

## Toddler (6 - 24 months) Diet Questionnaire

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_/\_\_\_/\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

1. Please check all of the following you have that work.  Stove Top  Oven  Microwave  Refrigerator
  
2. What does your child usually drink? (Please check all that apply.)  Breastmilk  Formula  
 Cow's Milk  Goat's Milk  Sweetened Condensed Milk  Evaporated Milk  Soy Milk  
 Water  Juice/Juice Drinks  Regular Pop/Kool-Aid  Sweetened Tea  Herbal Tea  
 Gatorade/Sports Drinks  Other: \_\_\_\_\_
  
3. From what does your child drink? (Please check all that apply.)  Breast  Bottle  Sippy Cup  Cup
  
4. Does your child ever walk around drinking from a bottle or a sippy cup?  No  Yes
  
5. How is breastfeeding going? \_\_\_\_\_  Child not breastfed  
 a. How often does your child nurse in a 24-hour period? \_\_\_\_\_  
 b. Can you hear your child swallowing during feedings?  No  Yes
  
6. How many wet diapers does your child have in a 24-hour period? \_\_\_\_\_
  
7. How many dirty diapers does your child have in a 24-hour period? \_\_\_\_\_
  
8. Do you pump or express breastmilk for your child?  No  Yes  
 a. How do you store breastmilk?  Refrigerator  Freezer  Other \_\_\_\_\_  
 b. How long do you keep breastmilk in the refrigerator before you throw it away? \_\_\_\_\_ hours  
 c. How long do you keep breastmilk after it's been thawed? \_\_\_\_\_ hours
  
9. Please check all items that might be in your child's bottle during a normal day.  Child does not take a bottle  
 Milk (including breastmilk)  Formula  Water  Juice/Juice Drinks  Cereal  
 Soda Pop/Kool-Aid/Sweetened Tea  Corn Syrup  Honey  Baby Food  Other \_\_\_\_\_  
 a. What do you do with any milk or formula left in the bottle?  
 Leave it out to feed later  Put it back into the refrigerator for later  Throw it away  Other \_\_\_\_\_  
 b. How long do you let a bottle sit at room temperature? \_\_\_\_\_ hours  
 c. Is your child's bottle ever propped on a pillow, blanket, stuffed animal, etc.?  No  Yes
  
10. What formula does your child take? \_\_\_\_\_ ( with iron  low iron)  Child does not take formula  
 a. What type of formula do you use?  Concentrate  Powder  Ready-to-feed  
 b. How do you mix the formula? \_\_\_\_\_ amount water to \_\_\_\_\_ amount formula  
 i. What kind of water do you usually use to make the formula?  City/Rural  Well  Bottled  Unsure  
 ii. Do you ever add anything besides water to the formula?  No  Yes, what? \_\_\_\_\_  
 c. Do you warm the formula?  No  Yes, how? \_\_\_\_\_  
 d. How often does your child take formula during a normal day? \_\_\_\_\_  
 e. How much formula does your child take at each feeding? \_\_\_\_\_ ounces  
 f. How do you store formula after you mix it?  
 Don't store, give to child right away  Refrigerator  Freezer  Other \_\_\_\_\_  
 g. How long do you keep mixed formula in the refrigerator before you throw it away? \_\_\_\_\_ days  
 h. How long does a can of formula last? \_\_\_\_\_
  
11. How many times does your child drink milk during a normal day? \_\_\_\_\_  Child does not drink milk  
 a. How much milk does your child drink each time? \_\_\_\_\_ ounces  
 b. What type of milk does your child usually drink?  
 Cow's (\_\_\_\_ Whole (Vitamin D) \_\_\_\_ Reduced/Low Fat (2%, 1% or 1/2%) \_\_\_\_ Skim)  
 Lactose Free  Goat's  Evaporated  Sweetened Condensed  Soy  Rice  Other: \_\_\_\_\_  
 c. Do you ever add any flavoring to the milk?  No  Yes, what? \_\_\_\_\_
  
12. How many times does your child drink water during a normal day? \_\_\_\_\_  Child does not drink water  
 a. How much water does your child drink each time? \_\_\_\_\_ ounces  
 b. What kind of water does your child usually drink?  City/Rural  Well  Bottled  Unsure  
 c. Do you ever add anything to the water?  No  Yes, what? \_\_\_\_\_

13. How many times does your child drink juice during a normal day? \_\_\_\_\_  Child does not drink juice.  
 a. How much juice does your child drink each time? \_\_\_\_\_ ounces  
 b. What kind of juice or juice drinks does your child usually drink? \_\_\_\_\_  
 c. Do you dilute the juice with water?  No  Yes
14. When did your child start eating something other than breastmilk or formula?  
 Hasn't started yet  0-3 month  4-6 months  after 7 months  
 a. What types of food does your child eat? (Please check all that apply.)  
 Baby foods (\_\_\_ Cereal, \_\_\_ Fruits, \_\_\_ Vegetables, \_\_\_ Meats, \_\_\_ Dinners, \_\_\_ Desserts)  
 Table foods (\_\_\_ Mashed/blended, \_\_\_ Finely chopped, \_\_\_ Coarsely chopped/sliced)  
 Other: \_\_\_\_\_  
 b. At mealtimes, how often does your child eat the same foods as the rest of the family?  
 Most of the time  Sometimes  Rarely, what does your child eat? \_\_\_\_\_  
 c. How is your child fed these foods? (Please check all that apply.)  Bottle  Spoon  Fingers/Self-feeding  
 d. Can your child feed him/herself?  No  Yes
15. How many times does your child eat on a normal day? Meals \_\_\_\_\_ Snacks \_\_\_\_\_
16. Please mark the situations that describe where your child normally eats. (Check all that apply.)  
 In a bed/crib  In caregiver's arms/lap  In a car seat  In a high chair  At a table  On the sofa  
 At home  In a restaurant/fast food  In the car  At childcare/Head Start/preschool  
 With the TV on  With family / friends  Alone  Other: \_\_\_\_\_
17. Which snack foods does your child usually eat? (Please check all that apply.)  Child does not eat snack foods  
 Fruit  Fruit Snacks  Cookies / Snack Cakes  Honey Graham Crackers  Cereal / Cereal Bars  Nuts  
 Chips  Hard Candies  Popcorn  Pretzels  Crackers  Ice Cream  Other \_\_\_\_\_
18. How many times does your child eat fruits and vegetables (not juice) during a normal day? \_\_\_\_\_  
 Which fruits and/or vegetables does your child usually eat? (Please check all that apply.)  Does not eat fruits or vegetables  
 Apples/Applesauce  Bananas  Grapes  Oranges  Pears  Potatoes  French Fries  Corn  
 Green Beans  Carrots  Sprouts  Tomato  Other: \_\_\_\_\_
19. How many times does your child eat protein foods during a normal day? \_\_\_\_\_  Child does not eat protein foods  
 Which protein foods does your child usually eat? (Please check all that apply.)  
 Beef/Buffalo  Chicken/Turkey  Fish/Seafood  Pork/Lamb  Hot Dogs/Lunch Meat  
 Peanut Butter  Dried Beans  Eggs  Tofu  Yogurt  Hard Cheese (American, Cheddar, Swiss...)  
 Soft Cheese (Feta, Brie, Blue-Veined, and Queso Fresco)  Other \_\_\_\_\_
20. Which sweets does your child usually eat? (Please check all that apply.)  Child does not eat anything sweet  
 Sugar  Honey  Syrup  Candy  Other \_\_\_\_\_  
 How are they usually eaten? (Please check all that apply.)  
 Added to/in drinks  In pre-sweetened drinks  On the pacifier  
 Added to/on foods  In sweet foods (candies, cookies, cakes etc)  Other \_\_\_\_\_
21. Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips?  No  Yes
22. Does your child have any health/medical/dental problems?  No  Yes, please list: \_\_\_\_\_  
 Was this problem diagnosed by a doctor?  No  Yes
23. Please check and describe all of the following your child usually takes.  
 Over-the-counter drugs (cold medicine, pain killers, etc.) \_\_\_\_\_  
 Prescription medication \_\_\_\_\_  
 Vitamin and/or minerals supplements \_\_\_\_\_  
 Herbs/Herbal Supplements (Echinacea, ginger, etc.) \_\_\_\_\_  Other \_\_\_\_\_
24. Do you worry about how much your child is eating?  No  Yes, please explain \_\_\_\_\_
25. Has your child had a blood lead test?  No  Yes  Unsure  
 If yes, where? \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_\_ What were the results? \_\_\_\_\_
26. What is one thing you like about your child's eating? \_\_\_\_\_
27. What is one thing that you would like to change about your child's eating? \_\_\_\_\_