

Ready, Set, Grow

Information about Feeding

Child's Name: _____

Child's Date of Birth: _____ Child's Age: _____

Name of Parent/Caregiver: _____

How concerned are you about your child's weight? Very Somewhat Not at all

What specific concerns do you have? _____

How old was your child when you became concerned? _____

What advice/comments have you received? _____

What have you tried? _____

What do you think will help? _____

Birth History:

Birthweight _____ Birth Length: _____

Was your child born early? No Yes—How early? _____

Were there any complications with the pregnancy or birth? No Yes—What? _____

Feeding History:

Have you breast fed your child? No Yes—how many weeks? _____

What was your reason for stopping? N/A Yes _____

Have you ever given your child formula? No Yes—What formulas have you tried? _____

How old was your child when you stopped giving formula? _____

How old was your child when you started giving baby food? _____

How old was your child when you started giving table food? _____

Current Feeding:

How would you describe your child's appetite? _____

Who decides what your child eats? _____

Feeding Skills

	Does Not Do	Does with some difficulty	Does Well
Finger Foods			
Uses a Spoon			
Uses a Fork			
Uses a Sippy Cup			
Uses a Regular Cup			

How much of the meal does your child feed himself/herself? None—too young

- None A Little About Half Almost All All

How long does it take your child to eat a meal? _____

Where does your child usually sit while eating?

- High Chair In lap/held by Adult Adult Chair
 Booster Seat Walker Playpen
 Infant/Car Seat Child's Chair Other: _____

Where does your child usually eat?

- Kitchen Dining Room It Varies
 Living Room Bedroom Other: _____

Does your child usually eat alone or with others? Alone With others—who? _____

Does your child's appetite or feeding behavior differ depending on who is around? No Yes—

How does it change? _____

How many times a day does your child eat (including snacks)? _____

Does your child usually eat at the same times and same places every day? Yes No—

- It changes a little It changes a lot Comments: _____

What are your child's favorite foods? _____

What are your child's favorite drinks? _____

What are your child's food dislikes? _____

When is your child most hungry? _____

How often is the television on during meals? Never Sometimes All the time

Does your child prefer small snacks or frequent drinking over regular meals? No Yes—

Please explain: _____

How many times does your child get up from the table during a meal? _____

How do you know when your child is hungry? _____

How often does your child refuse to eat? Never Occassionally Often Almost every meal

If/when your child refuses to eat, what do you do? _____

Resource Info:

Do you have a kitchen? No Yes

Do you have access to: Kitchen/Dining Room Table? No Yes

Microwave? No Yes

Refrigerator? No Yes

Blender? No Yes

Highchair? No Yes

In what ways do you get meals for yourself and your family?

I cook it myself How many times a week? _____

Someone else cooks How many times a week? _____

Take out foods/restaurant How many times a week? _____

Eat at someone else's home How many times a week? _____

Eat at a soup kitchen/meal program/shelter How many times a week? _____

Other: _____ How many times a week? _____

Where do you usually buy food?

Big Supermarket Convenience Store Deli

Small Supermarket Other: _____

Who usually shops for food? _____

How often do you run out of formula or food because you are out of money?

Never Occassionally Often Almost every week

