

FOOD INVENTORY CHECKLIST

INSTRUCTIONS: Check off any food that your child would easily accept to eat. Several items are listed under each section. The "Seasonings and Condiments" section describes flavors your child would eat at any meal.

X=Eats regularly

R=Refuses

GRAINS/STARCHES:

___ Cereal, cold

Kinds: _____

___ Cereal, hot

Kinds: _____

___ Cereal bars

Kinds: _____

___ bread ___ Toast ___ pita

___ breadsticks

___ bagels

Kinds: _____

___ English Muffins

___ Muffins

Kinds: _____

___ donuts

Kinds: _____

___ pastries

___ pancakes

___ waffles

___ french toast

___ pasta

Kinds: _____

___ chips

Kinds: _____

___ crackers

Kinds: _____

___ pretzels

___ rice

___ couscous

Kinds: _____

___ granola bars

Flavors: _____

___ tortillas

Other: _____

List specific Kinds of foods (e.g. oatmeal, Cheerios):

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:

What time of day does your child usually eat these foods? _____

FRUITS AND VEGETABLES:

___ potatoes

Kinds: _____

___ cabbage (raw or cooked)

___ carrots (raw or cooked)

___ celery (raw or cooked)

___ Lettuce

___ peas

___ cucumber

___ corn

___ pickles (sour or sweet)

___ beets

___ olives

___ squash

___ apples

___ pears (fresh or canned)

___ fruit cocktail

___ zucchini

___ broccoli (raw/cooked)

___ cauliflower (raw/cooked)

___ asparagus

___ avocado

___ tomatoes

___ peppers

___ sweet potatoes

___ green beans

___ spinach (raw or cooked)

___ mushrooms

___ tofu

Kinds: _____

___ cherries

___ strawberries

___ pineapple (fresh/canned)

___ fruit juice

___ pumpkin

___ blueberries

___ raspberries

___ grapes/raisins

___ apricots

___ plums

___ grapefruit

___ kiwi

___ lemons/limes

___ melons

Kinds: _____

___ oranges

___ mandarin oranges

___ bananas

___ peaches (fresh/canned)

___ applesauce

List specific Kinds of foods (e.g. steamed carrots, raw celery, canned peaches):

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:

What time of day does your child usually eat these foods?

MEATS/PROTEINS:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> bacon | <input type="checkbox"/> deli meats | <input type="checkbox"/> venison/game |
| <input type="checkbox"/> sausage | Kinds: _____ | <input type="checkbox"/> lamb |
| <input type="checkbox"/> ham | <input type="checkbox"/> steak | <input type="checkbox"/> fish |
| <input type="checkbox"/> hot dogs | <input type="checkbox"/> pork chops | Kinds: _____ |
| <input type="checkbox"/> hamburgers | <input type="checkbox"/> pork roast | <input type="checkbox"/> bologna/salami |
| <input type="checkbox"/> chicken | <input type="checkbox"/> peanut butter | <input type="checkbox"/> chicken nuggets |
| <input type="checkbox"/> eggs | <input type="checkbox"/> turkey | <input type="checkbox"/> tuna fish |
| Kinds: _____ | <input type="checkbox"/> seafood | <input type="checkbox"/> beans |
| <input type="checkbox"/> roast beef | Kinds: _____ | Kinds: _____ Other: _____ |
| | | <input type="checkbox"/> hummus |

List specific Kinds of foods (e.g. chicken breast, chicken nuggets):

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:

What time of day does your child usually eat these foods?

MILKS/DAIRY PRODUCTS:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> cow's milk | <input type="checkbox"/> cheese | <input type="checkbox"/> ice cream |
| <input type="checkbox"/> Almond milk | Kinds: _____ | Flavors: _____ |
| <input type="checkbox"/> soy milk | <input type="checkbox"/> breakfast drink | <input type="checkbox"/> cream cheese |
| <input type="checkbox"/> rice milk | Flavors: _____ | <input type="checkbox"/> sour cream |
| <input type="checkbox"/> cottage cheese | <input type="checkbox"/> Yo-J | <input type="checkbox"/> butter |
| <input type="checkbox"/> pudding | Flavors: _____ | |
| Flavors: _____ | | |
| <input type="checkbox"/> yogurt | Other: _____ | |
| Flavors: _____ | | |

List specific Kinds of foods (e.g. cheddar cheese stick, Yoplait, chocolate pudding):

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:

What time of day does your child usually eat these foods?

SWEETS/FATS:

- | | | | |
|----------------------------------|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> Cookies | <input type="checkbox"/> cake | <input type="checkbox"/> bars | <input type="checkbox"/> pop/soda |
| Kinds: _____ | Kinds: _____ | Kinds: _____ | Kinds: _____ |
| <input type="checkbox"/> candy | <input type="checkbox"/> pie | <input type="checkbox"/> jello | <input type="checkbox"/> fun fruits/fruit roll-ups |
| Kinds: _____ | Kinds: _____ | Flavors: _____ | Flavors: _____ |
| <input type="checkbox"/> jelly | Other: _____ | | |

List specific Kinds of foods (e.g. sweet tarts, fruit roll-ups, rice krispie bars):

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:

What time of day does your child usually eat these foods? _____

SEASONSINGS/CONDIMENTS:

- | | | | |
|---|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ketchup | <input type="checkbox"/> lemon juice | <input type="checkbox"/> mayonnaise | <input type="checkbox"/> basil |
| <input type="checkbox"/> mustard | <input type="checkbox"/> lime juice | <input type="checkbox"/> salt | <input type="checkbox"/> parsley |
| <input type="checkbox"/> soy sauce | <input type="checkbox"/> vinegar | <input type="checkbox"/> pepper | <input type="checkbox"/> oregano |
| <input type="checkbox"/> salsa | <input type="checkbox"/> salad dressing | <input type="checkbox"/> garlic | <input type="checkbox"/> paprika |
| <input type="checkbox"/> barbecue sauce | Kinds: _____ | <input type="checkbox"/> onion | <input type="checkbox"/> ginger |
| <input type="checkbox"/> syrup | | <input type="checkbox"/> Tobasco | <input type="checkbox"/> cinnamon |

Other: _____

List specific Kinds of foods (e.g, French dressing, Log cabin syrup):

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:

What time of day does your child usually eat these foods? _____

COMBINATION FOODS:

- | | | | |
|--|---------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Stew | <input type="checkbox"/> tacos | <input type="checkbox"/> hot dish | <input type="checkbox"/> chow mein |
| <input type="checkbox"/> Soup | <input type="checkbox"/> nachos | Kinds: _____ | <input type="checkbox"/> cereal with milk |
| Kinds: _____ | <input type="checkbox"/> chili | <input type="checkbox"/> sandwich | |
| <input type="checkbox"/> lasagna | <input type="checkbox"/> pizza | Kinds: _____ | |
| <input type="checkbox"/> macaroni & Cheese | Kinds: _____ | <input type="checkbox"/> rice dishes | |
| <input type="checkbox"/> spaghetti | | Kinds: _____ | |

Other: _____

List specific Kinds of foods (e.g. Campbells bean soup, cheese pizza, hamburger rice hot dish):

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:

What time of day does your child usually eat these foods? _____