

# Nutritional Assessment Questionnaire for Children

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Percentile: \_\_\_\_\_

Please list your five major health concerns in order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Notes:

## PART I

Read the following questions and circle the number that applies:

KEY: 0 = Do not consume or use  
1 = Consume or use 2 to 3 times monthly

2 = Consume or use weekly  
3 = Consume or use daily

### DIET

- |                                       |  |   |
|---------------------------------------|--|---|
| 1. 0 1 2 3 Artificial sweeteners      | 8. 0 1 2 3 Fried foods                 | 15. 0 1 2 3 Breast fed                    |
| 2. 0 1 2 3 Candy, desserts, sugar     | 9. 0 1 2 3 Low fat foods               | 16. 0 1 2 3 Formula fed (Milk/Soy/Other)  |
| 3. 0 1 2 3 Carbonated beverages       | 10. 0 1 2 3 Luncheon meats             | 17. 0 1 2 3 Water, distilled              |
| 4. 0 1 2 3 Caffeinated beverages      | 11. 0 1 2 3 Fruit leather/granola bars | 18. 0 1 2 3 Water, tap                    |
| 5. 0 1 2 3 Fruit Juice                | 12. 0 1 2 3 Margarine                  | 19. 0 1 2 3 Water, well                   |
| 6. 0 1 2 3 Fast foods                 | 13. 0 1 2 3 Milk products              | 20. 0 1 2 3 Diet often for weight control |
| 7. 0 1 2 3 Soy (Tofu, Veggie burgers) | 14. 0 1 2 3 Refined flour/baked goods  | 21. 0 1 2 3 Vitamins and minerals         |

### FAMILY HISTORY

22. Yes  No  Has there been family stress or family conflict?
23. Yes  No  Has there been a recent job change in the family?
24. Yes  No  Has there been a divorce in the family?
25. Yes  No  Does any family member work over 60 hours/week?
26. Yes  No  Is there any history of mental illness in the family?
27. Yes  No  Has there been any exposure to mold or fungus?
28. Yes  No  Have any family members ever been affected by substance use or abuse issues?
29. Yes  No  Has the child experienced trauma? (i.e. car accident, death of a loved one)

### PRENATAL HEALTH

30. Yes r Nor Any difficulties/stresses during pregnancy?
31. Yesr Nor Any maternal history of Candida or bacterial infection?
32. Yes r Nor Any alcohol, tobacco or drug use during pregnancy?
33. Yes r Nor Was it a full term pregnancy? If no, how many weeks \_\_\_\_\_
34. Yes r Nor Were there any complications during delivery? \_\_\_\_\_
35. Yesr Nor Any medical problems at or immediately following birth? (Jaundice, Rash, Low Birth Weight)
36. Yesr Nor Was your child breast fed? If yes, for how long? \_\_\_\_\_
37. Yesr Nor Was your child formula fed? If yes, what kind of formula? \_\_\_\_\_

### DEVELOPMENTAL HEALTH

38. Yes r Nor Did your child experience colic?
39. Yes r Nor Any early toileting issues like diaper rash, frequent diarrhea or constipation?
40. Yes r Nor Any early stomach upset, like frequent spit up or vomiting?
41. Yes r Nor Does your child fall asleep easily and sleep soundly?
42. Yes r Nor Has your child had frequent colds or ear infections?
43. Yes r Nor Has your child taken antibiotics?
44. Yes r Nor Did your child have any adverse reactions to vaccinations?
45. Yes r Nor Has your child ever experienced eczema, dry skin or rashes?
46. Yes r Nor Has your child ever experienced a head injury, loss of consciousness, or seizure?
47. Yes r Nor Does your child have any chronic medical problems? \_\_\_\_\_
48. Yes r Nor Any serious injuries or medical hospitalizations? \_\_\_\_\_
49. Yes r Nor Does your child take any medications? Please list \_\_\_\_\_

**PART II: BEHAVIOR/TEMPERMENT** Read the following questions and circle the number that applies:**KEY:** 0 = Not a concern

1 = Occurs 2 to 3 times monthly

2 = Occurs weekly

3 = Occurs Daily

- |             |  |             |  |
|-------------|--|-------------|--|
| 50. 0 1 2 3 | Accident-prone (clumsy, bumps into things)       | 67. 0 1 2 3 | Lying                                      |
| 51. 0 1 2 3 | Aggression (hitting, property destruction)       | 68. 0 1 2 3 | Mood Swings (energetic, racing thoughts)   |
| 52. 0 1 2 3 | Anger  | 69. 0 1 2 3 | Over/Under eating                          |
| 53. 0 1 2 3 | Anxiety (worries, obsessive thoughts)            | 70. 0 1 2 3 | Overly serious                             |
| 54. 0 1 2 3 | Bed wetting                                      | 71. 0 1 2 3 | Night terrors                              |
| 55. 0 1 2 3 | Cries easily                                     | 72. 0 1 2 3 | No sense of humor                          |
| 56. 0 1 2 3 | Defiance   | 73. 0 1 2 3 | Preoccupation with routines, actions       |
| 57. 0 1 2 3 | Depression (sad, irritable, social withdrawal)   | 74. 0 1 2 3 | Poor frustration tolerance                 |
| 58. 0 1 2 3 | Difficulty handling transitions                  | 75. 0 1 2 3 | Poor impulse control                       |
| 59. 0 1 2 3 | Difficulty making friends                        | 76. 0 1 2 3 | Self-injurious behavior                    |
| 60. 0 1 2 3 | Doesn't express emotions                         | 77. 0 1 2 3 | Sensitive to criticism                     |
| 61. 0 1 2 3 | Emotional outbursts if unsuccessful at a task    | 78. 0 1 2 3 | Short attention span                       |
| 62. 0 1 2 3 | Fears that interfere with daily routine          | 79. 0 1 2 3 | Sleep problems (falling or stay asleep)    |
| 63. 0 1 2 3 | Headaches/Stomachaches                           | 80. 0 1 2 3 | Social anxiety (shy, afraid around others) |
| 64. 0 1 2 3 | Hyperactivity (won't sit still, "motor running") | 81. 0 1 2 3 | Stubborn or uncooperative                  |
| 65. 0 1 2 3 | Lack of concern or regard for others             | 82. 0 1 2 3 | Tantrums                                   |
| 66. 0 1 2 3 | Lethargy   | 83. 0 1 2 3 | Toileting problems (constipation)          |

**SENSORY DEVELOPMENT** Read the following questions and circle the number that applies:**KEY:** 0 = Not a concern

1 = Occurs 2 to 3 times monthly

2 = Occurs weekly

3 = Occurs Daily

- |              |  |              |  |
|--------------|--|--------------|--|
| 84. 0 1 2 3  | Unexpected or loud noises bother him           | 112. 0 1 2 3 | Doesn't notice messy face or hands           |
| 85. 0 1 2 3  | Holds hands over ears around sound             | 113. 0 1 2 3 | Has difficulty paying attention              |
| 86. 0 1 2 3  | Distracted or can't function with lot of noise | 114. 0 1 2 3 | Highly distractible, notices actions in room |
| 87. 0 1 2 3  | Does not "tune-in" or appears to ignore        | 115. 0 1 2 3 | Seems oblivious in active environment        |
| 88. 0 1 2 3  | Enjoys strange noises/seeking to make noise    | 116. 0 1 2 3 | Hangs on people, furniture, or objects       |
| 89. 0 1 2 3  | Prefers to be in the dark                      | 117. 0 1 2 3 | Gags easily with food textures               |
| 90. 0 1 2 3  | Bothered by bright lights                      | 118. 0 1 2 3 | Avoids certain tastes or food smells         |
| 91. 0 1 2 3  | Looks carefully or intensely at things         | 119. 0 1 2 3 | Picky eater about textures/temperatures      |
| 92. 0 1 2 3  | Difficulty finding objects amidst clutter      | 120. 0 1 2 3 | Routinely smells nonfood objects             |
| 93. 0 1 2 3  | Becomes anxious when feet leave ground         | 121. 0 1 2 3 | Craves certain foods                         |
| 94. 0 1 2 3  | Dislikes activities with head upside down      | 122. 0 1 2 3 | Mouths objects (like pencil, hands)          |
| 95. 0 1 2 3  | Avoids playground equipment/ moving toys       | 123. 0 1 2 3 | Moves stiffly                                |
| 96. 0 1 2 3  | Seeks out all kinds of movement activities     | 124. 0 1 2 3 | Locks joints (elbows, knees) for stability   |
| 97. 0 1 2 3  | Twirls/spins self often, likes dizzy feeling   | 125. 0 1 2 3 | Has weak muscles and a weak grasp            |
| 98. 0 1 2 3  | Rocks unconsciously                            | 126. 0 1 2 3 | Poor endurance/tires easily                  |
| 99. 0 1 2 3  | Avoids getting "messy" ( sand, paint, glue)    | 127. 0 1 2 3 | Appears lethargic ( no energy, sluggish)     |
| 100. 0 1 2 3 | Fabrics or clothing itch, tickle, irritate     | 128. 0 1 2 3 | Seems accident-prone                         |
| 101. 0 1 2 3 | Reacts emotionally/ aggressively to touch      | 129. 0 1 2 3 | Hesitates going up or down curbs/steps       |
| 102. 0 1 2 3 | Difficulty standing in line or close to others | 130. 0 1 2 3 | Avoids climbing/jumping/uneven ground        |
| 103. 0 1 2 3 | Touches people to point of irritating others   | 131. 0 1 2 3 | Takes excessive risks during play            |
| 104. 0 1 2 3 | Decreased awareness of pain/ temperature       | 132. 0 1 2 3 | Takes movement or climbing risks             |
| 105. 0 1 2 3 | Avoids wearing shoes; loves to be barefoot     | 133. 0 1 2 3 | Appears to enjoy falling                     |
| 106. 0 1 2 3 | Avoids eye contact                             | 134. 0 1 2 3 | Prefers sedentary play options/ activities   |
| 107. 0 1 2 3 | Stares intently at objects or people           | 135. 0 1 2 3 | Highly excitable during movement activity    |
| 108. 0 1 2 3 | Watches everyone move around the room          | 136. 0 1 2 3 | Avoids quiet play activities                 |
| 109. 0 1 2 3 | Doesn't notice people come in the room         | 137. 0 1 2 3 | Needs physical or emotional protection       |
| 110. 0 1 2 3 | Rigid rituals in personal hygiene              | 138. 0 1 2 3 | Ignores body language/facial expressions     |
| 111. 0 1 2 3 | Is overly affectionate with others             |              |  |