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♡ **NUTRITION SCREENING FOR CHILDREN AGES 2 TO 5 YEARS** ♡

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Mother \_\_\_\_\_ Length of Pregnancy \_\_\_\_\_  
Name of Father \_\_\_\_\_ Birth Weight \_\_\_\_\_ Current Weight \_\_\_\_\_  
Address \_\_\_\_\_ Birth Length \_\_\_\_\_ Current Height \_\_\_\_\_  
City \_\_\_\_\_ Weight at age 1 \_\_\_ age 2 \_\_\_ age 3 \_\_\_ age 4 \_\_\_  
Phone \_\_\_\_\_ Height at age 1 \_\_\_ age 2 \_\_\_ age 3 \_\_\_ age 4 \_\_\_  
Doctor's name \_\_\_\_\_ Doctor's phone number \_\_\_\_\_  
Who referred you to me? \_\_\_\_\_ If self-referred, where did you find my name? \_\_\_\_\_

Did you breast feed your child? \_\_\_\_\_ If, yes for how long? \_\_\_\_\_  
Did you supplement with formula? \_\_\_\_\_ If yes, which formula? \_\_\_\_\_

**At what age did your child start to eat the following foods:**

Solid foods \_\_\_\_\_ Cereals \_\_\_\_\_ Iron-fortified? Yes/No \_\_\_\_\_  
Vegetables \_\_\_\_\_ Types: \_\_\_\_\_ Fruits \_\_\_\_\_ Types: \_\_\_\_\_  
Breads \_\_\_\_\_ Type: white or whole grain? \_\_\_\_\_  
Meats/Poultry \_\_\_\_\_ Types: \_\_\_\_\_  
Fish \_\_\_\_\_ Types: \_\_\_\_\_  
Eggs \_\_\_\_\_ Meat alternatives, like tofu or beans \_\_\_\_\_  
Dairy products \_\_\_\_\_ Types: \_\_\_\_\_  
Soy milk, rice milk, nut milk, circle which kind \_\_\_\_\_  
100%fruit juice \_\_\_\_\_ Types: \_\_\_\_\_  
Sugar sweetened juice \_\_\_\_\_ Types: \_\_\_\_\_  
Sweets \_\_\_\_\_ Types: \_\_\_\_\_

How many stools does your child have per day? \_\_\_\_\_ Are they formed? \_\_\_\_\_  
What is the color of your child's stool? Light brown \_\_\_ Yellow/green \_\_\_ Black \_\_\_ Tan/gray \_\_\_ Red \_\_\_  
Does your child experience any bloating or gas, please circle which one? \_\_\_\_\_  
If yes, how often does your child experience bloating or gas? \_\_\_\_\_  
If yes, which foods \_\_\_\_\_  
Do ever see undigested food particles in your child's stool? \_\_\_\_\_  
If yes, which foods \_\_\_\_\_  
Within the last year, how often did your child get a cold, flu, ear infection, or childhood diseases?  
\_\_\_\_\_  
\_\_\_\_\_

How many times has your child been on antibiotics \_\_\_\_\_ for what \_\_\_\_\_  
Which vaccinations has s/he received? \_\_\_\_\_  
How does your child sleep during the night, during naps? \_\_\_\_\_  
\_\_\_\_\_

Dear Parent, in order to assess your child's diet, I need to get an accurate idea of what your child eats. When I am able to accurately assess your child's diet, I will be able to help you with your child's diet. Please take your time when answering the remainder of this nutrition screening questionnaire.

PAST & PRESENT SUPPLEMENTS	AMOUNT OF NUTRIENT OR HERB.	FOR HOW LONG?

Common Measurement used which can help you estimate your child's food servings. If you have any, it might help to bring out measuring cups and measuring spoons to help you visualize how many servings your child eats of a particular food.

1 cup = 16 tablespoons	1/2 cup = 8 tablespoons	1/4 cup = 4 tablespoons
1 tablespoons = 3 teaspoons	1 tablespoon = 15 ml	
1 cup = 8 fluid ounces	1/2 cup = 4 fluid ounces	1/4 cup = 2 fluid ounces
1 cup = 250 ml	1/2 cup = 125 ml	1/4 cup = 63 fluid ounces

HOW MANY 1/2 CUPS OF THE FOLLOWING DOES YOUR CHILD DRINK, IF YOUR CHILD DRINKS IT LESS THAN ONCE A DAY, INDICATE HOW MANY TIMES A WEEK

Please list the types of fluids your child usually drinks, how often, how much.

	DAILY	<u>OR</u>	WEEKLY
WATER			
MILK, WHAT %			
SOY/RICE/NUT MILK, CIRCLE WHICH ONE			
100% FRUIT JUICES			
SWEETENED JUICE			
VEGETABLE JUICES			
HERBAL TEAS (TYPE)			
REGULAR SODA (TYPE)			
DIET SODA (TYPE)			
OTHER DRINKS			









## MISCELLANEOUS DIETARY QUESTIONS

How many teaspoons of sugar, syrups, honey, jams, jellies or spreadable fruit does your child use either per day, week, or month?

What type of cooking oils do you use for your child, how much, how often, is it cold pressed?

What type of margarine do you use for your child, hard or soft type. What about butter or mayo? Where do you use it on? How much? How often?

How often do your child eats fried foods, ie. french fries, potato chips, tempura?

Does you child have any known food allergies? How were you able to pinpoint the food allergy, ie. By elimination, by allergy testing, by muscle testing. What are the symptoms, how soon do they occur after eating?

If food allergies are not known, do you suspect any food allergies? Which foods you suspect might give your child problems? What are the symptoms, how soon do they occur after eating?

Dear Parent, if you have any questions regarding this nutrition screening questionnaire don't hesitate to call me. ☺