

Pediatric Nutrition Self-Assessment, continued...

What type of fat do you use when you cook? ___ Oil, type _____ ___ Butter
 ___ Margarine ___ Shortening
 ___ Stick ___ Fatback
 ___ Tub ___ Bacon
 ___ Squeeze

Drinks 2 or more servings of sweet drinks/day (8oz.): ___ Yes ___ No

Drinks 2 or more 4 ounce servings of 100% juice/day: ___ Yes ___ No

How often eating fast food each week: _____ day(s)

Drinks milk? ___ Yes ___ No If so, what type? ___ Fat free/skim ___ 1% ___ 2% ___ Whole ___ Flavored

How often do you eat or drink these foods:

Daily >1 per week Seldom Never

Daily >1 per week Seldom Never

Eggs _____
 Beef/Pork _____
 Poultry _____
 Fish _____
 Fried Foods _____
 Diet Sodas/Beverages _____
 Milk _____

Fruit Juice _____
 Vegetables _____
 Sweets/Desserts _____
 "Dietetic Foods" _____
 Reg. Sodas/Beverages _____
 Coffee/Tea _____

Please list the foods and beverages your child usually eats and drinks at home or school during a typical day:

Time	Morning Food	Amount	Time	Afternoon Food	Amount	Time	Evening Food	Amount
	Breakfast:			Lunch:			Dinner:	
	AM Snack:			PM Snack:			Evening Snack:	

What is the hardest part of following a diet? _____

What do you wish to learn about nutrition for your child's health needs? _____

Signature, Title: _____ Date: _____