

Child's Name: _____

Date: _____

FOOD INVENTORY

Instructions: Check off any food that your child would easily accept to eat if it was served at the specified mealtime. Several items are listed under lunch and supper. Only check off the items in both places if your child would be served these foods at both meals. For example, if your child would eat peaches at lunch but it would not be served a part of supper, then check off peaches only under lunch. The "Seasonings and Condiments" section describes flavors your child would eat at any meal.

Breakfast

<input type="checkbox"/> cereal, cold	<input type="checkbox"/> English muffin	<input type="checkbox"/> jelly	<input type="checkbox"/> home fries
<input type="checkbox"/> cereal, hot	<input type="checkbox"/> bagels	<input type="checkbox"/> eggs	<input type="checkbox"/> ketchup
<input type="checkbox"/> milk	<input type="checkbox"/> muffins	<input type="checkbox"/> bacon	<input type="checkbox"/> pancakes
<input type="checkbox"/> juice	<input type="checkbox"/> Danish, donuts	<input type="checkbox"/> sausage	<input type="checkbox"/> waffles
<input type="checkbox"/> water	<input type="checkbox"/> cream cheese	<input type="checkbox"/> ham	<input type="checkbox"/> French toast
<input type="checkbox"/> breakfast drink	<input type="checkbox"/> jam	<input type="checkbox"/> toast	

List specific types of foods, (e.g., oatmeal, cheerios, apple juice, strawberry milk) _____

List specific brands if your child will eat one kind of a specific food _____

List any items your child prefers that are not listed above _____

Lunch

<input type="checkbox"/> pasta w/butter	<input type="checkbox"/> sandwich, cheese	<input type="checkbox"/> orange	<input type="checkbox"/> cucumber
<input type="checkbox"/> pasta w/ cheese	<input type="checkbox"/> peanut butter & jelly	<input type="checkbox"/> peaches	<input type="checkbox"/> peas
<input type="checkbox"/> pasta w/tomato sauce	<input type="checkbox"/> peanut butter & fluff	<input type="checkbox"/> fruit rollup	<input type="checkbox"/> tomato
<input type="checkbox"/> nachos	<input type="checkbox"/> peanut butter	<input type="checkbox"/> pineapple	<input type="checkbox"/> corn
<input type="checkbox"/> chili	<input type="checkbox"/> French fries	<input type="checkbox"/> fruit cocktail	<input type="checkbox"/> pickles
<input type="checkbox"/> pizza	<input type="checkbox"/> potato salad	<input type="checkbox"/> applesauce	<input type="checkbox"/> milk
<input type="checkbox"/> hot dogs	<input type="checkbox"/> coleslaw	<input type="checkbox"/> yogurt	<input type="checkbox"/> juice
<input type="checkbox"/> hamburgers	<input type="checkbox"/> pretzels	<input type="checkbox"/> cottage cheese	<input type="checkbox"/> soda
<input type="checkbox"/> chicken nuggets	<input type="checkbox"/> chips	<input type="checkbox"/> pudding	<input type="checkbox"/> water
<input type="checkbox"/> tuna fish	<input type="checkbox"/> cookies	<input type="checkbox"/> jello	
<input type="checkbox"/> bologna	<input type="checkbox"/> crackers	<input type="checkbox"/> carrots	
<input type="checkbox"/> soups, stews	<input type="checkbox"/> apples	<input type="checkbox"/> celery	
<input type="checkbox"/> sandwich, deli	<input type="checkbox"/> banana	<input type="checkbox"/> lettuce	

List specific types of foods (e.g., ham sandwich, saltines, chicken soup) _____

List specific brands if your child will eat only one kind of a specific food _____

List any items your child prefers that are not listed above _____

Are there smells of certain foods that bother your child? _____

Does your child have a preference for food temperatures? _____

Supper

<input type="checkbox"/> steak	<input type="checkbox"/> pasta w/ cheese	<input type="checkbox"/> celery	<input type="checkbox"/> banana
<input type="checkbox"/> roast beef	<input type="checkbox"/> pasta w/ tom sauce	<input type="checkbox"/> lettuce	<input type="checkbox"/> juice
<input type="checkbox"/> pork roast	<input type="checkbox"/> lasagna	<input type="checkbox"/> tomato	<input type="checkbox"/> milk
<input type="checkbox"/> lamb	<input type="checkbox"/> rice	<input type="checkbox"/> green beans	<input type="checkbox"/> soda
<input type="checkbox"/> hotdogs	<input type="checkbox"/> couscous	<input type="checkbox"/> sweet peppers	<input type="checkbox"/> water
<input type="checkbox"/> hamburgers	<input type="checkbox"/> beans	<input type="checkbox"/> mushrooms	<input type="checkbox"/> cake
<input type="checkbox"/> ground beef	<input type="checkbox"/> French fries	<input type="checkbox"/> spinach	<input type="checkbox"/> pie
<input type="checkbox"/> chicken nuggets	<input type="checkbox"/> mashed potatoes	<input type="checkbox"/> peas	<input type="checkbox"/> pudding
<input type="checkbox"/> chicken	<input type="checkbox"/> baked potatoes	<input type="checkbox"/> summer squash	<input type="checkbox"/> jello
<input type="checkbox"/> fish	<input type="checkbox"/> tater tots	<input type="checkbox"/> winter squash	<input type="checkbox"/> yogurt
<input type="checkbox"/> nachos	<input type="checkbox"/> cheese	<input type="checkbox"/> applesauce	<input type="checkbox"/> cookies
<input type="checkbox"/> soup, stews	<input type="checkbox"/> cottage cheese	<input type="checkbox"/> fruit cocktail	<input type="checkbox"/> ice cream
<input type="checkbox"/> pasta w/ butter	<input type="checkbox"/> carrots	<input type="checkbox"/> peaches	

List specific types of foods (e.g., brown rice, swordfish, pepperoni pizza, Coca-Cola) _____

List specific brands if your child will eat only one kind of a specific food _____

List any item your child prefers that are not listed above _____

Snacks

<input type="checkbox"/> corn chips	<input type="checkbox"/> popcorn	<input type="checkbox"/> yogurt	<input type="checkbox"/> milk
<input type="checkbox"/> potato chips	<input type="checkbox"/> fresh fruit	<input type="checkbox"/> cheese	<input type="checkbox"/> juice
<input type="checkbox"/> pretzels	<input type="checkbox"/> fruit rollups	<input type="checkbox"/> ice cream	<input type="checkbox"/> soda
<input type="checkbox"/> crackers	<input type="checkbox"/> fresh vegetables	<input type="checkbox"/> sour candy	
<input type="checkbox"/> nuts	<input type="checkbox"/> chocolate	<input type="checkbox"/> sweet candy	

List specific types of foods, e.g., tortilla chips, goldfish, fudgecicle, etc. _____

List specific brands if your child will eat only one kind of a specific food _____

List any items your child prefers that are not listed above _____

Seasonings and Condiments

<input type="checkbox"/> ketchup	<input type="checkbox"/> lime juice	<input type="checkbox"/> paprika	<input type="checkbox"/> hot pepper
<input type="checkbox"/> mustard	<input type="checkbox"/> vinegar	<input type="checkbox"/> basil	<input type="checkbox"/> horseradish
<input type="checkbox"/> soy sauce	<input type="checkbox"/> salad dressing	<input type="checkbox"/> curry	<input type="checkbox"/> salt
<input type="checkbox"/> barbecue sauce	<input type="checkbox"/> mayonnaise	<input type="checkbox"/> ginger	
<input type="checkbox"/> salsa	<input type="checkbox"/> olives	<input type="checkbox"/> cinnamon	
<input type="checkbox"/> Worcestershire	<input type="checkbox"/> pickles	<input type="checkbox"/> onion	
<input type="checkbox"/> relish	<input type="checkbox"/> parsley	<input type="checkbox"/> garlic	
<input type="checkbox"/> lemon juice	<input type="checkbox"/> oregano	<input type="checkbox"/> black pepper	

Other _____