

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:**

1. How much milk does your child drink each day?

None <1 cup 1-2 cups 3-4 cups >4 cups

2. What kind of milk do you keep in the home?

None Chocolate whole milk 2% 1% skim skim plus

3. 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

4. How often does your child have fast food (McDonalds, Wendys, etc)?

1x/week more than 2x/week 1x/month never

5. How much regular soda (Coke, Ginger Ale, etc) does your child drink?

None 1 can/day more than 1 can/day

6. 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

7. Does your child eat breakfast at home?

Never only on weekends everyday 1x/week 2-3x/week 3-4x/week >4x/week

8. Does your child eat fruit?

Never rarely 1x/day 2x/day 3-4x/day >4x/day

9. What fruit does your child eat?

Bananas apples oranges strawberries melon grapes pineapple mango kiwi

10. How often does your child eat green vegetables (broccoli, celery, cucumbers, salad)? Never

1x/day >2x/day 1x/week 2-3x/week 3-4x/week

11. How many days each week does your child buy school lunch?

None 1x/week 2-3x/week 3-4x/week 5x/week