

Name:

Date:



Nutrition Questionnaire



Answer the following based on your average daily routines.

1. How many meals does your child have a day? 0 1 2 3 4 5
2. Does your child eat grains or carbs every day? YES NO
(Examples: bread, pasta, rice, chips, cereal)
3. How many fruits does your child eat in a day? 0 1 2 3 4 5
4. How many vegetables does your child eat in a day? 0 1 2 3 4 5
5. How many ounces of milk does your child drink per day? 8-16 16-32 32-40 40+
(one measuring cup=8 ounces)
a. What type of milk? Skim 2% Whole Oat Almond Other_____
6. Does your child eat yogurt or cheese? YES NO
7. How many servings of protein (meat, lentils, beans) per day? 0 1 2 3 4 5
8. How many cups of juice per day? 0 1 2 3 4 5
9. Does your child drink pop or coffee and how much per day? 0 1 2 3 4 5
If not daily, how much a week? 0 1 2 3 4 5
10. Does your child drink energy drinks? YES NO
11. How many sweet snacks daily? 0 1 2 3 4 5
12. How many salty snacks daily? 0 1 2 3 4 5
13. How many times per week do you eat at a restaurant or fast food? 0-2 3-5 6-7+
14. How many times per week does your child exercise? 0-2 3-5 6-7+
15. What type of activities does your child do? _____
16. How long does your child usually exercise at a time? 15-30 min 30-60 min 60-90 min+
17. How many hours does your child spend on a screen per day? 0-1 1-2 2-3 3-4+
18. Are you concerned about your child's weight? YES NO