



# INFANT & TODDLER NUTRITION QUESTIONNAIRE

Birth to 18 Months

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Interviewed \_\_\_\_\_ Date of Interview \_\_\_\_\_

Name of Interviewer \_\_\_\_\_ Title \_\_\_\_\_

1. Is your child breast fed?  Yes  No or formula fed?  Yes  No or both?  Yes  No  
 If formula, what kind? \_\_\_\_\_

Is the formula iron-fortified?  Yes  No

How much formula in 24 hours? \_\_\_\_\_

2. Does your child drink milk?  Yes  No If yes, what kind? (e.g. 2%, whole, skim) \_\_\_\_\_

3. Does your child drink from a bottle?  Yes  No  
 What? \_\_\_\_\_

When? \_\_\_\_\_

How much? \_\_\_\_\_

4. Does your child usually take a bottle to bed?  Yes  No  
 If yes, what is usually in the bottle? \_\_\_\_\_

5. Does your child use a cup by himself/herself?  Yes  No

6. At what time does your child eat food during the day? (other than formula or milk)  
 \_\_\_\_\_

7. Please indicate which, if any, of these foods your child eats and how often.

|   | Never or Hardly<br>Ever (Less<br>than Once a<br>Week) | Sometimes (Not<br>Daily But at<br>Least Once a<br>Week) | Every Day Or<br>Nearly Every<br>Day | At Least 2 To<br>3 Times a Day |
|---|---|---|-------------------------------------|--------------------------------|
| Eggs  | _____   | _____   | _____                               | _____                          |
| Beans and peas  | _____   | _____   | _____                               | _____                          |
| Meat, fish, poultry                                   | _____   | _____   | _____                               | _____                          |
| Bread, rice, pasta, grits, cereal tortillas, potatoes | _____   | _____   | _____                               | _____                          |
| Fruits or fruit juices                                | _____   | _____   | _____                               | _____                          |
| Vegetables  | _____   | _____   | _____                               | _____                          |



# INFANT & TODDLER NUTRITION QUESTIONNAIRE

Birth to 18 Months

8. What fruit, juices and vegetables does your child eat or drink most often?

\_\_\_\_\_  
\_\_\_\_\_

9. Are there any food or drink your child does not like?  Yes  No

If yes, what:

\_\_\_\_\_  
\_\_\_\_\_

10. Does your child have any feeding problems?  Yes  No

If so, what?

\_\_\_\_\_  
\_\_\_\_\_

11. Does your child take vitamins or iron drops?  Yes  No

If yes, what kind?

How often?

\_\_\_\_\_  
\_\_\_\_\_

12. Is your child on a special diet?  Yes  No

If yes, why?

\_\_\_\_\_  
\_\_\_\_\_

What kind?

\_\_\_\_\_

## NUTRITION ASSESSMENT

(For office use only)

Growth

Date \_\_\_\_\_ Age \_\_\_\_\_ Yrs. \_\_\_\_\_ Mo. \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Anemia Screening Date \_\_\_\_\_ Hemoglobin \_\_\_\_\_ or Hematocrit \_\_\_\_\_

Re-screening Date \_\_\_\_\_ Hemoglobin \_\_\_\_\_ or Hematocrit \_\_\_\_\_

Nutritionist's recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Nutritionist Signature

\_\_\_\_\_  
Date

(When assessment is completed, fill out parent notification of "Nutrition Screening Results" form and give one copy to parent(s) and file one copy in child's health file.)