DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-1066A (07/08)

STATE OF WISCONSIN

HEALTHCHECK CHILD'S FOOD RECORD / 1-12 years of age

Completion of this form is voluntary.

NAME - Child	**TODAY'S DATE**

Instructions: Write down everything the child ate or drank in the last 24 hours (meals and snacks). Start with the first morning feeding yesterday to the first morning feeding today.

Example: 8:30 AM home sandwich – 2 slices whole wheat bread, 2 slices cheddar cheese, and 1 tablespoon butter.
1-cup tomato soup made with 2% milk

TIME	PLACE	AMOUNT AND FOOD / BEVERAGE CONSUMED

1. Is this the way this child eats most of the time? ☐ Yes ☐ No If no, why?

2. What foods does this child refuse to eat?

3. How often does this child eat away from home? ☐ 1-2 times a week ☐ 2-4 times a week ☐ Almost every day

4. Are mealtimes with this child usually pleasant? ☐ Yes ☐ No If no, why?

5. How many times in the last month did the child have problems getting enough food?

Office Use Only	Bread	Vegetables	Fruit	Milk	Meat