



Nutrition for a Healthier Child

Questionnaire

www.FoodforKidsHealth.com Toll Free: (866) 757-4500 ext 706

FAX back to: (775) 262-7202 OR Email to: Annika@foodforkidshealth.com

Parent's Name: _____ Child's Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Date: _____

Phone (home/cell): _____ (w): _____

Child's Age: _____ DOB: _____ Height: _____ Weight: _____

Reason for consultation and/or goals: _____

How many times does he/she usually eat per day (including snacks)? _____

Please recall your child's last **3 full days of food** including meals, snacks, and drinks (please try to be very complete, and be sure to include everything even candy 😊).

Day 1: _____

Day 2: _____

Day 3: _____

Nutrition Questionnaire

How many ounces of Juice per day? _____ (1 cup= 8 ounces)

How many ounces of Milk per day? _____ Raw or Pasteurized?

Does your child have any food allergies or sensitivities that you suspect or know about?

Does your child crave and prefer white foods and refined carbohydrates? (i.e. bread, pasta, snacks, cookies, crackers, goldfish, juice, etc) YES or NO.

If so, which foods? _____

Please list any food aversions and/or foods he/she dislikes: _____

Who takes care of your child during the majority of the day? (i.e. daycare, or 1/2 school 1/2 nanny, or grandma, or mom)

Does your child request these foods/drinks frequently?

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sweets/ Desserts | <input type="checkbox"/> Crackers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chocolate | <input type="checkbox"/> Milk | _____ |
| <input type="checkbox"/> Juice | <input type="checkbox"/> Pizza | |
| <input type="checkbox"/> Bread/Pasta | <input type="checkbox"/> Fried Foods | |

Which oils do you use to prepare his/her food?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Butter | <input type="checkbox"/> Peanut Oil | <input type="checkbox"/> Canola |
| <input type="checkbox"/> Margarine | <input type="checkbox"/> Corn Oil | <input type="checkbox"/> Sun/Safflower |
| <input type="checkbox"/> Olive Oil | <input type="checkbox"/> Crisco | <input type="checkbox"/> Mayonnaise |
| <input type="checkbox"/> Coconut Oil | <input type="checkbox"/> Vegetable Oil | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sesame Oil | <input type="checkbox"/> Soybean Oil | |

Any cavities or crooked teeth? _____

How often does he/she have a bowel movement? _____ per day/week

Diarrhea? _____ per day/week

Urinate? _____ per day

Nutrition Questionnaire

Does he/she play outdoors? _____ If so, how often and for how long?

Do he/she take any nutritional supplements or vitamins? _____ If so, which ones?
(be specific) _____

Which prescriptions or over the counter medications has he/she taken?

If vaccinated, did any adverse changes occur in his/her behavior or speech?

How much sleep does he/she get on average each night? _____

Frequency and duration of naps? _____

Please feel free to expand on any information you think are important/relevant to
your child's health _____

Please write "NO" next to any Vegetables, Fruits, & Proteins you have tried giving to your child at least a 3 times and he/she WILL NOT eat it. (if you have not tried, do not check the box)

Vegetable List

	Alfalfa Sprouts
	Artichoke
	Arugula
	Asparagus
	Beans (black, lima, etc.)
	Beets
	Black eyed peas
	Broccoli
	Brussels sprouts
	Cabbage
	Carrots
	Cauliflower
	Celery
	Chard
	Chives
	Collard greens
	Corn
	Cucumber
	Eggplant
	Endive
	Fennel
	Garlic
	Ginger
	Green beans
	Kale
	Kelp

	Leeks
	Lentils
	Lettuce (romaine, baby greens, etc.)
	Mushrooms
	Mustard greens
	Okra
	Onions
	Parsley
	Parsnips
	Peas
	Peppers (red or green)
	Potato
	Pumpkin
	Radicchio
	Radishes
	Rhubarb
	Rutabaga
	Spinach
	Squash
	Sweet Potato
	Tomato
	Turnips
	Water chestnuts
	Yams
	Zucchini

Fruit List

	Apple
	Apricots
	Avocado
	Banana
	Blackberries
	Blueberries
	Boysenberries
	Cantaloupe
	Cherries
	Crabapples
	Cranberries
	Dates
	Figs

	Grapefruit
	Grapes
	Guava
	Honeydew
	Kiwi
	Lemon
	Lime
	Mandarin
	Mango
	Nectarine
	Orange
	Papaya
	Passionfruit

	Peach
	Pear
	Persimmon
	Pineapple
	Plum
	Pomegranate
	Prunes
	Raisins
	Raspberries
	Strawberries
	Tangerine
	Watermelon

Proteins

Meats:

	Chicken
	Ham
	Beef
	Pork

Fish & Seafood:

	Salmon
	Tuna
	Cod
	Grouper
	Sea Bass
	Snapper
	Herring
	Mackerel
	Crab
	Lobster
	Shrimp
	Mussels
	Oysters

Dairy

	Eggs
	Cheese
	Yogurt
	Cottage Cheese
	Whey Protein Powder

Nuts:

	Almonds
	Walnuts
	Brazilnuts
	Cashews
	Hazelnuts
	Macadamia Nuts
	Pecans
	Pistachio
	Almond Butter
	Cashew Butter
	Sesame Butter
	Natural Peanut Butter