

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? _____