

**NUTRITION STATUS FORM**

**Please fill in the following information as best as you can:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Grade/School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Weight \_\_\_\_\_ Length \_\_\_\_\_

Present Height \_\_\_\_\_ Present Weight \_\_\_\_\_

Previous Heights and weights if known:

Age	Height	Weight

Brief Medical History: \_\_\_\_\_

\_\_\_\_\_

Please list prescription and over-the-counter medications and vitamins: \_\_\_\_\_

\_\_\_\_\_

**On school days do you eat:**

Breakfast ( ) at home \_\_\_\_\_ days a week ( ) at school \_\_\_\_\_ days a week

Lunch ( ) made at home \_\_\_\_\_ days a week ( ) school lunch \_\_\_\_\_ days a week

Dinner ( ) at home \_\_\_\_\_ days a week ( ) restaurant \_\_\_\_\_ days a week

How many snacks a day? ( ) none ( ) one ( ) two ( ) two or more

**On weekends do you usually eat:**

Breakfast ( ) at home ( ) one day ( ) both days ( ) **restaurant** ( ) one day ( ) both days

Lunch ( ) at home ( ) one day ( ) both days ( ) **restaurant** ( ) one day ( ) both days

Dinner ( ) at home ( ) one day ( ) both days ( ) **restaurant** ( ) one day ( ) both days

How many snacks a day? ( ) none ( ) two ( ) three or more

What are typical snacks? \_\_\_\_\_

\_\_\_\_\_

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**Child's Name:** \_\_\_\_\_

What kind of restaurant(s) do you usually take your child to?

\_\_\_\_\_

What does she or he have to eat? \_\_\_\_\_

Does your child watch TV when eating meals?     yes     no

Does your child watch TV while snacking?     yes     no

Who does the cooking? \_\_\_\_\_

Who does the food shopping? \_\_\_\_\_

Do you read labels?     yes     no    What do you look for on labels? \_\_\_\_\_

Is there any member of your family on a special diet?     yes     no

Please list family members, approximate age, height and weight:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies?     no     yes --- please list

\_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

\_\_\_\_\_

How many hours per week does your child spend:

Watching TV \_\_\_\_\_    On the computer \_\_\_\_\_    Gym class \_\_\_\_\_

After School Sports (which ones)? \_\_\_\_\_

Sports activities on the weekends? \_\_\_\_\_

Other \_\_\_\_\_

This questionnaire was filled out by \_\_\_\_\_ relationship \_\_\_\_\_

Marital Status: \_\_\_\_\_ If you are separated or divorced, does your child spend time in another household?     yes     no    If yes, how much time? \_\_\_\_\_