

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 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

