Prenatal (Before Birth):

In vitro fertilization or artificial reproductive techniques (ART) used for this pregnancy? ○ Yes ○ No ○ Not sure

Mom’s weight before this pregnancy ____________ kilograms

Amount of weight gained by mother during pregnancy __________ kilograms

Mother’s assessment of fetal movement: ○ Normal ○ Decreased ○ Increased ○ Don’t know

Mother’s age when child born: ________ years

How many weeks was the mother pregnant before giving birth (full-term is 40 weeks)? ________ weeks

Mode of Delivery: ○ Vaginal ○ C-section

Complications during pregnancy (indicate all that apply)

- Polyhydramnios (too much fluid)
- Oligohydramnios (too little fluid)
- Pre-term Labor
- Premature Rupture of Membranes
- Gestational Diabetes
- High Blood Pressure
- Pre-eclampsia
- Eclampsia
- Abnormal placenta (please describe) ____________________________________________
- Other (describe) __________________________________________________________________
  ________________________________________________________________________________

Neonatal/Infancy:

Apgar Scores: 1 min ______ 5 min ______

Birth Measurements: Weight ____________ kilograms (____ %)
Length ____________ centimeters (____ %)
Head Circum ____________ centimeters (____ %)

As an infant, did a health professional ever say that your child had failure-to-thrive (poor weight gain) for a period of time? ○ YES ○ NO ○ Not sure
If applicable, how long did this failure-to-thrive last? ____________ years

Did your child ever need to be fed with a tube down the mouth/nose or a G-tube? ○ YES ○ NO ○ Not sure
If yes, which type of tube? (NG – nasogastric; OG – oral gastric; G-tube – gastrostomy tube)
At what age did your child have a tube placed for use? ________ years
For how long did your child have a tube? ________ years
During that time, how long did you actually need to use the tube? ________ years
Did your child have reflux (GERD)? ○ YES ○ NO ○ Don’t Know

Did your child breast feed? ○ YES – without difficulty ○ YES– with difficulty ○ NO ○ Never tried

Did your child have difficulties sucking? ○ NO ○ MILD ○ MODERATE ○ SEVERE

Was a special nipple used? ○ YES ○ NO

If so, which type_______________ (Preemie, Cross cut, Nuk, Haberman, Ross orthodontic, Pigeon, Other)
For how long? ________ years

At what age did your child no longer have difficulty feeding? ____________ years
○ Never had difficulty ○ Never fed normally

Did your child have poor tone as an infant (hypotonia)? ○ YES ○ NO

Did your child have a weak cry during the first few days after birth? ○ YES ○ NO

Was your child overweight (as determined by your pediatrician) before age 1 year? ○ YES ○ NO ○ Not sure
If yes, at what age did they become overweight? ____________ years
At the time the child was considered to be overweight, what was his/her
Weight? _______________ kilograms
Length? _______________ centimeters

(If applicable) With respect to when your child became overweight, the amount that he/she was eating, as
compared to before the weight increased was: ○ Less ○ The same amount ○ More

Childhood:

At what age did your child…
   Sit? ______ months       Walk? ______ years
Say his/her first meaningful words? ________ years   Speak in sentences? ________ years
Did/does your child have scoliosis (i.e., curvature of the spine)? ○ YES ○ NO ○ Not sure
If yes, age noted ____________ years
If yes, how severe did your physician say the scoliosis was?
   ○ MILD ○ MODERATE ○ SEVERE
Degree of scoliosis (angle) if known: ___________ degrees
Did the scoliosis require bracing? ○ YES ○ NO
Did the scoliosis require surgery? ○ YES ○ NO

Pubertal History (if applicable):
At what age did your child develop pubic hair? ____________ years
Current amount of pubic hair: ○ NORMAL ○ SCANTY ○ NONE ○ DON’T KNOW
Males: Facial Hair? ○ YES ○ NO   Age of onset? ____________ years
Do they shave? ○ YES ○ NO   If yes, how often? Every ______ days
Females:
Breast Development? ○ YES ○ NO Age of onset? _______ years
Menstruation? ○ YES ○ NO Age of onset? _______ years
Regular periods? ○ YES ○ NO
If no, how many periods per year? ____________
Average duration of periods? ________________ days

Weight History:
Is your child currently at his/her heaviest weight? ○ YES ○ NO
If NO, at what age were they at their heaviest weight? _____ years
What was his/her heaviest weight? ________ kilograms
If applicable, at what age did your child first become heavy according to your physician? _____ years
If applicable, at what age did your child develop an increased appetite? ________________ years
If applicable, at what age did your child start to actively seek food? ________________ years

How would you describe your child’s appetite now? (Indicate one)
○ Much less than average
○ Less than average
○ Average compared to other children of a similar age
○ More than average
○ Much more than average
○ Always hungry – almost never feels full

If known, approximately how many total calories/day does your child currently eat? ________ calories

How would you describe your child’s thirst now? (Indicate one)
○ Much less than average
○ Less than average
○ Average compared to other children of a similar age
○ More than average
○ Much more than average
○ Always thirsty

How much fluid does your child drink per day? _______ ounces □ Not sure

Does your child hoard/hide food? ○ YES ○ NO _______ (years)
Has your child ever stolen food or stolen money to buy food? ○ YES ○ NO _______ (years)
Has your child eaten pet food? ○ YES ○ NO _______ (years)
Has your child eaten garbage? ○ YES ○ NO _______ (years)
Has your child eaten any non-food items? ○ YES ○ NO _______ (years)
(e.g., paper, hair, crayons, etc.)
Does your child eat in secret? ○ YES ○ NO _______ (years)

Other comments on eating behavior: _________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________