

## Nutrition Solutions Child Assessment

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child take any supplements? Please list: \_\_\_\_\_

How many meals does your child typically eat each day? \_\_\_\_\_

How many snacks does your child typically eat each day? \_\_\_\_\_

Does your child drink milk?  Yes  No

Check which kind (Check as many as needed):  None  Skim or 1%  2%  Whole  Non-Dairy (Soy, Almond, etc.)

If yes, how much total milk does your child drink each day? \_\_\_\_\_

Does your child drink sugar-sweetened drinks (tea, punch, Kool-Aid, soda/pop)?  Yes  No

If yes, how much does your child drink each day?  None  Less than 6 oz (1/2 can of soda)  More than 6 oz

Does your child drink fruit juice?  Yes  No

If yes, how much does your child drink each day?  None  6-12 oz  More than 12 oz

Does your child eat breakfast?  Yes  No

If yes, how often per week?  Everyday  Some days  Rarely/Never

Does your child ever complain about their stomach hurting after they eat?  Yes  No

If yes, how many days per week?  Everyday  Some days  Rarely/Never

Does your child eat faster or slower than most children you know?  Faster  Slower  About the same

Do you ever help you child decide if he/she is really hungry before they eat a snack or a second helping of a meal?

Most of the time  Sometimes  Never

Does your child eat sweet and/or fried snacks (cookies, ice-cream, potato chips, French fries)?  Yes  No

If yes, how often?  Several times a day  Once a day  Several times/week  Never

Does your child eat fruits/vegetables?  Yes  No

If yes, how many servings per days?  5 or more/day  3 or 4  1 or 2  None

How many family meals (cooked and eaten at home) do you have each week?  5 or more/week  3 or 4  1 or 2  None

How many meals does your family eat out each week (restaurants, fast-food, take-out, convenience stores, etc.)?

5 or more/week  3 or 4  1 or 2  None

Does your child watch TV/videos, play video/ computer games, use a tablet/phone, etc.?  Yes  No

If yes, how many hours per day?  5 or more  3 or 4  1 or 2  None



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Is your child involved in physical activities (dance, sports, etc.) or does he/she play outdoors?  Yes  No  
If yes, how many hours per day?  5 or more  3 or 4  1 or 2  None

What kinds of activities does your child enjoy? \_\_\_\_\_

How many hours does your child sleep each night? \_\_\_\_\_

Where does your child/family eat meals/snacks when at home (table, couch, in their room, etc.)? \_\_\_\_\_

Do you feel your child eats when he/she is not hungry (out of boredom, stress, sadness, etc.)? \_\_\_\_\_

Does your child regularly have trouble with any of the following (check as many as needed):

Nausea  Heartburn  Bloating  Gas  Constipation  Diarrhea

If you checked anything, please explain: \_\_\_\_\_

There may be many reasons a family does not eat as many nutritious foods as are recommended. Stores may be too far away or too expensive, lack of transportation, family is unable to make food selections on their own, not enough time or necessary equipment to prepare foods, don't know how to prepare certain foods, child may be a picky eater or not accept new foods easily etc.

Do you have issues or concerns with buying, preparing, and/or serving nutritious foods for you and your family?  Yes  No  
If yes, please explain: \_\_\_\_\_

How does your child feel about eating more nutritious foods at meals and snacks each day?

Not interested in making changes now  Would like help making changes  
 Interested, but not ready to make changes now  Already working to eat more nutritious foods; I don't feel like there is much more to do

There are also many reasons adults and children are not able to be active every day. This may be because parents work long hours and cannot take or supervise the kids during play, the family does not have access to places where the children can play safely, the child and/or a parent may have physical conditions that limit activity, etc.

Do you have issues or concerns with you and your child(ren) being active every day?  Yes  No  
If yes, please explain: \_\_\_\_\_

How does your child feel about being more active each day?

Not interested in making changes now  Would like help making changes  
 Interested, but not ready to make changes now  Already working to be more active; I don't feel like there is much more to do



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