

Concord Children's Clinic

Name: _____ DOB: _____

Diet and Activity History Form

*Dear Parent: Please answer these questions about your child's diet and activity.
Thank you for your time.*

1. Where your child eats

- Does your child eat breakfast? _____
- Does your child usually eat breakfast at: home, school, baby sitters/daycare relative or friend's house? _____
- Does your child usually eat lunch at: school, home, baby sitters/daycare, relative or friend's house? _____
- Does your child usually eat supper at: home, baby sitters/daycare, relative or friend's house? _____

2. What your child eats

- Usual breakfast _____
- Usual lunch _____
- Usual supper _____

3. Snack foods

- How many snacks does your child eat on a typical day? _____
- What are the usual snacks your child eats? Please check if your child ate the snack in the past 7 days.

Potato chips/corn chips/nachos/Doritos/Cheetos
Popcorn
Peanut butter crackers
Other crackers
Pop Tarts
Candy or candy bars
Snack cakes/Twinkies/pie
Donuts/sweet rolls/pastry
Cookies/brownies
Jell-O/pudding
Fun Fruit/Fruit Rollups/Skittles

Pretzels
Ice cream
Cereal
Yogurt
Cheese
Fruit
Vegetables
Sandwich

- Please list any snacks we have not listed that your child usually eats.

4. Sugar-sweetened drinks

- How many glasses of the following does your child drink on a typical day?
Juice (orange, apple, grape, other) _____
Fruit drinks (Hi-C, Hawaiian Punch, lemonade) _____
Sodas (cans, bottles, or glasses) _____
Sweet tea _____
Kool-Aid _____
Water _____

5. Milk

- How many glasses of milk does your child drink on a typical day? _____
- What kind of milk? Whole milk, 2%, 1%, skim milk, chocolate milk? _____

6. Restaurants

Fast food restaurants

- How many times in the past 7 days did your child eat or have take-out food from a fast-food restaurant (McDonald's, Wendy's, Burger King, KFC, Taco Bell, Hardee's, Subway, Pizza Hut, etc.)? _____

<u>Meal</u>	<u>Number of Times</u>	<u>What does your child usually eat and drink?</u>
Breakfast		
Lunch		
Supper		
Drink or Snack		

Other restaurants

- How many times in the past 7 days did your child eat at other restaurants (steakhouse, Chinese, seafood, etc.)? _____
- What do they usually eat and drink? _____

7. Fruits and vegetables

- How many servings of fruit does your child usually eat on a typical day? _____
List some of the fruits your child eats: _____
- How many servings of vegetables does your child usually eat on a typical day? _____
List some of the vegetables your child eats: _____

8. Activity

- How many hours of active play (including school) does your child have on a typical weekday (walking, running, playing ball, etc.)? _____
- How many hours of active play does your child have on a typical weekend day? _____

9. Television

- How many of hours of TV/video games/Playstation does your child watch on a typical weekday including evenings? _____
- How many hours of TV/video games/Playstation does your child watch on a typical weekend day including evenings? _____
- Does your child have a TV in his/her bedroom? YES NO