

Name \_\_\_\_\_

Date \_\_\_\_\_

## DIET HISTORY

We would like to know about your child's intake of foods. Remember that we need to know *what your child actually eats* rather than what you think they *should be eating*. Please answer the following questions as best you can, either circle a choice, or write in your answer.

How much milk does your child drink each day?  
(None, < 1 cup, 1-2 cups, 3-4 cups, >4 cups)

What kind of milk do you keep in the home?  
(None, Chocolate, whole, 2%, 1%, skim, skim plus)

Does your child eat any other calcium containing foods like yogurt, ice cream, cheese, or calcium fortified orange juice each day?  
(1x/day, 2x/day, >3x/day, every other day)

How often does your child have fast food (McDonalds, Wendys, etc)?  
(1x/week, more than 2x/week, 1 x/month, never)

How much regular soda (Coke, Ginger Ale, etc) does your child drink?  
(None, 1 can/day, more than 1 can/day)

How much juice (CapriSun, Orange, Apple, Sunny Delight, etc.) does your child drink?  
(None, 1 glass/day, 2 - 3 glasses/day, more than 3 glasses/day)

Does your child eat breakfast at home?  
(never, only on week-ends, everyday, 1x/week, 2-3x/week, 3-4x/week, >4x/week)

Does your child eat fruit?  
(never, rarely, 1x/day, 2x/day, 3-4x/day, >4x/day)

What fruits does your child eat?  
(bananas, apples, oranges, strawberries, melon, grapes, pineapple, mango, kiwi)

How often does your child eat green vegetables (broccoli, celery, cucumbers, salad)?  
(never, 1x/day, > 2x/day, 1 x/week, 2-3x/week, 3-4x/week)

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How many days each week does your child buy school lunch?  
 (none, 1 x/week, 2-3x/week, 3-4 x/week, 5x/week)

Please provide some sample meals that your child might have:

Meal or Snack	Example	Day 1	Day 2	Day 3
Breakfast	Cheerios & milk 4 oz orange juice			
AM Snack	1/2 Cup Goldfish			
Lunch	Turkey Sandwich on white bread Juice box 6 oz Apple			
PM Snack	Yogurt 6 oz			
Dinner	Chicken cutlet Green Beans Rice Milk Orange			
Prebed Snack	1/2 banana Graham crackers Water			
Night Food	None			