¿Qué Come Su Niño?

Ponga un circulo en las comidas que su niño ***come*** cada día o al menos 3 veces a la semana:

Bebés


Leche de pecho


Fórmulas con hierro


Cereal con hierro

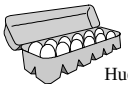

Verduras


Carne


Frutas


Frijoles


Jugo


Huevos


Miel


Tofu


Galletas


Almíbur (Karo)

Ponga un círculo en el dibujo que muestra como se siente su bebé o niño a la hora de comer:

Tortillas, Panes, Granos y Cereales


Arroz

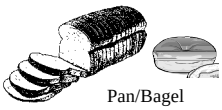

Sópa de macaron


Tortillas


Pasta


Cereal con hierro


Galletas


Pan/Bagel


Pretzels


Pan dulce

Frutas y Verduras (Ricas en Vitaminas A, C, Ácido Fólico y Fibra)


100% Jugo

C


Fresas


Melón


Mangos

A


Duraznos


Sandía


Piña


Manzana


Uvas


Peras


Naranja


Tomate


Coliflor


Verduras verdes oscuras

Zanahorias

Calabacita

Plátano

Pasas

Broccoli

Chiles

Repollo

Ensalada

Papa/Camote

Ejotes/Chicharos

Maíz

Alimentos Ricos en Calcio

Batido

Leche Regular

1% Leche/ leche desnatada

Requesón bajo en grasa/sin grasa

Queso

100% Jugo fortificado con calcio

Leche de soya baja en grasa/sin grasa

Yogur bajo en grasa/sin grasa

Helado

Tofu fortificado con calcio

Alimentos Ricos en Proteína y Hierro

Pollo/Pavo

Carne de res

Pescado/atún enlatado

Taco

Jamón/ Carne de puerco

Huevos

Cacahuates

Espagueti con albóndigas

Tofu

Frijoles/Lentejas

Otras Comidas

Salchicha

Hamburguesa

Papas Fritas

Chocolate

Dulces

Pizza

Pollo Frito

Papas Fritas

Burrito

Aguas Frescas

Galletas

Ponga un círculo si su bebé o niño usa:

Vitaminas

Ponga un círculo si su bebé o niño recibe comida de:

Food Stamps **School Lunch** **Head Start** **WIC**

Ponga un círculo en las actividades que su bebé o niño hace diario:

Toma agua:

Child's name: _____ **Record #:**_____

Age: _____ **yrs.** _____ **mos.** **Wt:** _____ **lbs.** **Ht:** _____ **in.** **Date:** ____/____/___

Adapted from the Orange and San Bernardino Counties CHDP Programs.

DHCS 4035 A (Spanish) (08/07)

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Feeding milestones to check/visit

Baby: Birth to 24 months

Yes / No

☐ ☐ Breast-fed 8–12 times/24 hours during early weeks of lactation OR every 3–4 hrs./day for older infants?

☐ ☐ Formula-fed w/iron no less than 20 ounce/day? Correct dilution?

☐ ☐ No honey/Karo Syrup until 1 year?

☐ ☐ 4–6 months: Start on baby cereal with iron?

☐ ☐ 5–7 months: Start on pureed vegetables and fruits?

☐ ☐ 6–7 months: Drink from a cup?

☐ ☐ 6–8 months: Start on pureed or ground meat, i.e., poultry, beef, pork, fish, egg yolk, beans, tofu?

☐ ☐ 7–9 months: Eats finger foods and mashed/chopped foods, NO grapes, nuts, popcorn, hotdogs, hard candy?

☐ ☐ 1 year: Drinks regular milk no less than 16 ounces/day?

☐ ☐ 9–12 months: Feeds self, joins family meal and snack times?

☐ ☐ 12–24 mos.: Eats variety of foods: small portions, i.e., 1–2 Tbsp., ½ c juice, ½ slice of bread.

Child: 2 to 8 years

Yes / No

☐ ☐ Eats recommended variety and amounts of foods daily for age from the food guide pyramid?

Mealtime/Others:

Yes / No

☐ ☐ Set meal and snack times?

☐ ☐ Brush teeth by himself at 5 years?

☐ ☐ Good food supply?

☐ ☐ Takes vitamins, iron, or fluoride?

☐ ☐ Growing normally according to his/her growth patterns?

☐ ☐ Does child play with or eat dirt, plaster, clay, and paint chips?

☐ ☐ Any food intolerances or allergies? _____

☐ ☐ Referral for identified nutrition problem? Where? _____

Activity:

☐ ☐ Actively plays everyday i.e., running, biking, sports, 1 hour/day?

☐ ☐ TV viewing: 2 hours or less/day?