

Name: _____

Dietary Assessment (con't)

Is your child sensitive to any foods? Please list.

How many times does your family eat at fast food restaurants, per week? _____

Describe a typical day's diet

Breakfast
Lunch
Dinner
Snacks
Beverages (list quantities)

Health and Development

How was your child's health in the first year? Poor Fair Good Excellent Unknown

At what age did you child begin to

Sit up _____ Crawl _____ Walk _____ Talk _____

Describe you child's mood and behaviour at home

How is your child's behaviour and performance at school?

Environment

Is your child in school, daycare, home care or other?
What are your child's favourite activities?
Does your child exercise regularly? Y or N. How much, how often?
How much television does your child watch? _____ hours a day/week
How much computer time? _____ hours a day/week
Does anyone in the child's household smoke? Y or N
Are there animals in the house? Y or N
How is the family home heated?
Do you know of any toxins or other hazards the child is regularly exposed to (home, hobbies, school, etc.)? Please describe.
Describe the emotional climate of the child's home.
Anything else of importance you would like to add?