

Nutrition Survey
for children 12 to 23 months of age

While you're waiting, please take a moment to answer questions 1 - 6 below.

Patient Name: _____ **Age:** _____ **Date:** _____

- | | True | False |
|---|--------------------------|--------------------------|
| 1. My child eats 5 or more portions of fruits and vegetables per day . | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My child drinks whole or 2% milk (not 1% or skim milk). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child watches TV or videos . | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My child has a TV in the bedroom . | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My child drinks fruit juice or other sugar containing drinks more than 4 to 6 oz. per day. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My child's most common/frequent snack foods are: | | |
| <input type="checkbox"/> Apple | | |
| <input type="checkbox"/> Banana | | |
| <input type="checkbox"/> Candy | | |
| <input type="checkbox"/> Cheese | | |
| <input type="checkbox"/> Chips | | |
| <input type="checkbox"/> Cookies | | |
| <input type="checkbox"/> Crackers | | |
| <input type="checkbox"/> Yogurt | | |
| <input type="checkbox"/> Other: _____ | | |

To Be Completed by the Doctor or Nurse Practitioner

Length: _____ **Length Percentile:** _____

Weight: _____ **Weight Percentile:** _____