

Office Use Only

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

<p>Write everything your baby or child ate and drank yesterday:</p>	<p>How does your baby or child feel about mealtimes?</p> 	<p>✓ one topic/visit</p> <p>Food Recall:</p> <p>___ set meal & snack times</p> <p>___ Variety/Basic 4</p> <p>___ # srvgs.: 5-7-2-2</p>
	<p>Circle if your baby or child receives food from:</p> <p>Food Stamps School Lunch Head Start WIC</p>	<p>Mealtime:</p> <p>___ pleasant mealtimes</p> <p>___ good food supply</p> <p>___ nutrition referral</p> <p>___ supplement use</p> <p>___ bottle tooth decay</p> <p>___ soft toothbrush & tiny amt. toothpaste</p> <p>___ parent helps with brushing until 5 yrs.</p>
	<p>Circle if your baby or child uses:</p> 	<p>Baby:</p> <p>___ breastfeeding</p> <p>___ formula prep</p> <p>___ starting solids</p> <p>___ all food groups</p> <p>___ weaning/cup</p> <p>___ no honey or Karo Syrup until 1 yr.</p> <p>___ cow milk at 1 yr.</p>
		<p>Iron:</p> <p>___ 2-3 srvgs./day</p> <p>___ try new foods</p> <p>___ read cereal labels</p> <p>___ vitamin C with meal</p> <p>___ pica behavior</p>
		<p>Calcium:</p> <p>___ 2-3 srvgs./day:</p> <p>___ 1-10 yrs: 16 oz./day</p> <p>___ too much milk</p> <p>___ type of milk:</p> <p>___ whole: 1-2 yrs.</p> <p>___ low/non: 2 & up</p>
		<p>Snacks/Fast Foods:</p> <p>___ foods lower in fat & sugar</p> <p>Fruits & Vegetables:</p> <p>___ 5-9 srvgs./day</p> <p>___ vitamin A & C rich foods daily</p> <p>___ give water daily</p>
<p>Circle activities your baby or child does every day.</p> 	<p>Activity:</p> <p>Frequency: _____</p> <p>Duration: _____</p> <p>TV: 2 hrs. or less/day</p>	

Baby or Child's Name: _____ Age: _____