



Name: _____ DOB: _____ Date: _____

Form filled out by: _____

Are there any issues or concerns that you would like to discuss today?

Write down a typical day of eating:

9

Breakfast:

5

Lunch:

2

Dinner:

1

Usual Snacks:

0

Does your child ask for "seconds"? Yes No

Check what your child normally drinks:

Milk Water 100 % juice Soda Diet Soda Sports drinks Minute Maid punch

Kool Aid Sugar-free Kool Aid Crystal Light Capri Sun Hi C punch Strawberry/chocolate milk

Coffee drinks Sweet tea Unsweet tea Energy Drinks (Red Bull, Monster) Smoothies/Frappes

Other drinks? Please list: _____

How many times a week does your child eat vegetables? _____ Favorite vegetables: _____

How many times a week does your child eat fruit? _____ Favorite fruit: _____

How many times a week does your child eat fast food? _____

Where does you/your child eat meals? kitchen/dining table living room bedroom

on the run in front of the TV school/daycare other: _____

What does your child do for exercise? (PE, sports, dance, etc.) _____

How often does your child exercise and for how long? _____

Screen time not for school: (computer, TV, video games, etc.) _____ hours/day

What does your child like to do for fun? _____

What vitamins or supplements does your child take? _____

What time does your child go to sleep? _____ wake up? _____ Total hours of sleep: _____