

- Does your child have any trouble taking medication? If so, what helps?
- Is your child allergic to any medications?

What, if any, forms of complementary medicine practices are being used?

Nutrition/Metabolic Pattern

What is the family's usual mealtime?

Do family members eat together or at separate times?

What are your child's favorite foods, beverages, and snacks?

- Average amounts consumed or usual size of portions
- Special cultural practices, such as family eats only ethnic food

What foods and beverages does your child dislike?

What are your child's feeding habits (bottle, cup, spoon, eats by self, needs assistance, any special devices)?

How does your child like the food served (warmed, cold, one item at a time)?

How would you describe your child's usual appetite (hearty eater, picky eater)?

- Has being sick affected your child's appetite? In what ways?

Are there any known or suspected food allergies?