# 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 Teas ☐ 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 sippy cup or a bottle? ☐ 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 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 baby 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
       What kind of water do you usually use to make the formula? ☐ City/Rural ☐ Well ☐ Bottled ☐ Unsure
       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 baby take at each feeding? ___ ounces
    f. How do you store formula after you mix it?
       ☐ Don't store; give to baby 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 flavoring to the milk? ☐ No ☐ Yes
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? _____

OVER

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 then breastmilk or formula?

☐ Hasn't Started Yet ☐ 0-3 months ☐ 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?____ ☐ Child does not eat fruits and vegetables

Which fruits and/or vegetables (not juice) do you usually eat? (Please check all that apply) ☐ 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 ☐ Dried Beans ☐ Peanut Butter ☐ Eggs ☐ Tofu ☐ Yogurt

☐ Hard Cheese (American, Cheddar, Swiss...) ☐ Soft Cheese (Feta, Brie, Blue-Veined, Queso Fresco

☐ Other: _____

20. Which sweets does your child usually eat? (Please check all that apply) ☐ Child does not take anything sweet

☐ Sugar ☐ Honey ☐ Syrup ☐ Candy ☐ Other: _____

How are they usually eaten? (Please check all that apply)

☐ Add 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 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 (laxatives, pain killers, etc.) _____

☐ Prescription medication _____

☐ Vitamin and/or mineral supplements _____

☐ Herbs/Herbal Supplements (Eshinacea, ginger, etc.) _____

☐ Other: _____

24. Do you worry about how much your child is eating?

☐ No ☐ Yes, please explain: _____

25. What is one thing you like about your child's eating? _____

26. What is one thing that you would like to change about your child's eating? _____