

Student Name: _____

Connecticut State Department of Education-2001

Nutrition Questionnaire for Children

(Adapted from Bright Futures in Practice: Nutrition, Appendix B, pgs. 232-236, National Center for Education in Maternal and Child Health, 2000)

This nutrition questionnaire is a tool for parents to complete before meeting with child care staff members (e.g., health or education professionals, family day-care providers). The questionnaire provides a useful starting point for identifying areas of nutrition concern and the need for additional screening. It may be adapted with the names of foods consumed by a specific cultural group. Note: This questionnaire is not all-inclusive, and should be adapted as necessary to meet the specific needs of individual programs.

1. How would you describe your child's appetite? *(Check one.)*

- Good Fair Poor Picky

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

3. How would you describe mealtimes with your child? *(Check one.)*

- Always pleasant Usually pleasant Sometimes pleasant Never pleasant

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

5. How many snacks does your child usually eat per day? _____ : _____

6. 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
 French beans
 Green beans
 Green salad
 Greens (collard, spinach)
 Peas
 Potatoes
 Tomatoes
 Other vegetables:

Fruits

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

Nutrition Questionnaire for Children (continued)

6. Continued (Check all that apply.)

Milk and Other Dairy Products

- Whole milk
- 2% milk (reduced-fat)
- 1% milk (low-fat)
- Skim milk (nonfat)
- Chocolate milk
- Cheese
- Ice cream
- Yogurt
- Other milk

Meat and Meat Alternates

- Beef hamburger
- Chicken
- Cold cuts/lunchmeat
- Dried beans
- Eggs
- Fish
- butter/nuts

Fats and Sweets-

- Cake/cupcakes
- Candy
- Chips
- Cookies
- Doughnuts
- Fruit-flavored drinks-
- Kool-Aid®
- Pie
- Soft drinks
- Other fats and sweets:

7. If your child is 5 years of age or younger; does he or she eat any of these foods? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hot dogs | <input type="checkbox"/> Popcorn | <input type="checkbox"/> Raw celery or carrots |
| <input type="checkbox"/> Marshmallows | <input type="checkbox"/> Pretzels and chips | <input type="checkbox"/> Round or hard candy D |
| <input type="checkbox"/> Nuts and seeds | <input type="checkbox"/> Raisins | <input type="checkbox"/> Whole grapes |
| <input type="checkbox"/> Peanut Butter | | |

8. How much 100 percent juice (for example, orange juice, apple juice and grape juice) does your child drink per day? _____

9. How much sweetened beverage (for example, Kool-Aid®, fruit punch and soft drinks) does your child drink per day? _____

10. Does your child drink water that is fluoridated or take a fluoride supplement?

- Yes No Don't Know

II. Does your child take a bottle to bed at night or carry a bottle or sippy cup around during the day?

- Yes No

12. Do you have a working stove, oven and refrigerator where you live? Yes No

13. Were there any days last month when your family didn't have enough food to eat or enough money to buy food? Yes No

14. Does your child spend more than 2 hours per day watching television and videotapes or playing computer games? Yes No

15. What concerns or questions do you have about feeding your child? _____