What Does Your Child Eat?  
(Ages Birth – Eight)

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

**Baby Foods**
- Breast milk
- Formula with Iron
- Cereal with Iron
- Pureed Fruit
- Pureed Vegetables
- Pureed Meat
- Eggs
- Beans
- Juice
- Sweetened Beverages
- Honey

**Breads, Grains and Cereals**
- Whole Grain Bread
- White Bread
- Tortilla
- Sweet Bread
- Cereal with Iron
- Oatmeal
- Bagels
- Crackers
- Pretzels
- Noodle Soup
- Pasta
- Rice

**Fruits and Vegetables**
- Apple
- Banana
- Grapes
- Pear
- Peach
- 100% Juice
- Strawberry
- Pineapple
- Orange
- Cantaloupe
- Melon
- Bell pepper
- Chili pepper
- Tomato
- Green Salad
- Cucumber
- Mango
- Broccoli
- Cabbage
- Dark Green Leafy Vegetables
- Carrot
- Green Beans
- Peas
- Corn
- Potato
- Sweet Potato

**Milk Products**
- Whole Milk
- 2% Milk
- 1% Lowfat milk
- Nonfat Milk
- Flavored Milk
- Lactose Free Milk
- Cheese
- Cottage Cheese
- Yogurt
- Ice Cream

**Other Food Sources of Calcium**
- Beans
- Tofu
- Soy
- Yogurt/Milk
- Green leafy vegetables
- Calcium Fortified 100% Juice
- Fortified Plant Milk (Almond, Rice)

**Protein Foods**
- Chicken/Turkey
- Beef
- Ham/Pork
- Fish/Canned fish
- Eggs
- Tofu
- Tacos
- Meat/Beans
- Burritos
- Peanuts/Peanut/Nut Butters
- Beans/Lentils
- Spaghetti with Meatballs

**Other Foods**
- Hot dog
- Hamburger
- Pizza
- French Fries
- Fried Chicken
- Chips
- Cheese Puffs
- Candies
- Chocolate
- Cookies

**Circle if baby/child uses**
- Fluoride
- Iron Drop
- Vitamins
- Spoon
- Cup
- Baby bottle
- Toothbrush

**Circle if baby/child drinks**
- Water
- Soda
- Sugar Sweetened Drinks
- Sports Drinks
- Juice

**Circle activities your baby or child does every day**
- Crawling
- Walking
- Swinging
- Rope jumping
- Playing ball
- Riding a tricycle/bicycle
- Views TV, video games or computer more than two hours a day

**Circle if baby/child receives**
- CalFresh (Food Stamps)
- School Lunch
- Head Start
- WIC

Please circle Yes or No to answer the following questions:

**Birth to 24 months**
- Does the child less than 1 year of age eat honey/corn syrup? **Yes** **No**
- 0-6 months breastfeeding at least 8–12 times each 24 hours for first 3 months? **Yes** **No**
- Breastfeeding 6-8 times or more each 24 hours for age 4-6 months? **Yes** **No**
- Feeding formula with iron at least 20 ounces a day? **Yes** **No**

**6 to 9 months**
- Eats baby cereal with iron? **Yes** **No**
- Eats pureed fruits and vegetables? **Yes** **No**
- Eats pureed or ground meat, fish, cooked egg yolk, beans, tofu? **Yes** **No**
- Drinks or sips from a cup? **Yes** **No**

**9 to 12 months**
- Eats mashed/chopped foods? **Yes** **No**
- Eats foods with fingers? **Yes** **No**

**1 to 2 years**
- Drinks 16 ounces whole milk a day? **Yes** **No**
- Eats a variety of different foods? **Yes** **No**
- Feeds himself (or herself)? **Yes** **No**
- Joins family meal and snack times? **Yes** **No**
- Drinks soda or other sweet drinks? **Yes** **No**

**Other**
- Does the child have food allergies or intolerances? **Yes** **No**
- Please list: ___________________________
- Does the child play with or eat dirt, plaster, clay or paint chips? **Yes** **No**
- Does the child 3 years or younger eat grapes, nuts, seeds, popcorn hot dogs and/or hard candy? **Yes** **No**

**Office Use Only**

Referred for identified nutrition problem? **Yes** **No**
If yes, where: ___________________________________

Provider initials: __________________________