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♡ **NUTRITION SCREENING FOR CHILDREN AGES 5 TO 8 YEARS** ♡

Full name _____ Date of Birth _____
Name of Mother _____ Length of Pregnancy _____
Name of Father _____ Birth Weight _____ Current Weight _____
Address _____ Birth Length _____ Current Height _____
City _____ Weight at age 1 ___ age 2 ___ age 3 ___ age 4 ___
Phone _____ Height at age 1 ___ age 2 ___ age 3 ___ age 4 ___
Doctor's name _____ Doctor's phone number _____
Who referred you to me? _____ If self-referred, where did you find my name? _____

Did you breast feed your child? _____ If, yes for how long? _____
Did you supplement with formula? _____ If yes, which formula? _____

At what age did your child start to eat the following foods:

Solid foods _____ Cereals _____ Iron-fortified? Yes/No _____
Vegetables _____ Types: _____ Fruits _____ Types: _____
Breads _____ Type: white or whole grain? _____
Meats/Poultry _____ Types: _____
Fish _____ Types: _____
Eggs _____ Meat alternatives, like tofu or beans _____
Dairy products _____ Types: _____
Soy milk, rice milk, nut milk, circle which kind _____
100%fruit juice _____ Types: _____
Sugar sweetened juice _____ Types: _____
Sweets _____ Types: _____

How many stools does your child have per day? _____ Are they formed? _____
What is the color of your child's stool? Light brown ___ Yellow/green ___ Black ___ Tan/gray ___ Red ___
Does your child experience any bloating or gas, please circle which one? _____
If yes, how often does your child experience bloating or gas? _____
If yes, which foods _____
Do ever see undigested food particles in your child's stool? _____
If yes, which foods _____
Within the last year, how often did your child get a cold, flu, ear infection, or childhood diseases?

How many times has your child been on antibiotics _____ for what _____
Which vaccinations has s/he received? _____
How does your child sleep during the night, during naps? _____

Dear Parent, in order to assess your child's diet, I need to get an accurate idea of what your child eats. When I am able to accurately assess your child's diet, I will be able to help you with your child's diet. Please take your time when answering the remainder of this nutrition screening questionnaire.

PAST & PRESENT MEDICATIONS SUPPLEMENTS	AMOUNT OF MEDICATION BRAND & NAME OF SUPPLEMENT	FOR HOW LONG?

Common Measurement used which can help you estimate your child's food servings. If you have any, it might help to bring out measuring cups and measuring spoons to help you visualize how many servings your child eats of a particular food.

- | | | |
|-----------------------------|------------------------|---------------------------|
| 1 cup = 16 tablespoons | ½ cup = 8 tablespoons | 1/4 cup = 4 tablespoons |
| 1 tablespoons = 3 teaspoons | 1 tablespoon = 15 ml | |
| 1 cup = 8 fluid ounces | ½ cup = 4 fluid ounces | 1/4 cup = 2 fluid ounces |
| 1 cup = 250 ml | ½ cup = 125 ml | 1/4 cup = 63 fluid ounces |

HOW MANY ½ CUPS OF THE FOLLOWING DOES YOUR CHILD DRINK, IF YOUR CHILD DRINKS IT LESS THAN ONCE A DAY, INDICATE HOW MANY TIMES A WEEK Please list the types of fluids your child usually drinks, how often, how much.

	DAILY	<u>OR</u>	WEEKLY
WATER			
MILK, WHAT %			
SOY/RICE/NUT MILK, CIRCLE WHICH ONE			
100% FRUIT JUICES			
SWEETENED JUICE			
VEGETABLE JUICES			
HERBAL TEAS (TYPE)			
REGULAR SODA (TYPE)			
DIET SODA (TYPE)			
OTHER DRINKS			

MISCELLANEOUS DIETARY QUESTIONS

How many teaspoons of sugar, syrups, honey, jams, jellies or spreadable fruit does your child use either per day, week, or month?

What type of cooking oils do you use for your child, how much, how often, is it cold pressed?

What type of margarine do you use for your child, hard or soft type. What about butter or mayo? Where do you use it on? How much? How often?

How often do your child eats fried foods, ie. french fries, potato chips, tempura?

Does you child have any known food allergies? How were you able to pinpoint the food allergy, ie. By elimination, by allergy testing, by muscle testing. What are the symptoms, how soon do they occur after eating?

If food allergies are not known, do you suspect any food allergies? Which foods you suspect might give your child problems? What are the symptoms, how soon do they occur after eating?

Dear Parent, if you have any questions regarding this nutrition screening questionnaire don't hesitate to call me. 😊