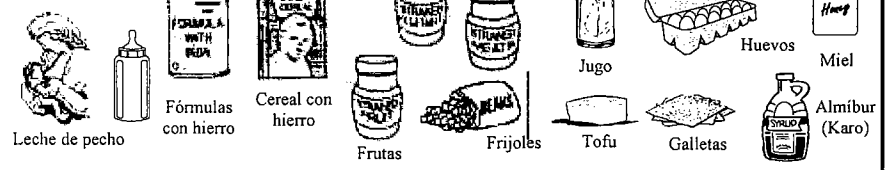
¿Qué Come Su Niño?

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

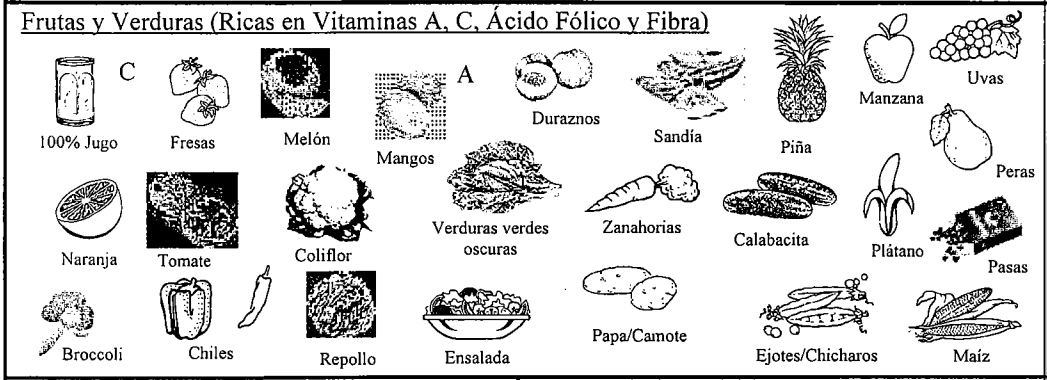
Bebés



Tortillas, Panes, Granos y Cereals

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

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



Alimentos Ricos en Calcio

Alimentos Ricos en Proteína y Hierro

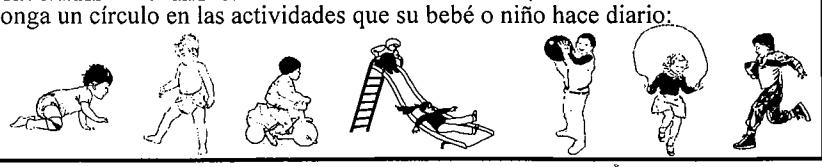
Otras Comidas

Ponga un círculo si su bebé o niño usa:

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

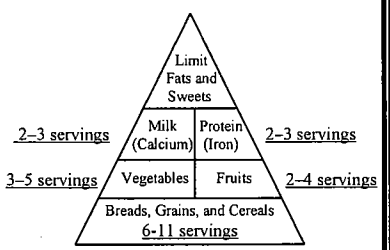
Yes / No

- ☐ ☐ 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?