

**NUTRITION HISTORY**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. List beverages that your child consumes **at mealtimes** (breakfast, lunch, or dinner):  
\_\_\_\_\_  
\_\_\_\_\_
2. List beverages that your child consumes **between meals or during snack times**:  
\_\_\_\_\_  
\_\_\_\_\_
3. During the past week, list how many times did your child **drink 100% pure fruit juice**?  
Times per Day: \_\_\_\_\_ Times per Week: \_\_\_\_\_  
List Drinks: \_\_\_\_\_  
\_\_\_\_\_
4. During the past week, how often did your child **drink sweetened fruit drinks, sports, or energy drinks**?  
Times per Day: \_\_\_\_\_ Times per Week: \_\_\_\_\_  
List Drinks: \_\_\_\_\_  
\_\_\_\_\_
5. During the past week, how often did your child **drink soda or carbonated drinks**?  
Times per Day: \_\_\_\_\_ Times per Week: \_\_\_\_\_  
List Drinks: \_\_\_\_\_  
\_\_\_\_\_
6. List **snacks** that your child consumes **during the day**.  
Snack Types/Names: \_\_\_\_\_  
\_\_\_\_\_
7. Does your child have a **favorite vegetable**? (circle one and list)  
Yes: List: \_\_\_\_\_ No
8. Does your child have a **favorite fruit**? (circle one and list)  
Yes: List: \_\_\_\_\_ No
9. During the past week, how many days was your child **physically active** for at least 30min per day?  
Indicate Days:    0     1     2     3     4     5     6     7
10. On average, how many hours per day of **“screen time”** does your child get?  
Indicate Days:    0     1     2     3     4     5     More then 5+ hours
11. How would you best describe your **child’s current weight**? (circle one)  
Indicate Weight:    Under            Average            Slightly Over            Very Over
12. How **concern** are you **about your child’s weight**?  
Indicate Concern:    Not at all Concern            Slightly Concerned            Concerned            Very Concerned

**Other pertinent nutritional information about your child you would like for us to be aware of:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_