



Food Preferences Checklist

Instructions: Check the box beside food items that your child typically eats (“typically” is defined as greater than 75% of the time that it is offered). If your child only consumes a specific brand of the below foods, please list the brand name.

PROTEINS:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> chicken, roasted/baked | <input type="checkbox"/> chicken, fried | <input type="checkbox"/> chicken nuggets | <input type="checkbox"/> turkey |
| <input type="checkbox"/> bacon | <input type="checkbox"/> ground beef | <input type="checkbox"/> fish sticks | <input type="checkbox"/> fish fillets _____ |
| <input type="checkbox"/> tuna salad | <input type="checkbox"/> sausage | <input type="checkbox"/> ham | <input type="checkbox"/> hot dogs |
| <input type="checkbox"/> toddler meat sticks/Vienna sausages | <input type="checkbox"/> pork tenderloin/chops | <input type="checkbox"/> salami/pepperoni | <input type="checkbox"/> hummus |
| <input type="checkbox"/> roast beef | <input type="checkbox"/> steak | <input type="checkbox"/> lamb roast/chop | <input type="checkbox"/> yogurt _____ |
| <input type="checkbox"/> edamame (soy beans) | <input type="checkbox"/> tofu | <input type="checkbox"/> eggs | <input type="checkbox"/> cottage cheese |
| <input type="checkbox"/> peanut butter | <input type="checkbox"/> nuts _____ | <input type="checkbox"/> cheese _____ | <input type="checkbox"/> beans _____ |
| <input type="checkbox"/> pureed meats _____ | | <input type="checkbox"/> pudding _____ | |
| <input type="checkbox"/> other _____ | | | |

BREADS/STARCHES:

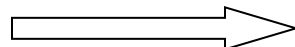
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> bread, sliced | <input type="checkbox"/> chip _____ | <input type="checkbox"/> pasta _____ | <input type="checkbox"/> macaroni & cheese |
| <input type="checkbox"/> pancakes | <input type="checkbox"/> waffles | <input type="checkbox"/> French toast | <input type="checkbox"/> rice |
| <input type="checkbox"/> mashed potatoes | <input type="checkbox"/> biscuits | <input type="checkbox"/> donuts | <input type="checkbox"/> grits |
| <input type="checkbox"/> pretzels | <input type="checkbox"/> rice cakes | <input type="checkbox"/> popcorn | <input type="checkbox"/> cake _____ |
| <input type="checkbox"/> cookies | <input type="checkbox"/> hot cereal _____ | <input type="checkbox"/> cold cereal _____ | <input type="checkbox"/> french fries |
| <input type="checkbox"/> bagels | <input type="checkbox"/> baked potato | <input type="checkbox"/> flour or corn tortillas | <input type="checkbox"/> pizza _____ |
| <input type="checkbox"/> muffins _____ | <input type="checkbox"/> cereal bars _____ | <input type="checkbox"/> crackers _____ | |
| <input type="checkbox"/> other _____ | | | |

VEGETABLES:

- | | | | |
|--|---|------------------------------------|---|
| <input type="checkbox"/> green beans | <input type="checkbox"/> lima beans | <input type="checkbox"/> broccoli | <input type="checkbox"/> spinach |
| <input type="checkbox"/> carrots | <input type="checkbox"/> peas | <input type="checkbox"/> zucchini | <input type="checkbox"/> squash |
| <input type="checkbox"/> avocado | <input type="checkbox"/> beets | <input type="checkbox"/> cabbage | <input type="checkbox"/> asparagus |
| <input type="checkbox"/> tomatoes | <input type="checkbox"/> corn | <input type="checkbox"/> okra | <input type="checkbox"/> lettuce |
| <input type="checkbox"/> cooked greens | <input type="checkbox"/> cucumbers | <input type="checkbox"/> cole slaw | <input type="checkbox"/> sweet potatoes |
| <input type="checkbox"/> celery | <input type="checkbox"/> pureed vegetables (e.g. pouch) _____ | | |
| <input type="checkbox"/> freeze-dried vegetables _____ | | | |
| <input type="checkbox"/> other _____ | | | |

FRUITS:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> apples | <input type="checkbox"/> apple sauce | <input type="checkbox"/> peaches | <input type="checkbox"/> pears |
| <input type="checkbox"/> strawberries | <input type="checkbox"/> raisins | <input type="checkbox"/> cherries | <input type="checkbox"/> pineapple |
| <input type="checkbox"/> kiwi | <input type="checkbox"/> grapes | <input type="checkbox"/> bananas | <input type="checkbox"/> oranges |
| <input type="checkbox"/> mandarin oranges | <input type="checkbox"/> fruit cocktail | <input type="checkbox"/> cantaloupe | <input type="checkbox"/> grapefruit |
| <input type="checkbox"/> watermelon | <input type="checkbox"/> honey dew melon | <input type="checkbox"/> blueberries | <input type="checkbox"/> raspberries |
| <input type="checkbox"/> blackberries | <input type="checkbox"/> pureed fruits _____ | <input type="checkbox"/> freeze-dried fruits _____ | |
| <input type="checkbox"/> other _____ | | | |



MISCELLANEOUS:

- fruit snacks _____
- sandwiches _____ condiments _____
- ice cream _____ candy _____
- soup _____

BEVERAGES/DRINKS (please write number of ounces consumed per day):

- milk _____ expressed breast milk _____
- milk alternative (e.g. soy, almond, cashew, hemp) _____
- fruit juice (100%) _____
- formula (please note caloric density) _____
- Carnation Instant Breakfast _____
- fruit juice blends (CapriSun, HI-C) _____
- soda _____
- Kool-Aid _____
- tea _____
- Gatorade/Powerade _____
- water _____
- drinkable yogurt _____
- smoothies _____
- other _____

Person Completing Form: _____ **Relationship to Patient:** _____