

## CHILD (2–4 YEARS) NUTRITION QUESTIONS

Child's Name: _____	Age of Child: _____
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**Please circle or write your answers to the following questions:**

<p>1. When is your child's next doctor's appointment? _____ Dentist? _____</p> <p>2. <b>What do you give your child?</b>    <i>Vitamins/Minerals</i>    <i>Fluoride</i>    <i>Iron</i>    <i>None</i>  <i>Other Medications (list)</i> _____</p> <p>3. My child currently has:    <i>Allergies</i>    <i>Wheezing</i>    <i>Rash</i>    <i>Constipation</i>    <i>Diarrhea</i>    <i>None</i></p> <p>4. <b>What things, other than food, does your child eat?</b>    <i>Dirt</i>    <i>Clay</i>    <i>Carpet Fibers</i>    <i>Laundry Starch</i>  <i>Cigarette Butts</i>    <i>Paint Chips</i>    <i>Dust</i>    <i>Ashes</i>    <i>None</i>    <i>Other (list)</i> _____</p> <p>5. Has your child had a blood lead test?    <i>Yes</i>    <i>No</i>    <i>If yes, when?</i> _____</p>
<p>6. <b>How would you describe your child's eating?</b>  <i>OK</i>    <i>Picky</i>    <i>Too much</i>    <i>Not enough</i>    <i>Other</i> _____</p> <p>7. <b>How many times a <u>week</u> does an adult eat a meal with your child?</b>  <i>Never</i>    <i>1-3 times</i>    <i>4-6 times</i>    <i>7 or more times</i></p> <p>8. Who prepares the meals for your family? _____</p> <p>9. How would you describe meals with your family?  <i>Usually pleasant</i>    <i>Sometimes pleasant</i>    <i>Not pleasant</i>    <i>Other</i> _____</p> <p>10. How many times a <u>week</u> does your family eat fast food or food from a restaurant?  <i>Never</i>    <i>1-2 times</i>    <i>3-4 times</i>    <i>5 or more times</i></p> <p>11. <b>What does your child eat/drink on most days?</b></p> <ul style="list-style-type: none"> <li>◆ <i>Juice</i>    <i>Soda</i>    <i>Kool Aid/Punch</i>    <i>Gatorade</i>    <i>Water</i></li> <li>◆ <i>Fruits</i>    <i>Vegetables</i></li> <li>◆ <i>Milk (Skim Lowfat Whole)</i>    <i>Cheese</i>    <i>Yogurt</i>    <i>Cottage Cheese</i>    <i>Pudding/Custard</i></li> <li>◆ <i>Meat Hotdogs</i>    <i>Chicken</i>    <i>Turkey</i>    <i>Fish</i>    <i>Tofu</i>    <i>Beans/Lentils</i>    <i>Peanut Butter</i>    <i>Eggs</i>    <i>Nuts</i></li> <li>◆ <i>Breads</i>    <i>Cereal</i>    <i>Tortillas</i>    <i>Rice</i>    <i>Noodles</i>    <i>Rolls</i>    <i>Crackers</i>    <i>Pan Dulce</i></li> <li>◆ <i>Candy</i>    <i>Cookies</i>    <i>Cakes</i>    <i>Donuts</i>    <i>Ice Cream</i>    <i>Chips</i>    <i>French Fries</i></li> <li>◆ <i>Other (list)</i> _____</li> </ul> <p>12. What are your child's favorite food(s)? _____</p> <p>13. <b>What food(s) does your child dislike or is unable to eat?</b> _____</p> <p>14. <b>My child uses the following to eat or drink:</b>    <i>Breast</i>    <i>Bottle</i>    <i>Cup</i>    <i>Spoon</i>    <i>Fork</i>    <i>Fingers</i></p>
<p>15. What do you think about your child's size?    <i>Too little</i>    <i>Too big</i>    <i>OK</i></p> <p>16. What kinds of activity does your child do? _____</p> <p>17. How many hours is a TV on (includes video games, movies, gameboy) in your house each day? _____</p> <p>18. <b>Do you ever run out of money or food stamps to buy food?</b>    <i>Yes</i>    <i>No</i></p> <p>19. What nutrition and health questions do you have today? _____</p> <p>_____</p>

<b>For Staff Use Only</b>	
Date: _____	WIC Staff Name: _____
Participant WIC ID#: _____	Height: _____ Weight: _____

