

PARENT NUTRITION SCREENING CHECKLIST FOR CHILDREN WITH SPECIAL NEEDS

Date: _____ Child's Initials: _____ Sex _____ Date of Birth: _____

Health Problems: Please be specific and share any known diagnosis:

Children with special needs often have nutritional concerns. This checklist can help identify those children that could benefit from nutritional support.

- **PLEASE CIRCLE YES or NO** for each statement & then rate your level of concern by circling the appropriate number:
 - 0 = no concern
 - 1 = some concern
 - 2 = very concerned
- **It is important that you answer every question.**

	YES	NO	LEVEL OF CONCERN
▪ Compared to other children the same age, my child is:			
1. thin (underweight) _____ heavy (overweight) _____	YES	NO	0 1 2
2. My child vomits or throws up a lot.	YES	NO	0 1 2
3. My child has problems with bowel movements (e.g. too watery or constipated)	YES	NO	0 1 2
4. My child has problems with his/her teeth which makes it hard to eat.	YES	NO	0 1 2
5. My child is on a special diet, (e.g. food allergies, diabetic, etc.).	YES	NO	0 1 2
6. My child is on a tube feeding.	YES	NO	0 1 2
7. While eating, my child usually has difficulty with: <ul style="list-style-type: none"> ▪ sucking _____ ▪ chewing _____ ▪ swallowing _____ ▪ choking _____ ▪ gagging _____ ▪ coughing _____ ▪ very sensitive around mouth _____ (Check all that apply) 	YES	NO	0 1 2
8. My child usually: <ul style="list-style-type: none"> ▪ refuses to eat _____ ▪ eats too much _____ (Check all that apply)	YES	NO	0 1 2

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		YES	NO	LEVEL OF CONCERN		
9.	At mealtime, my child has difficulty letting me know: <ul style="list-style-type: none"> ▪ when he/she is hungry _____ ▪ what foods he/she likes to eat _____ ▪ when he/she is full _____ (Check all that apply) 	YES	NO	0	1	2
10.	My child eats non-food items (e.g. paper, dirt, bugs, sticks).	YES	NO	0	1	2
11.	My child drinks too much or too little liquid every day.	YES	NO	0	1	2
12.	My child takes supplements: vitamin _____ Mineral _____ Other _____ (Check all that apply)	YES	NO	0	1	2
Over a one week period (for questions 13 to 18) consider:						
13.	My child eats too much or not enough milk & milk products (milk, yogurt, pudding, cheese).	YES	NO	0	1	2
14.	My child eats too much or not enough meat, chicken, fish, eggs, beans, peanut butter, tofu.	YES	NO	0	1	2
15.	My child eats too much or not enough bread, roti, chapati, cereal, rice pasta, crackers.	YES	NO	0	1	2
16.	My child eats too much or not enough vegetables (includes Vegetable juices).	YES	NO	0	1	2
17.	My child eats too much or not enough fruit (includes fruit juices).	YES	NO	0	1	2
18.	My child likes to eat a lot of unhealthy snack foods (e.g. candies, chips, pop) every day.	YES	NO	0	1	2

ANY COMMENTS:

Thank You

Checklist reviewed by: _____

Date: _____

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