

NUTRITION QUESTIONNAIRE FOR CHILDREN AGES 1 TO 10

1. How would you describe your child's appetite?

- Fair
- Good
- Poor

2. How many days per week does your family eat meals together?

3. How would you describe mealtimes with your child?

- Always pleasant
- Usually pleasant
- Sometimes pleasant
- Never pleasant

4. How many meals does your child eat per day? How many snacks?

5. Which of these foods did your child eat or drink last week?
(Check all that apply)

Grains:

- Bagels
- Bread
- Cereal/grits
- Crackers
- Muffins
- Noodles/pasta/rice
- Rolls
- Tortillas
- Other grains:.....

Vegetables

- Broccoli
- Carrots
- Corn
- Green beans
- Green salad
- Greens (collard, spinach)
- Peas
- Potatoes
- Tomatoes
- Other vegetables.....

Fruits

- Apples/ juice
- Bananas
- Grapefruit/juice
- Grapes/juice
- Melon
- Oranges/juice
- Peaches
- Pears
- Other fruits/ juice:.....

Milk and Milk Products

- Fat-free (skim) milk
- Low-fat (1%) milk
- Reduced-fat (2%) milk
- Whole milk
- Flavored milk
- Cheese
- Ice cream
- Yogurt
- Other milk and milk products:

Meal and Meal Alternatives

- Beef/hamburger
- Chicken
- Cold cuts/ deli meals
- Dried beans (for example, black beans, kidney beans, pinto beans)
- Eggs
- Fish
- Peanut butter/nuts
- Pork
- Sausage/bacon
- Tofu
- Turkey
- Other meal and meat alternatives:.....

Fats and Sweets

- Cake/cupcakes
- Candy
- Chips
- French fries
- Cookies
- Doughnuts
- Fruit-flavored drinks
- Soft drinks
- Pies
- Other fats and sweets:

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- 6.** If your child is 5 years or younger, does he or she eat any of these foods? *(Check all that apply.)*
- Hot dogs
 - Marshmallows
 - Nuts and seeds
 - Peanut butter
 - Popcorn
 - Pretzels and chips
 - Raisins
 - Raw celery or carrots
 - Hard or chewy candy
 - Whole grapes
- 7.** How much juice does your child drink per day? How much sweetened beverage (for example, fruit punch or soft drinks) does your child drink per day?
- 8.** Does your child take a bottle to bed at night or carry a bottle around during the day?
- Yes No
- 9.** What is the source of the water your child drinks? Sources include public, well, commercially bottled, and home system-processed water?
- 10.** Do you have a working stove, oven, and refrigerator where you live?
- Yes No
- 11.** Were there any days last month when your family didn't have enough food to eat or enough money to buy food?
- 12.** Did you participate in physical activity (for example, walking or riding a bike) in the past week?
- Yes No
- If yes, on how many days and for how many minutes or hours per day?.....
- 13.** Does your child spend more than 2 hours per day watching television and DVDs or playing computer games:
- Yes No
- If yes, how many hours per day?.....
- 14.** Does your family watch television during meals?
- Yes No
- 15.** What concerns or questions do you have about feeding your child or how your child is growing? Do you have any concerns or questions about your child's weight?