

RDN Participant ID:		Date of Registration: (dd mmm yyyy)	
Local Subject ID:		Status	
Site ID:		Date of Visit	

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 _____ (Premie, 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

CHILDHOOD AND WEIGHT HISTORY

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

			If applicable, age started?
Does your child hoard/hide food?	<input type="radio"/> YES	<input type="radio"/> NO	_____ (years)
Has your child ever stolen food or stolen money to buy food?	<input type="radio"/> YES	<input type="radio"/> NO	_____ (years)
Has your child eaten pet food?	<input type="radio"/> YES	<input type="radio"/> NO	_____ (years)
Has your child eaten garbage?	<input type="radio"/> YES	<input type="radio"/> NO	_____ (years)
Has your child eaten any non-food items? (e.g., paper, hair, crayons, etc.)	<input type="radio"/> YES	<input type="radio"/> NO	_____ (years)
Does your child eat in secret?	<input type="radio"/> YES	<input type="radio"/> NO	_____ (years)

Other comments on eating behavior: _____

