



Child's Name:	Phone Number: (      )
Child's Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Postal Code:
Child's Date of Birth: <small>(Day / Month / Year)</small>	Screen Date: <small>(Day / Month / Year)</small>
Screen Location/Organization:	

# Nutrition Screening Tool for Every Toddler

## Instructions

Below are questions about your toddler's (18 to 35 months old) eating and other habits.

- Think about your child's every day habits when answering. Check (✓) only one answer for each question.
- There is a number from 0 to 4 beside each answer. This number is a score for that question. At the bottom of each page is a box for the score for the page. For each page, add up the scores for each question.
- At the end of the questionnaire, you will add the page scores to get a total score.

**1. My child usually eats grain products:**

*Examples are bread, bagels, buns, roti, tortillas, crackers, hot or cold cereals, pasta, and rice.*

- 0  More than 5 times a day
- 1  4 to 5 times a day
- 2  2 to 3 times a day
- 4  Less than 2 times a day

**2. My child usually has milk products:**

*Examples are breastmilk, formula, white or chocolate milk, cheese, yogurt, milk pudding and milk substitutes, such as fortified soy beverages.*

- 0  More than 3 times a day
- 1  3 times a day
- 2  2 times a day
- 4  Once a day or less

**3. My child usually eats vegetables and fruit:**

*These can be fresh, frozen or canned.*

- 0  More than 4 times a day
- 1  3 to 4 times a day
- 2  2 times a day
- 3  Once a day
- 4  Not at all

**Total Score for Page 1**

4. **My child usually eats meat, fish, poultry or alternatives:**

*Alternatives can be eggs, peanut butter, tofu, nuts, and cooked beans, chickpeas and lentils.*

- 0  More than 2 times a day
- 1  2 times a day
- 2  Once a day
- 3  A few times a week
- 4  Not at all

5. **My child usually eats restaurant or take-out “fast foods”:**

*Examples are pizza, hamburgers, hot dogs, chicken fingers, fish sticks and French fries.*

- 4  3 or more days a week
- 2  2 days a week
- 1  1 day a week or less
- 0  Not at all

6. **My child usually drinks juice or flavoured beverages:**

*Flavoured beverages can be fruit drinks, pop, Kool-Aid® or sports drinks.*

- 4  More than 4 times a day
- 3  3 to 4 times a day
- 2  2 times a day
- 1  Once a day
- 0  Not at all

7. **I have difficulty buying food I want to feed my child because food is expensive:**

- 4  Most of the time
- 2  Sometimes
- 1  Rarely
- 0  Never

8. **My child has problems chewing, swallowing, gagging or choking when eating:**

- 4  Most of the time
- 2  Sometimes
- 1  Rarely
- 0  Never

9. **My child feeds his/her self at meals and snacks:**

- 0  Always
- 1  Most of the time
- 2  Sometimes
- 3  Rarely
- 4  Never

**Total Score for Page 2**

**10. My child drinks from a baby bottle with a nipple:**

- 4  Always
- 3  Most of the time
- 2  Sometimes
- 1  Rarely
- 0  Never

**11. My child is hungry at mealtimes:**

- 0  Always
- 1  Most of the time
- 2  Sometimes
- 3  Rarely
- 4  Never

**12. My child usually eats meals and snacks:**

- 4  Less than 2 times a day
- 3  2 times a day
- 1  3 to 4 times a day
- 0  5 to 6 times a day
- 2  More than 6 times a day

**13. I let my child decide how much to eat:**

- 0  Always
- 1  Most of the time
- 2  Sometimes
- 3  Rarely
- 4  Never

**14. My child eats meals or snacks while watching TV, or being read to, or playing with toys:**

- 4  Always
- 3  Most of the time
- 2  Sometimes
- 1  Rarely
- 0  Never

**15. My child usually watches TV, or uses the computer, or plays video games:**

- 4  4 or more hours a day
- 3  3 hours a day
- 2  2 hours a day
- 1  1 hour a day
- 0  Less than 1 hour a day

**Total Score for Page 3**

**16. I am comfortable with how my child is growing:**

- 0  Yes
- 4  No
- 2  Not sure

**17. I think my child:**

- 4  Should weigh more
- 0  Is about the right weight
- 3  Should weigh less
- 2  Not sure

**Total Score for Page 4**

---

**To get a total score, add the scores for each page.**

\_\_\_\_\_ Score for Page 1  
+ \_\_\_\_\_ Score for Page 2  
+ \_\_\_\_\_ Score for Page 3  
+ \_\_\_\_\_ Score for Page 4  
=  **Total Score**

---

## What Does Your Score Mean?

**If the total score is 20 or less:**

Your child's eating and activity habits are good. There may be things that you want to work on; check out the educational material provided for tips and more information.

**If the total score is 21 to 25:**

Your child's eating and activity habits can be improved by making some small changes. Check out the educational material provided or contact your local public health department for tips and more information.

**If the total score is 26 or greater:**

Your child's eating and activity habits can be improved by making some changes. For suggestions, talk to a health professional such as a registered dietitian, your family doctor or a paediatrician or contact for local public health department for more information.