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| DEPARTMENT OF HEALTH SERVICES Division of Medicaid Services  F-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 | | | | |
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| 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 | |