

What Do You Eat? (Ages 8-19)

Circle the names of foods you eat often:

Iron/Protein

Chicken/Turkey	Ham/Pork	Seafood	Eggs	Tofu
Hamburger	Fried Chicken	Tacos	Peanut	Pizza
Whole Grain Bread	Peanut Butter	Cereal	Rice	Hot dog
Meat/Bean Burrito	Noodle Soup	Tortilla	Beef	Pasta
Sweet Bread	Beans/Lentils	White Bread		Potato
Dark Green Leafy Vegetables		Spaghetti with Meatballs		

Fruits and Vegetables

Cucumber	Broccoli	Banana	100% Juice	Pear	Pea
Pineapple	Bell pepper	Orange	Carrots	Apple	Mango
Cantaloupe	Chili Pepper	Tomato	Grapes	Potato	Corn
Green Salad	Cabbage	Green Beans		Peach	Melon
Strawberry	Dark Green Leafy Vegetables			Sweet Potato	

Snack

Chocolate	French Fries	Fruit Pie	Donut	Candies
Vegetables	Cheese Puffs	Chips	Cookies	Bagels
Mexican Bread	Popcorn	Pretzels	Crackers	Fruits

Drinks

Sports Drinks	100% Fruit Juice	Wine	Soda
Alcoholic Drink	Flavored Drinks	Coffee	Beer
Sweetened Tea	Wine Cooler	Herbal Tea	Tea
Fruit Flavored Soda	Coffee Drink	Energy Drinks	Water

Calcium

Almond butter	Nonfat Milk	Whole Milk	2 % Milk	Prunes
1 % Lowfat Milk	Tempeh	Tahini	Yogurt	Beans
Lactose Free Milk	Ice Cream	Dried Figs	Cheese	Tofu
Cottage Cheese	Milkshake	Soy Beans	Almonds	Corn
Green Leafy Vegetables		Orange	Tortilla	
Calcium Fortified 100% Juice		Calcium Fortified Soy/Plant Milk		

Name: _____ **Age:** _____ **Date of Birth:** _____

Wt: _____ lbs **Ht:** _____ in **BMI:** _____ **BMI %ile:** _____ **Date:** _____

Office use only:

Circle to indicate the topics discussed:

Healthy eating
Regular meals/snacks
Importance of breakfast
Inadequate food supply
Low fat dairy foods
High sugar foods
Other: _____

Iron/Protein

2-3 servings daily
High iron foods
Plant protein sources such as
beans, peas, lentils, nuts, etc.
Limit high fat foods

Fruits and Vegetables

2-4 fruits daily or more
3-5 vegetables daily or more
Vitamin C sources
Vitamin A sources

Calcium

3-4 servings dairy foods/day
Nonfat or 1 % milk
Lowfat dairy choices
Low lactose alternative
Calcium fortified foods
Other food sources of calcium

Snacks

High-sugar snacks
High-fat snacks
Fruit/vegetable snacks
Fast foods

Drinks

< 8-12 oz/day 100% juice
6-8 glasses of water (8 ounces each)/day
Sweetened drinks
Alcohol/caffeine

Referred for identified nutrition problem? **Yes** **No**

If yes, where: _____

Provider initials: _____