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| DEPARTMENT OF HEALTH SERVICESDivision of Medicaid ServicesF-01066A (07/2008) | STATE OF WISCONSIN |

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

Completion of this form is voluntary.

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| 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

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| TIME | PLACE | AMOUNT AND FOOD / BEVERAGE CONSUMED |
|                                                         |                                                         |                                                         |
| 1. Is this the way this child eats most of the time? [ ]  Yes [ ]  No If no, why?       |
| 1. What foods does this child refuse to eat?
 |
| 1. How often does this child eat away from home? [ ]  1-2 times a week [ ]  2-4 times a week [ ]  Almost every day

   |
| 1. Are mealtimes with this child usually pleasant? [ ]  Yes [ ]  No If no, why?
 |
| 1. How many times in the last month did the child have problems getting enough food?
 |
| **Office Use Only** | Bread      | Vegetables      | Fruit      | Milk      | Meat      |