Division of Medicaid Services F-01066A (07/2008)

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

Completion NAME - Ch		is form is voluntary	/.	TODAY'S DA	TODAY'S DATE		
Instructions: Write down everything the child <u>ate</u> or <u>drank</u> 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 v 1 tablespoon butter 1-cup tomato soup n	r.	heat bread, 2 slices cheddar cheese , and h 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	