

# What Does Your Child Eat?

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

<b>Baby Foods</b> 		How does your child feel about mealtimes?   
<b>Breads, Grains, and Cereals</b> 		
<b>Fruits and Vegetables/Vitamin A, C, Folic Acid, and Fiber Rich Foods</b> 		
<b>Milk Products/Calcium Rich Foods</b> 		<b>Protein/Iron Rich Foods</b> 
<b>Other Foods</b> 		Circle if baby/child uses: 
Circle activities your baby or child does every day. 		Circle if your baby or child receives food from: <b>Food Stamps    School Lunch    Head Start    WIC</b> 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.

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**Child: 2 to 8 years**  
Yes / No

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

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**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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