Infant Feeding Questionnaire

Child's Name: ______________________

Date: ______________________

Is your child on any special diet (kosher, gluten-free, etc): Yes No

Does your child have any allergies: Yes No

If so, please explain allergy and reaction:

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What liquids have been introduced?

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How are liquids presented: Bottle Open Cup Sippy Cup Straw

How many times a day is your child fed:

____

Describe the sequence in which food is offered to your child: (e.g., liquids first, vegetable, fruit,dessert etc):

____

Have you introduced finger foods: Yes No

If so, which:

____

Does your child feed himself? Yes No N/A

What utensils are used by child: Fork Spoon Fingers N/A

Food consistency. Check all that are applicable with an "X"

	Does Eat	Can Eat	Never Eats	Can't Eat	Refuses	Not tried
Liquids/Soups						
Baby Food						
Creamy Food (i.e., yogurt/ice cream)						
Pureed Table Food						
Mashed Table Food						
Chopped TableFood						
Regular Table Food						
Soft Table Food (i.e. pancakes)						
Crisp Foods (i.e. crackers, toast, chips)						
Chewy Foods (i.e. meats)						
Crunchy foods (i.e. celery, carrots, etc)						

List any foods that have already been introduced in any of the categories. Please specify baby food or table food:

Fruits: ______________________________

Vegetables: ______________________________

Meats: ______________________________

Breads/Cereals: ______________________________

Dairy Products: ______________________________

Sweets: ______________________________

Snacks: ______________________________

Beverages: ______________________________

May VAMONOS feed your child foods additional food during snack time in accordance with what has been introduced at home (i.e., fruits, crackers, puffs, pretzels, cereal, etc.) If yes, please specify what we are permitted to provide during snack times in addition to the meals you provide:

Yes No ______________________________

Anything else you would like us to know about food/meal time for your child?

Parent Signature: ______________________________ Date: ______________