

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Enrolled in WIC? YES NO

DIETARY HABITS					
1. What foods does your child especially like?					
2. Any foods your child dislikes?					
	YES	NO	EXPLAIN "YES" ANSWERS		
Does your child have any food allergies?					
Are there any foods your child does not eat for medical, religious or personal reasons?			__ Halal __ Kosher __ Vegetarian __ Vegan __ Other:		
Does your child take vitamins and mineral supplements?					
If yes: What kind are they?					
Do they contain iron?					
Do they contain fluoride?					
Were they prescribed?					
EHS: Are you breastfeeding this child? If yes, how often?					
EHS: Does your child drink formula? If yes, how much & how often?					
Does your child drink milk? If yes, what type and how often? __ whole __ 2% __ 1% __ skim __ soy __ other:					
Does your child drink water? If yes, how often?					
Has there been a big change in your child's appetite recently?					
Does your child frequently choke or gag on food?					
Does your child eat non-food items such as dust, ashes, clay, soil, paint chips, carpet fibers, or paper?					
Does your child take food or drinks to bed with them?					
Does your child's weight appear normal?					
Is your child involved in active play every day?					
Do you have any concerns about your child's growth, nutrition or eating? If yes, please explain.					
<b>How often does your child eat from each of the following food groups?</b>	NEVER OR RARELY	ONCE A WEEK	SEVERAL TIMES A WEEK	ONCE A DAY	TWO OR MORE TIMES A DAY
<b>VEGETABLES:</b> carrots, broccoli, sweet potato, peas, green beans, squash, etc.					
<b>FRUITS:</b> apple, banana, orange, grapes, strawberries, blueberries, etc.					
<b>PROTEIN:</b> meat, poultry, seafood, beans, eggs, nuts, seeds, tofu, etc.					
<b>DAIRY:</b> milk, cheese, yogurt, etc.					
<b>GRAINS:</b> breads, pasta, cereal, tortillas, pita, crackers, oatmeal, etc.					
<b>How often does your child eat/drink the following?</b>	NEVER OR RARELY	ONCE A WEEK	SEVERAL TIMES A	ONCE A DAY	TWO OR MORE TIMES
oil, butter, margarine, lard					
sweets: cakes, cookies, candy, fruit drinks (Kool-Aid), sodas					
salty foods, chips					

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

No concerns  Refer to WIC  Refer to Nutritionist/RD  Refer to physician  
 Refer to other services, explain: \_\_\_\_\_