Healthy Eating Questionnaire

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Completing this food questionnaire and reviewing it with your physician or dietitian will help us make suggestions to improve your child's diet. After completing this questionnaire, we recommend you keep a one- week food diary to double check what your child is eating and identify areas for improvement.

How often does your child eat:

- Fruits? _____ times/day
    - What kinds of fruits does your child like?
- Vegetables?_____ times/ day
    - What kinds of vegetables does your child like?
- Whole grains? _____times/day
- Fried foods such as French fries or fried chicken? _____ times/day or _____ times/ week
- Snack foods such as potato chips or Cheetos? _____times/day or _____ times/ week
- Sweet treats like candy, ice cream, or chocolate? _____ times/ day or _____times/ week

How much does your child drink in one day?

- Soda or Coke:_____ cans a day of regular soda and _____ cans a day of diet soda
- Milk: _____ ounces/ day or _____ cups/ day
- Juice: _____ ounces/ day or _____ cups/day
- Water: _____ ounces/day or _____ cups/day
- Other _____: _____ounces/day or _____ cups/day

What does your child eat in a typical day?

Breakfast:

Snack:

Snack:

Dinner:

Lunch:

Dessert:

Activity (list any activities today and how long you did them):

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