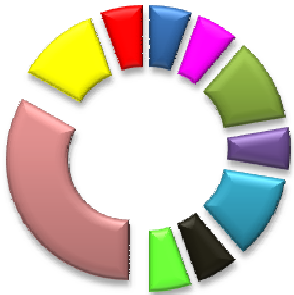


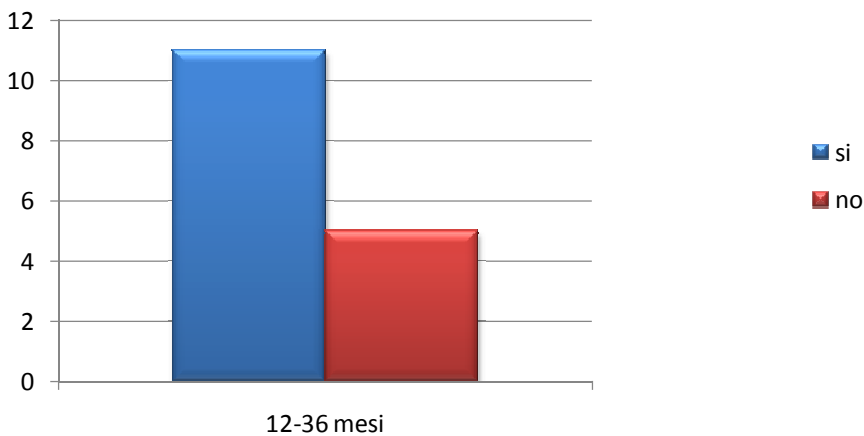
Asilo nido VOLO DI FAVOLE (n° schede 17)

Età dei bambini/e (espressa in mesi)



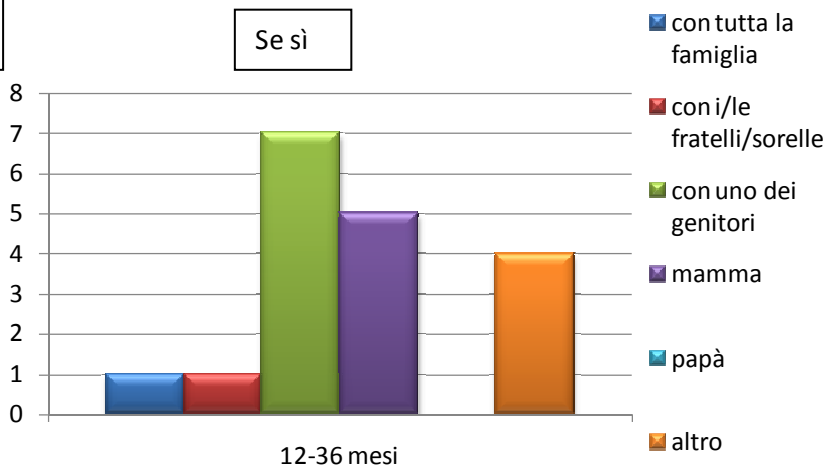
1

Tuo/a figlio/a consuma la prima colazione a casa insieme agli altri membri della famiglia?



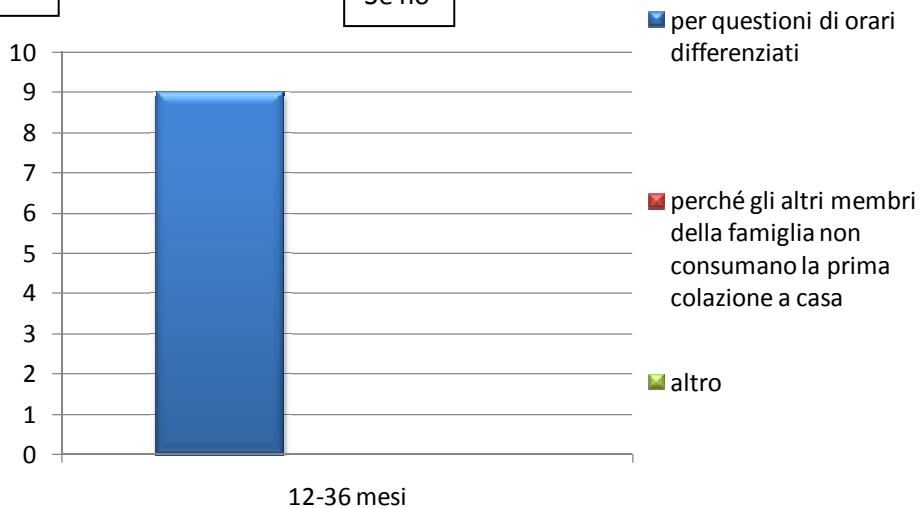
1a

Se sì



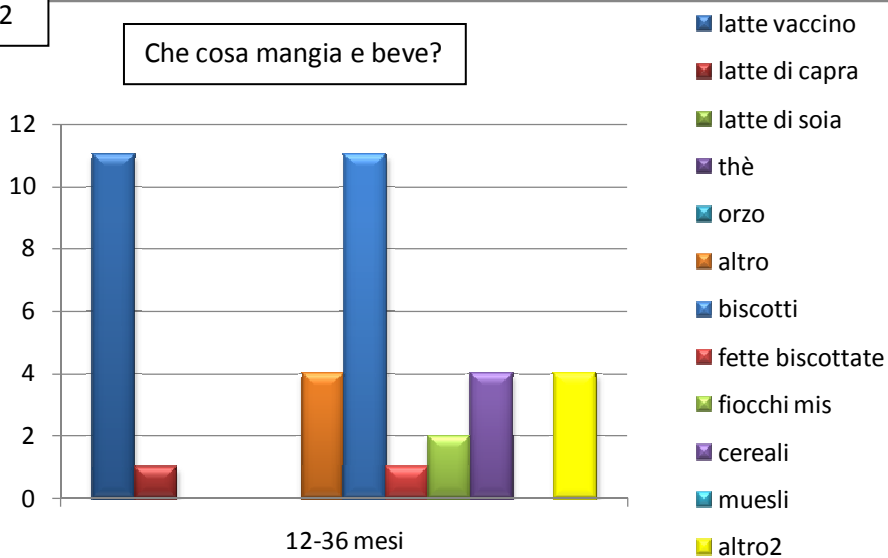
1b

Se no



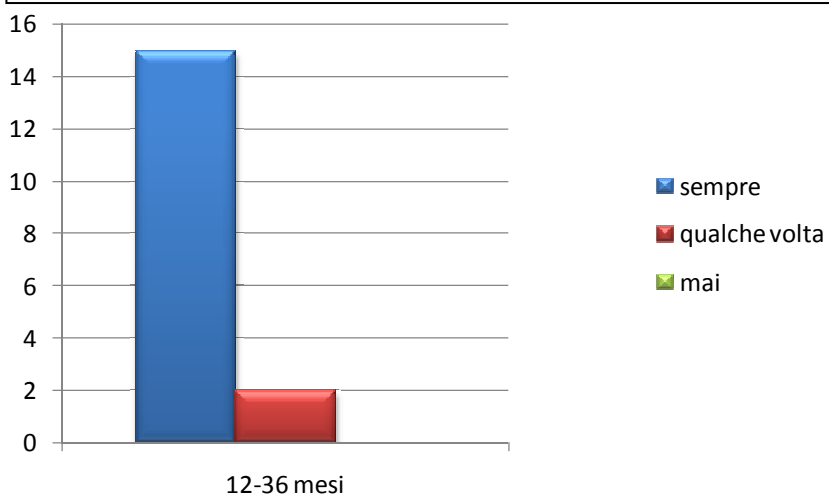
2

Che cosa mangia e beve?



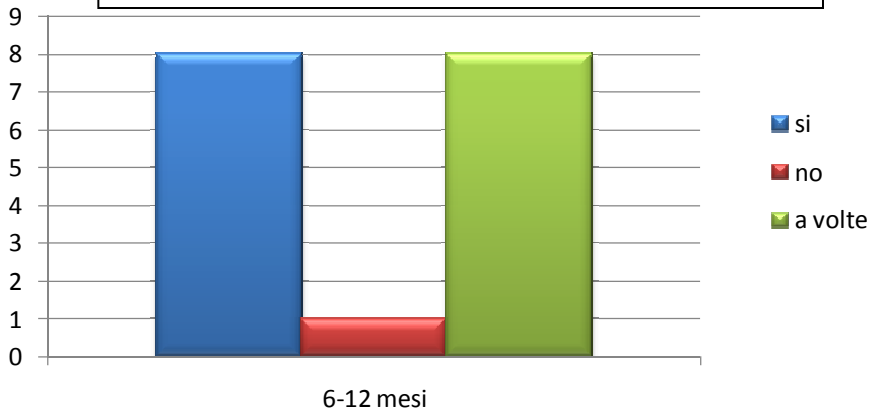
3

I componenti della famiglia consumano la prima colazione a casa?



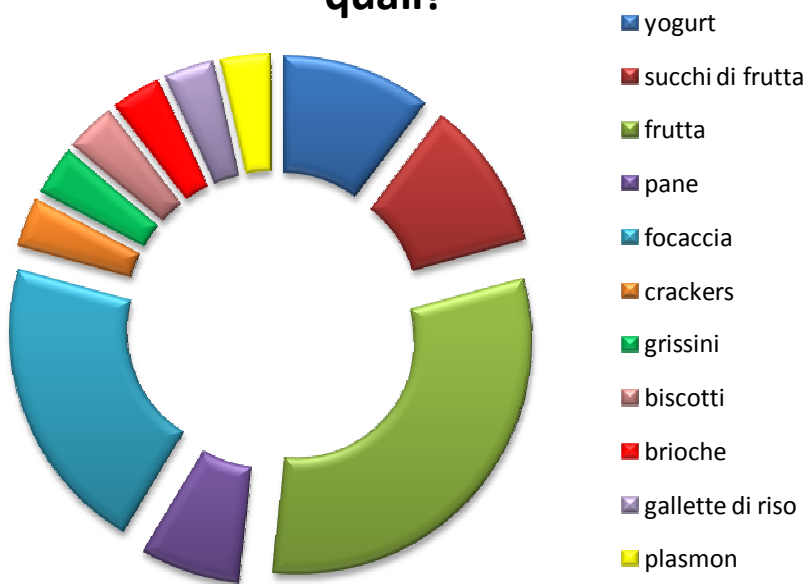
4

Tuo/a figlio/a consuma qualche altro spuntino o bevanda tra la prima colazione e il pranzo?



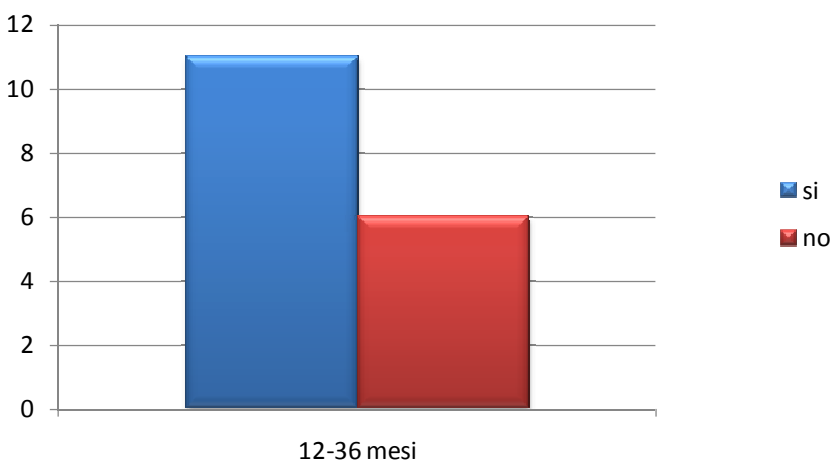
5

quali?



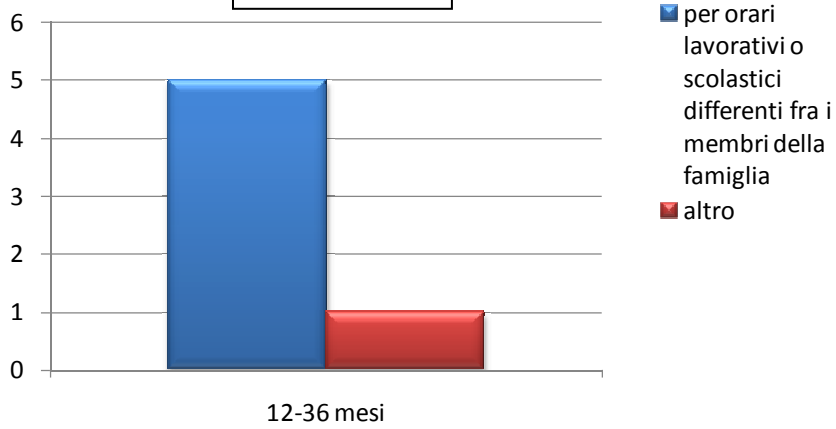
6

I pasti vengono consumati sempre allo stesso orario e in comune?



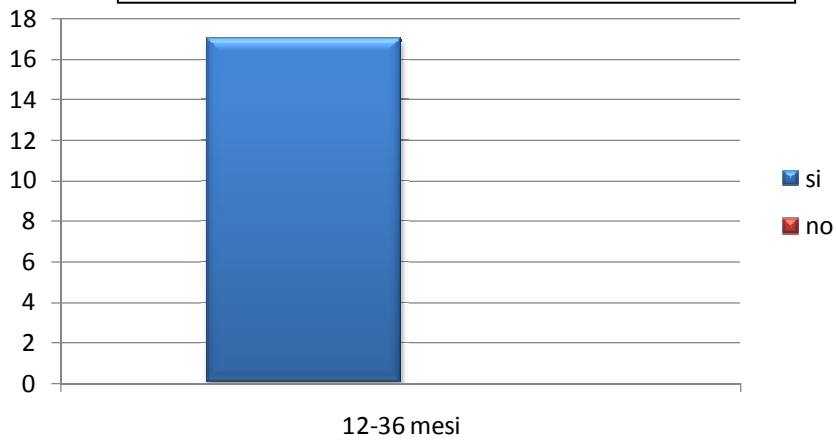
6a

Se no, perché?



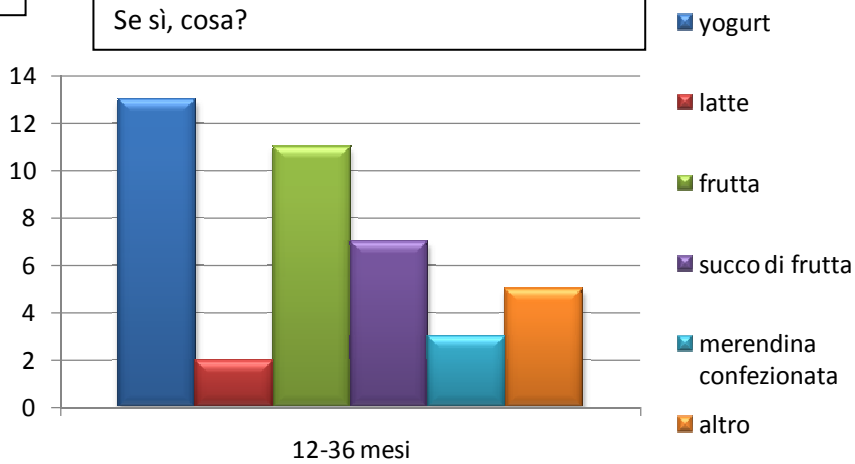
7

Tuo/a figlio/a fa merenda (tra pranzo e cena)?



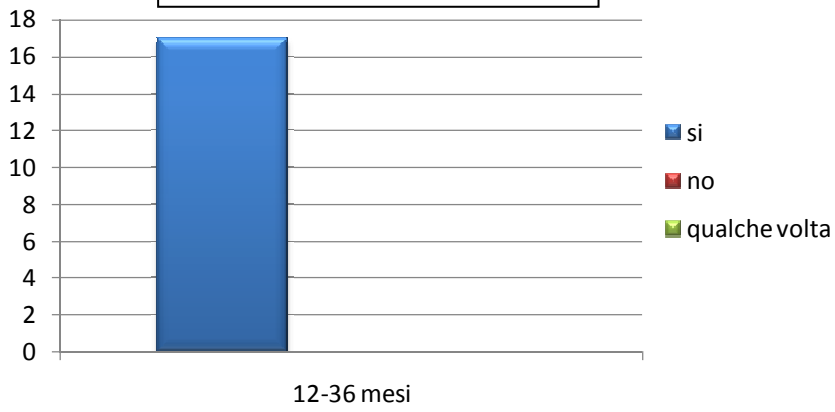
7a

Se sì, cosa?



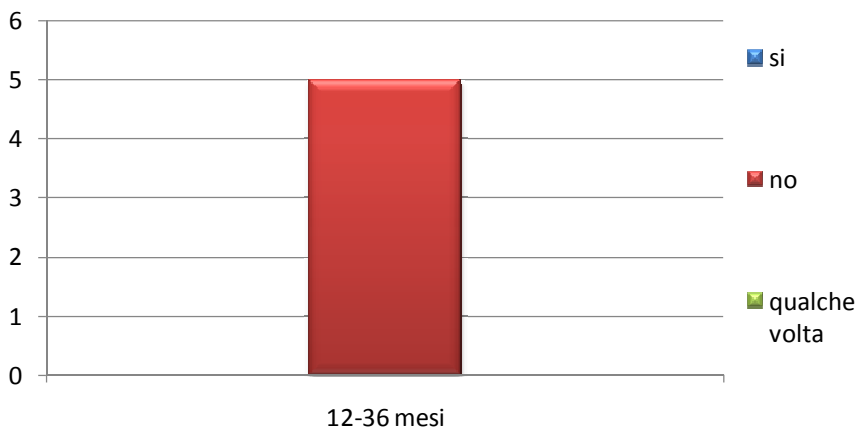
8

I pasti vengono preparati a casa?



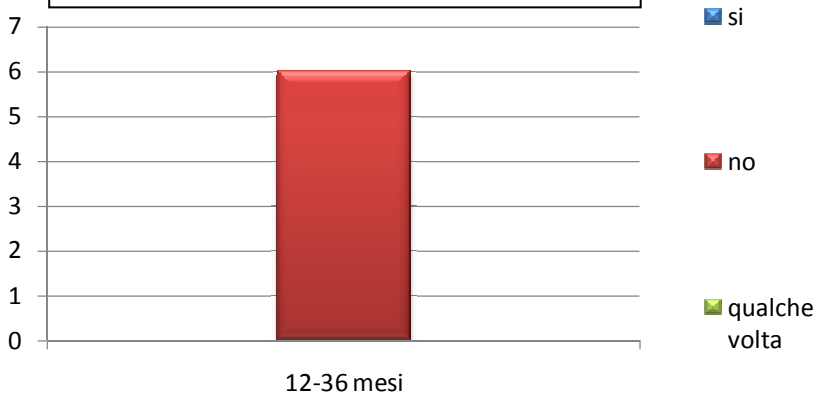
8a

Se no, si usa un pasto confezionato?



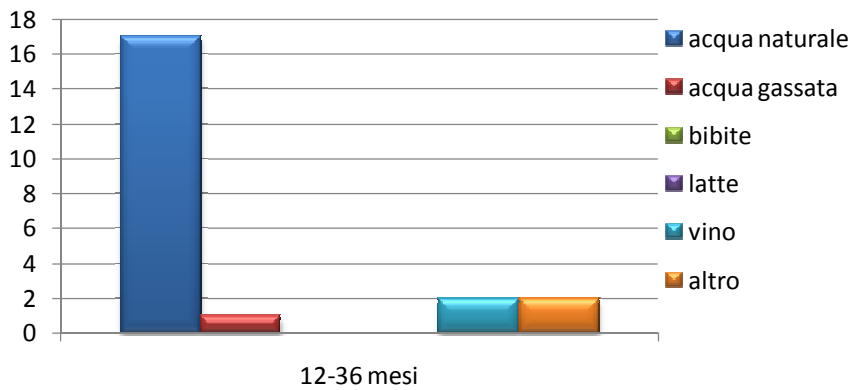
8b

Se no, si compra il pasto in rosticceria?



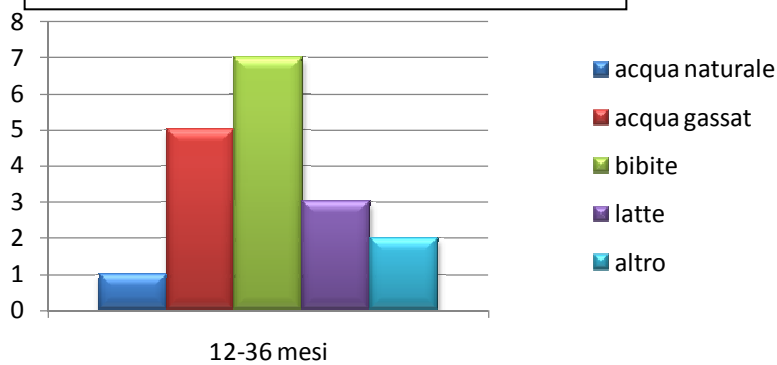
9

Quali bevande consumate ai pasti?



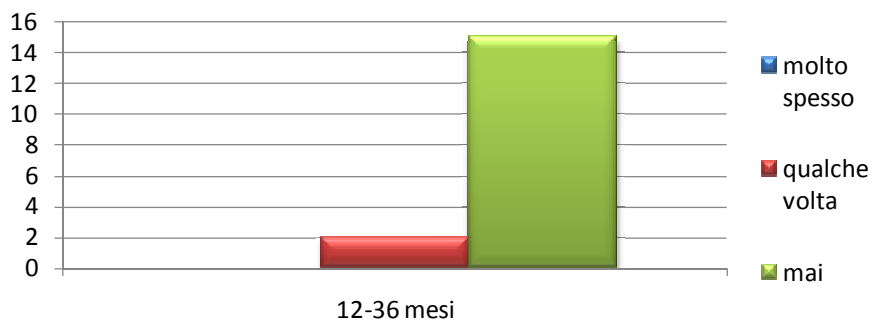
10

Quali bevande vengono rifiutate da tuo figlio?



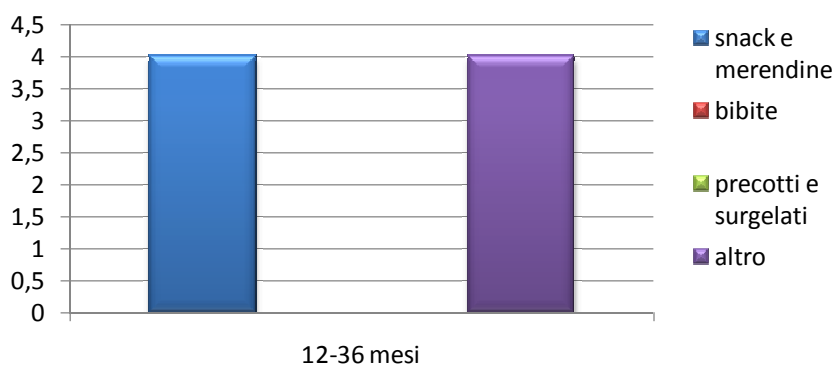
11

Tuo/a figlio/a chiede di consumare prodotti reclamizzati dalla TV?



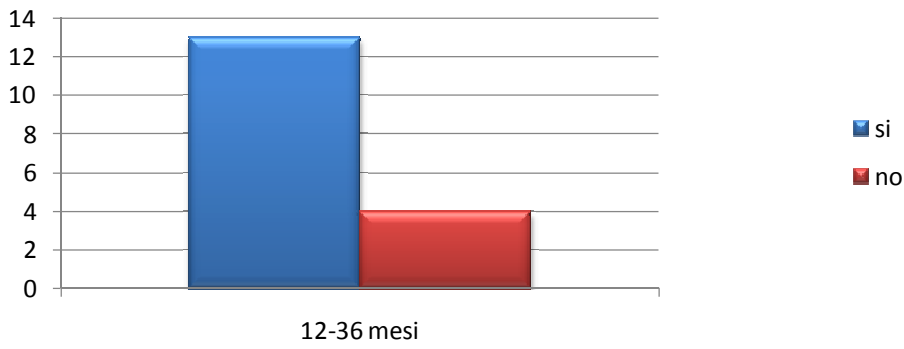
12

Quali sono maggiormente richiesti?



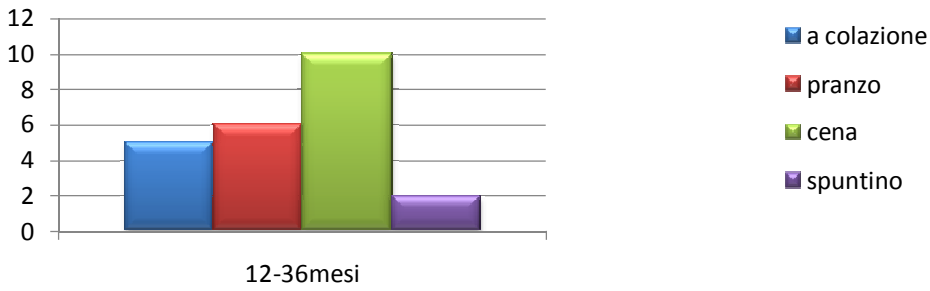
13

Ti capita di far guardare la TV a tuo/a figlio/a mentre mangia?



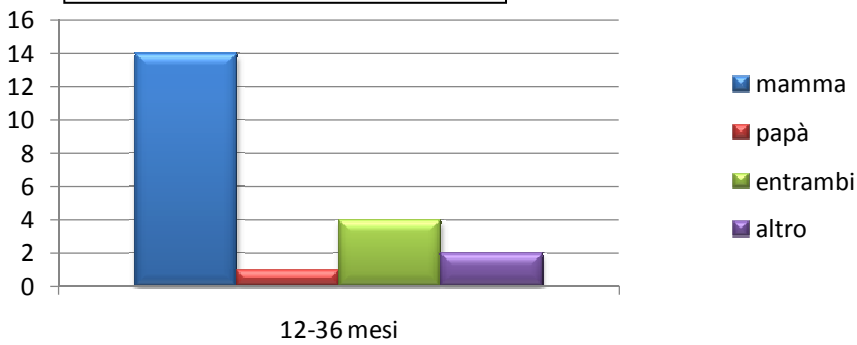
13a

Se sì?



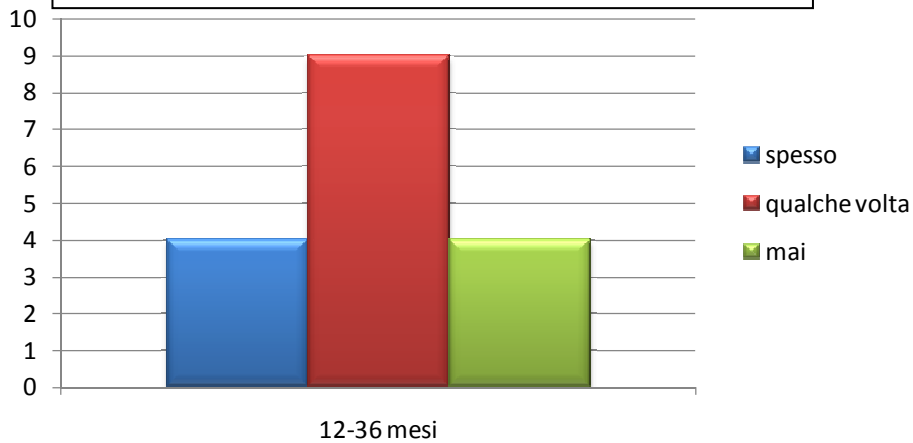
14

Chi prepara i pasti a casa?



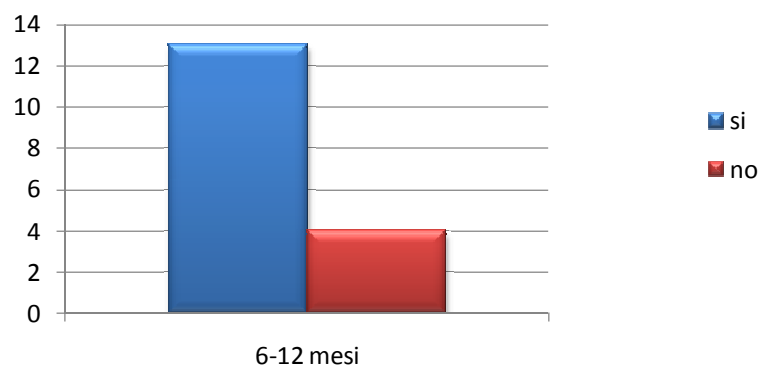
15

Inizi a coinvolgere tuo/a figlio/a nella preparazione dei cibi?



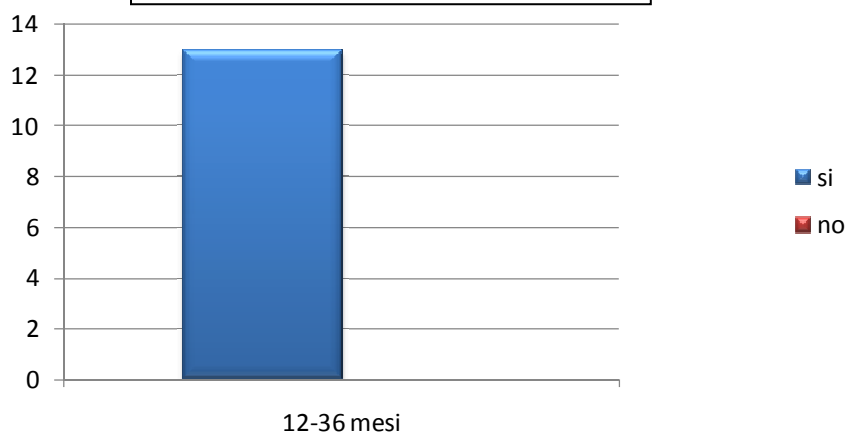
16

Preparate piatti della cucina tradizionale della vostra zona?



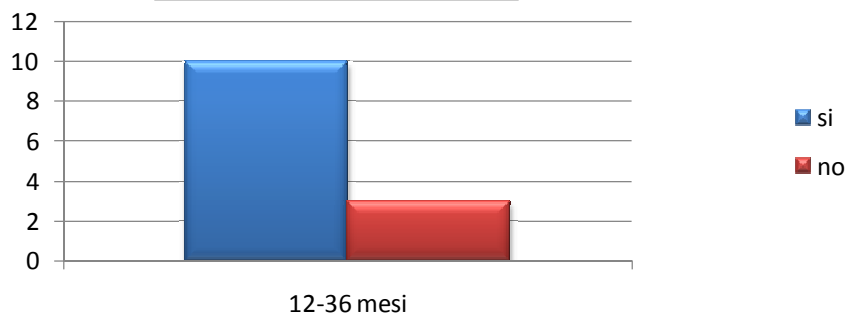
16a

Se sì, li proponi a tuo/a figlio/a?



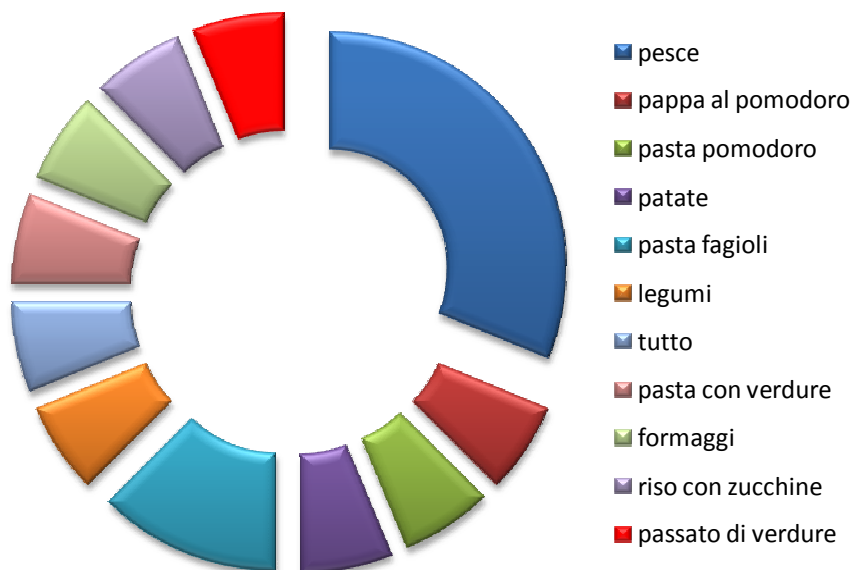
16b

Li gradisce?



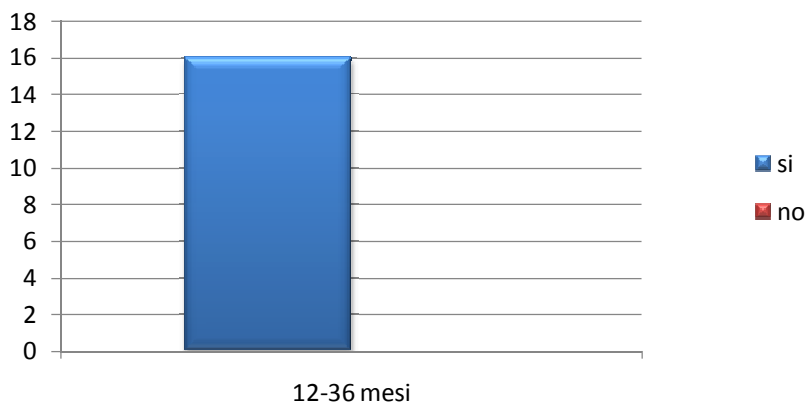
16c

quali gradisce?



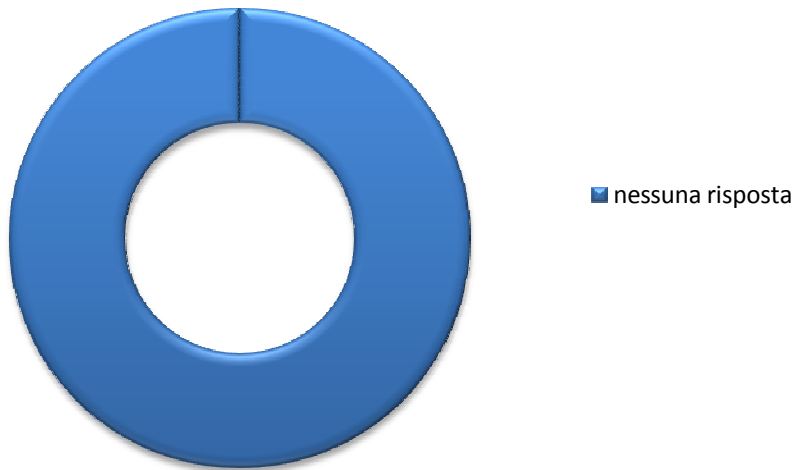
17

Pensi che la tua famiglia segua uno stile alimentare corretto?

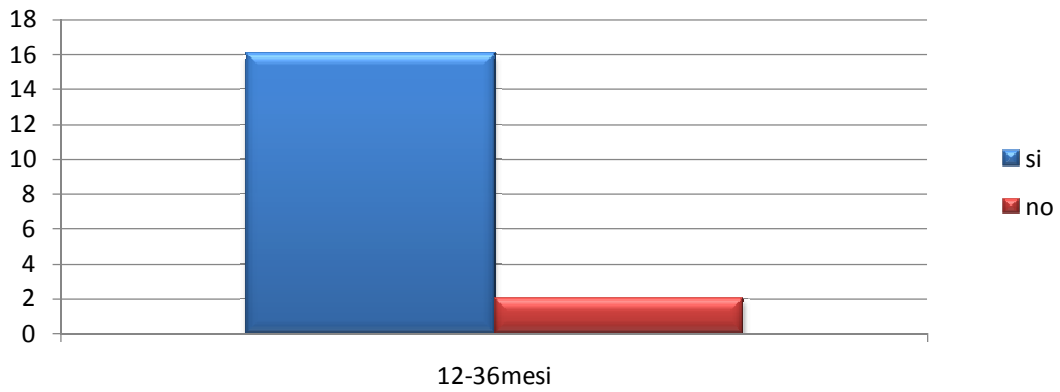


17a

Se no, qual è il motivo fondamentale?

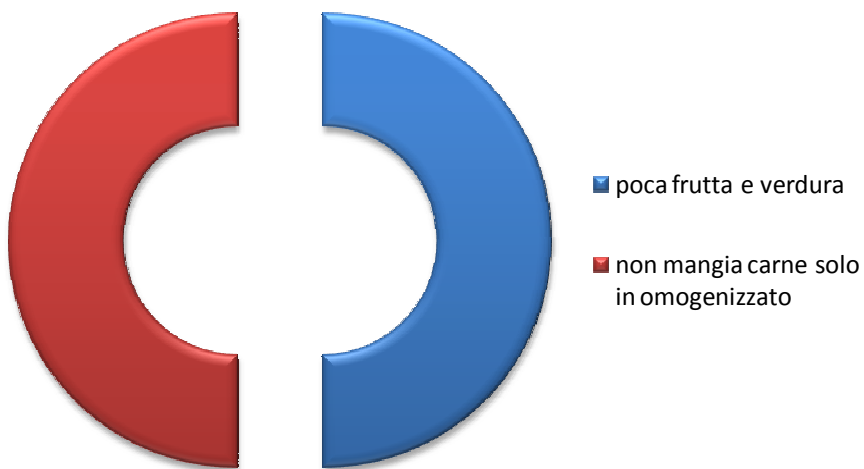


18 Pensi di seguire uno stile alimentare corretto per la crescita e lo sviluppo di tuo/a figlio/a?

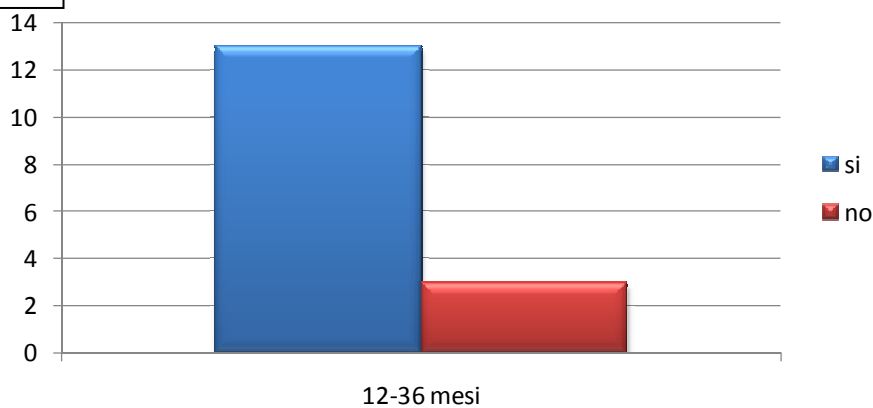


18a

Se no, qual è il motivo fondamentale?

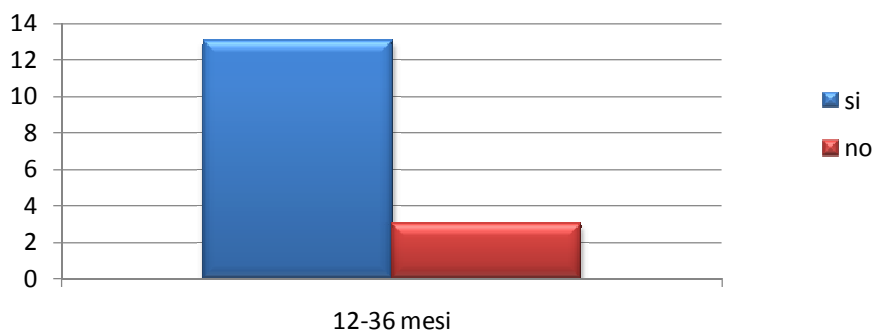


19 In genere sei soddisfatto di come si comporta tuo/a figlio/a con il cibo?



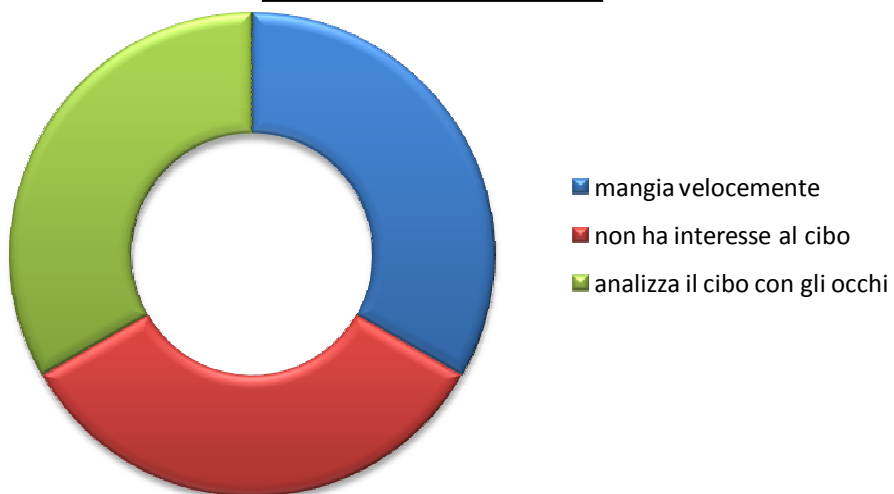
20

Pensi che tuo/a figlio/a mastichi bene, assapori con calma, gusti lentamente, abbia piacere del cibo?



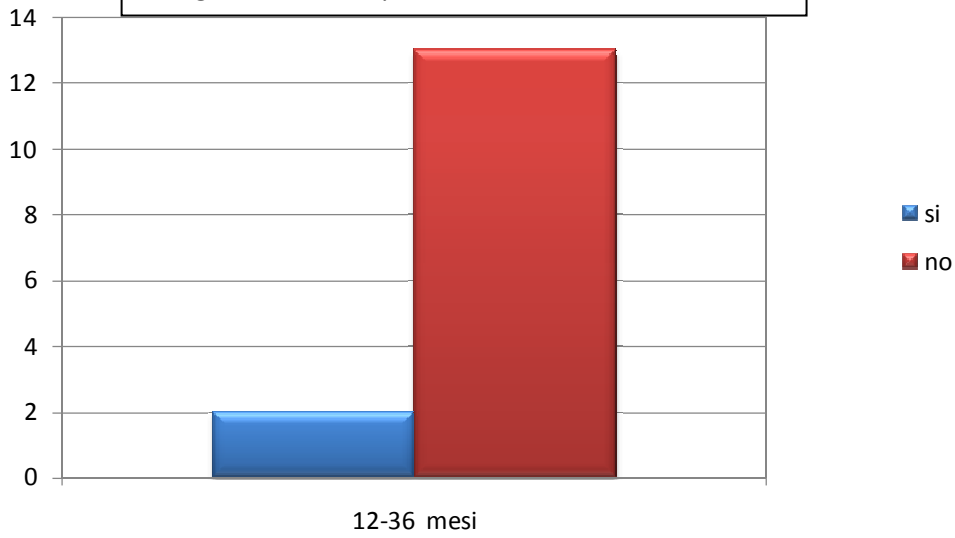
20a

Se no per quale motivo



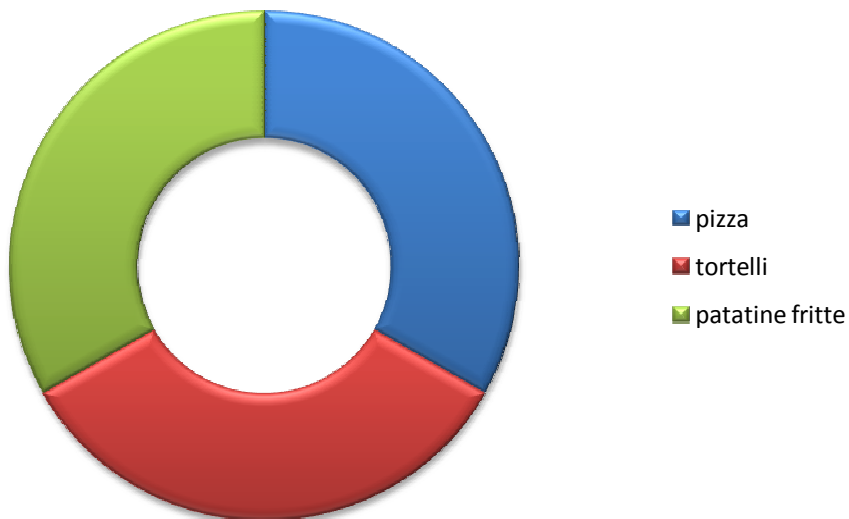
21

Ci sono cibi che piacciono a tuo/a figlio/a, ma che in famiglia si cucinano poco?



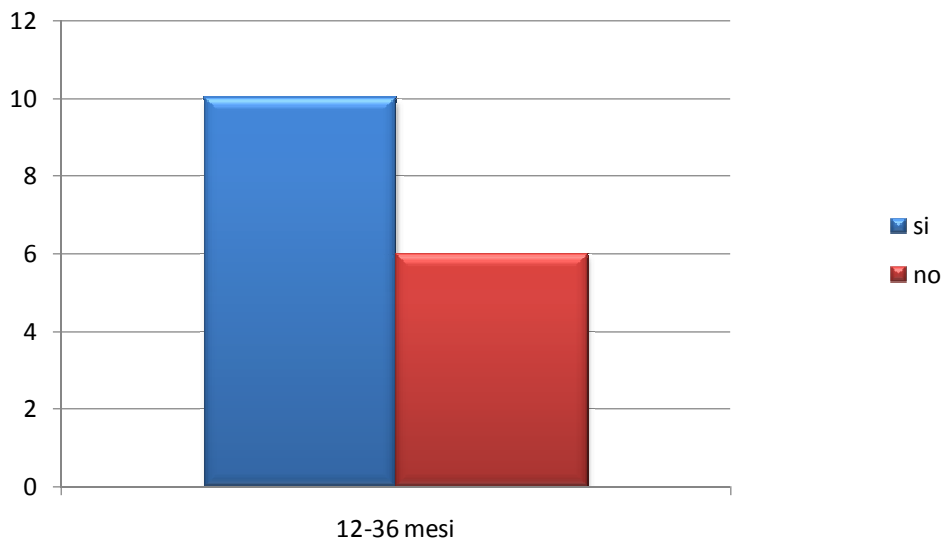
21 a

quali?



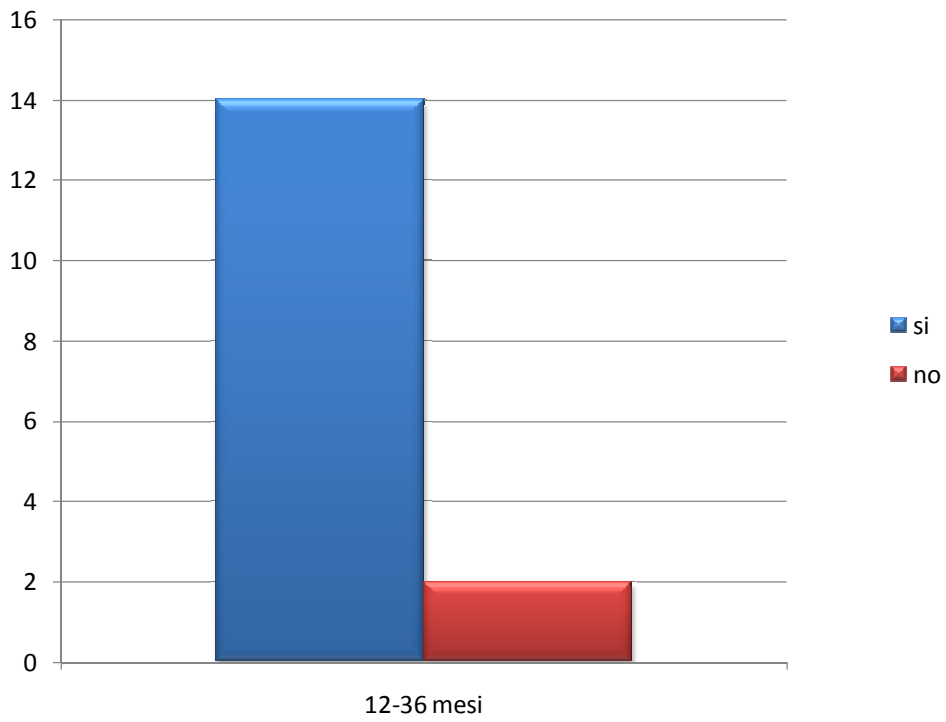
22

A tuo/a figlio/a piace il dolce e mangiare dolci vari?



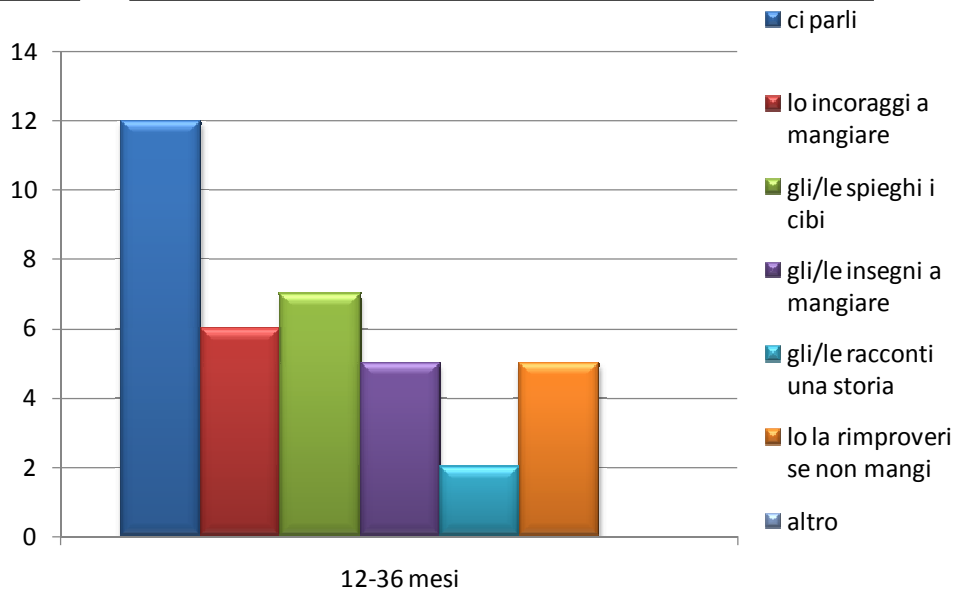
23

A tuo/a figlio/a piace mangiare salato?



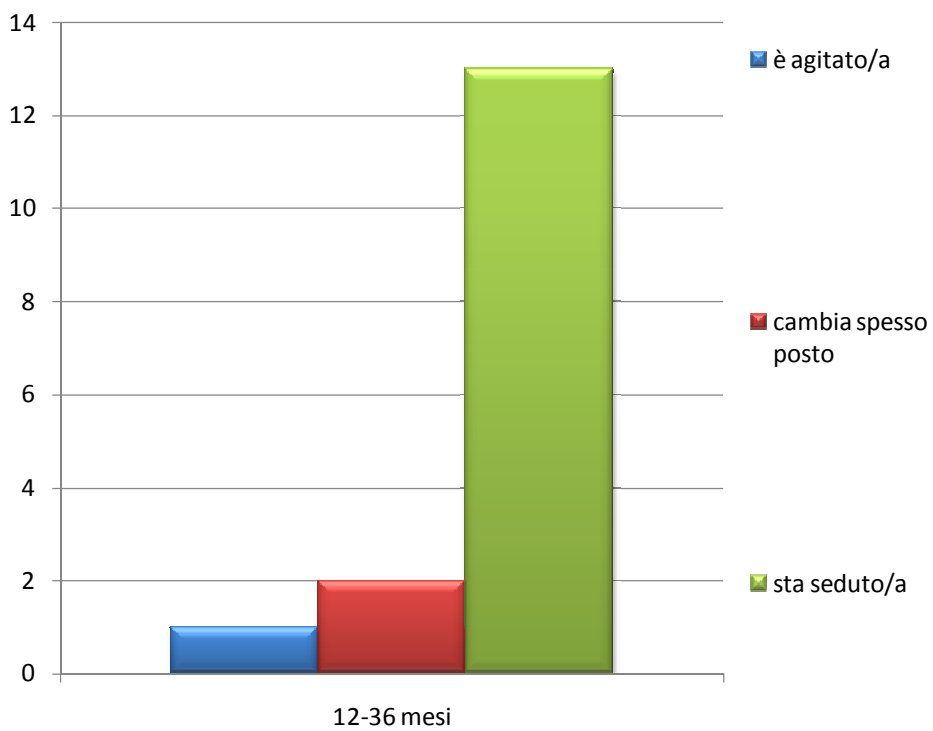
24

Mentre dai da mangiare a tuo/a figlio/a come ti comporti?



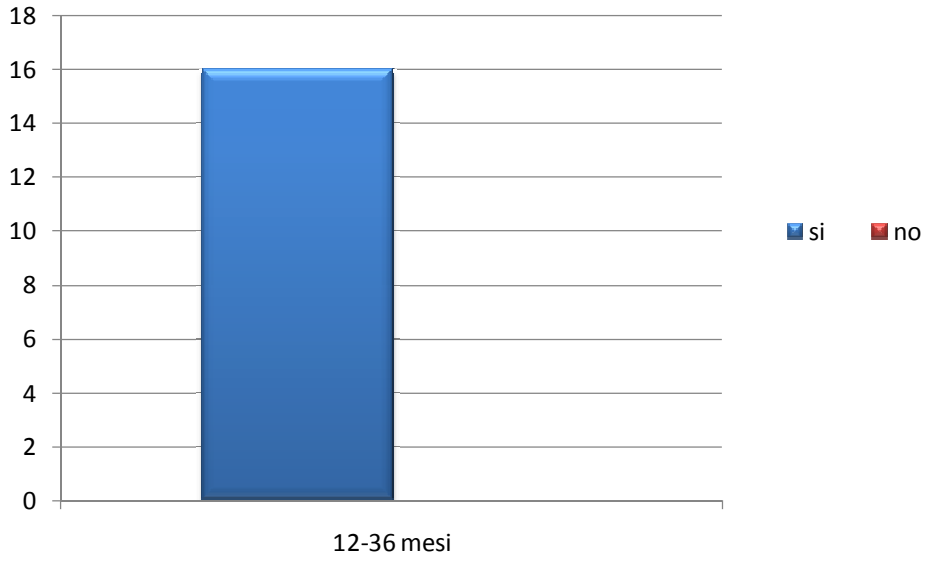
25

Durante il pasto come si comporta?



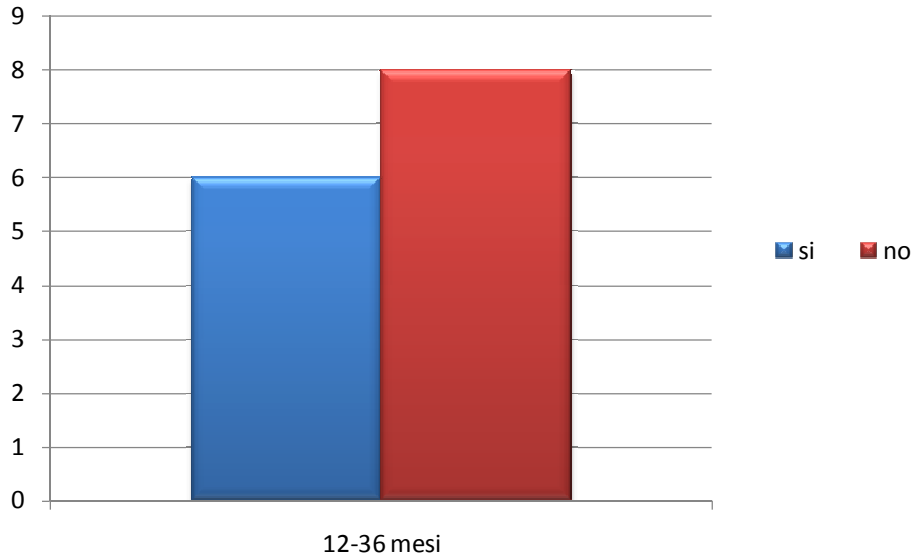
26

Mangia volentieri?



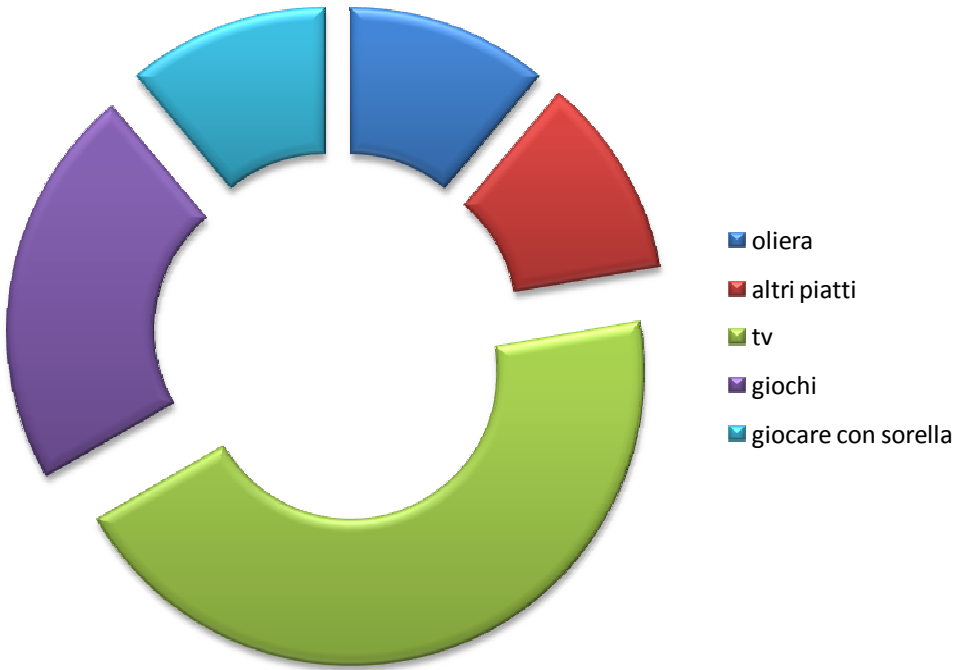
27

Dimostra interesse per altro?



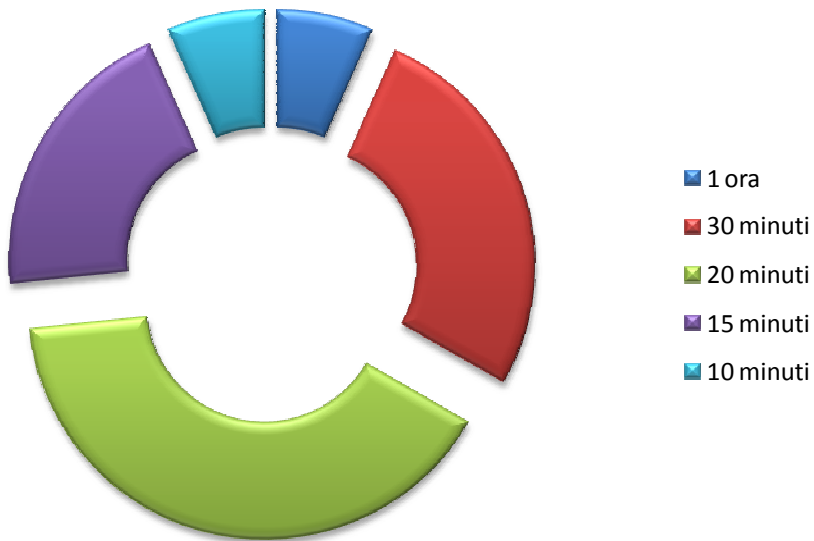
27a

se sì, cosa?



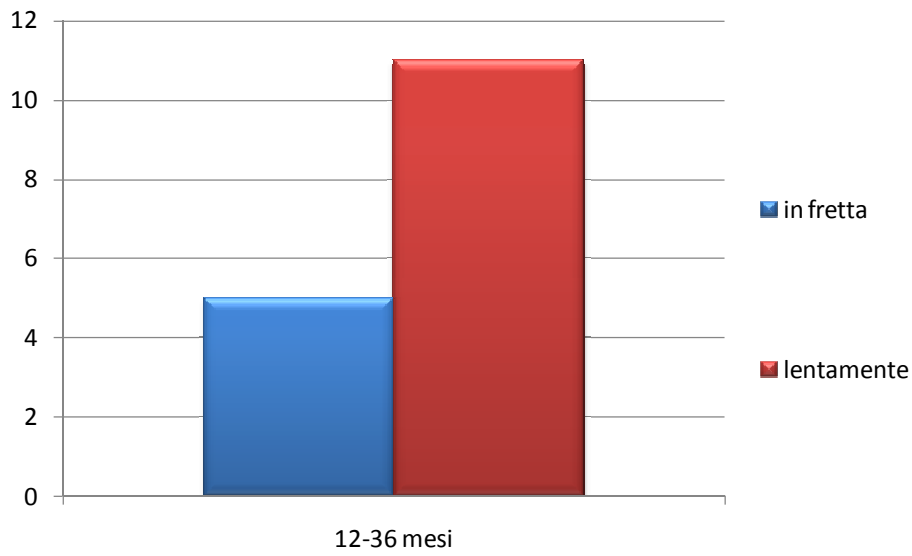
33

in quanto tempo consuma il pasto?



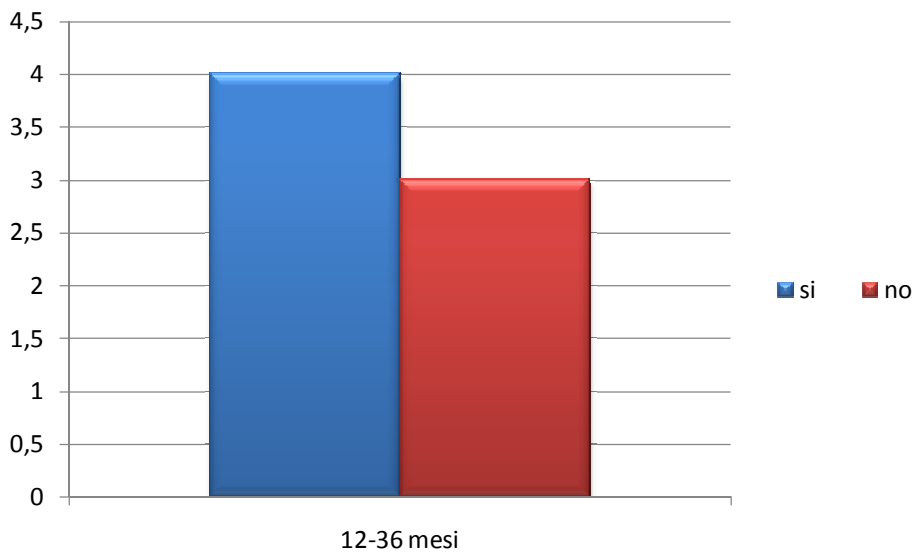
34

Come mangia?

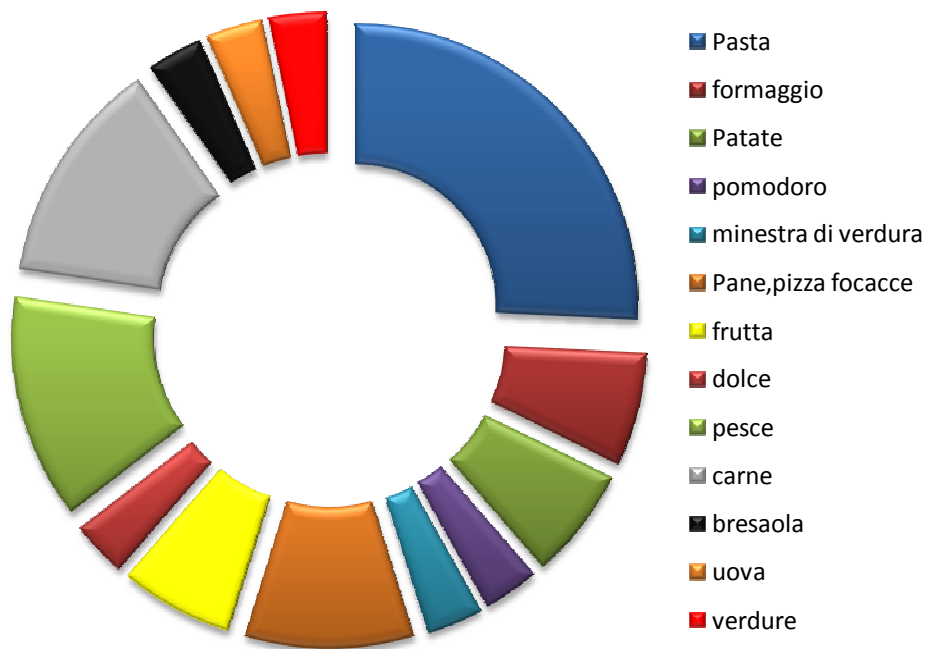


35

Preferisce alcuni cibi?

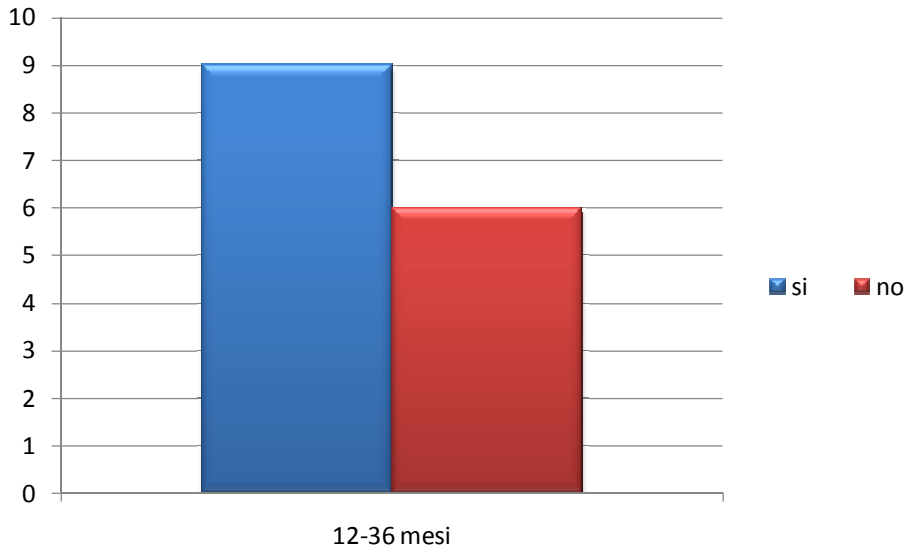


Se si, quali?



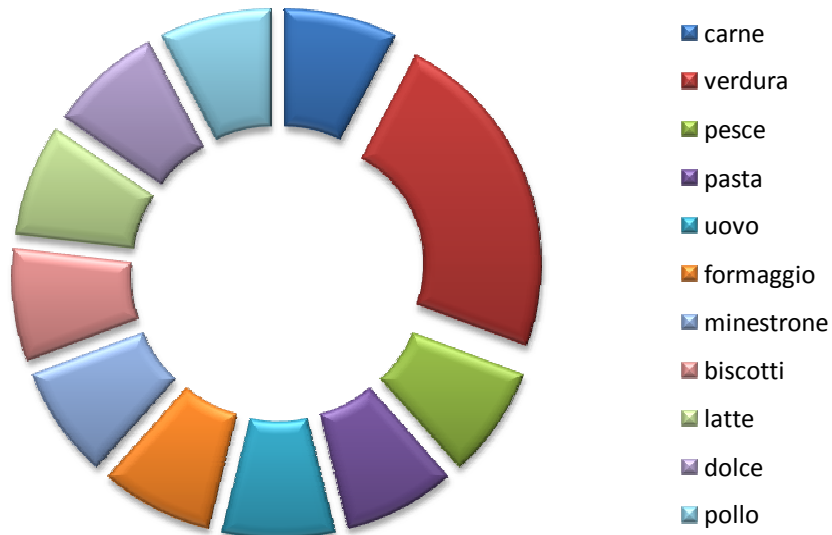
36

Rifiuta alcuni cibi?



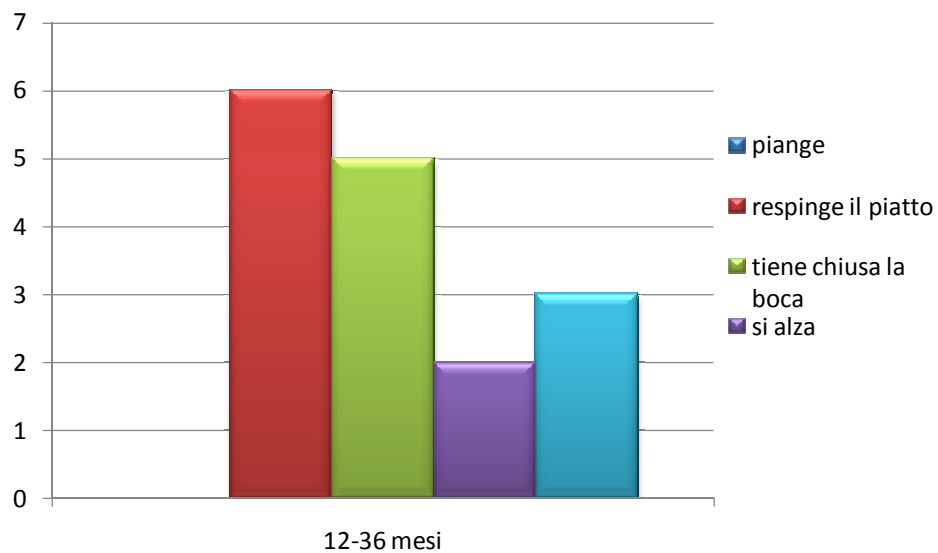
36a

se sì, quali?



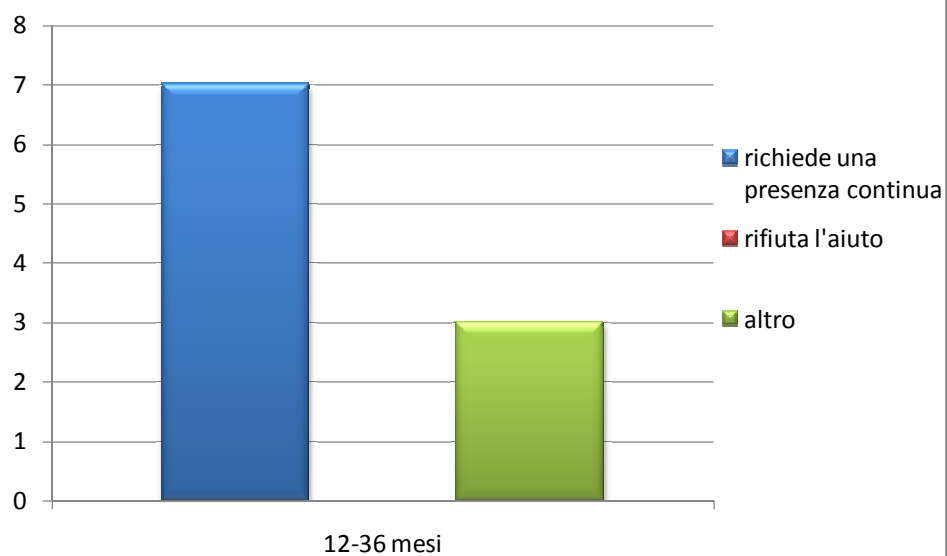
37

Come manifesta il rifiuto?



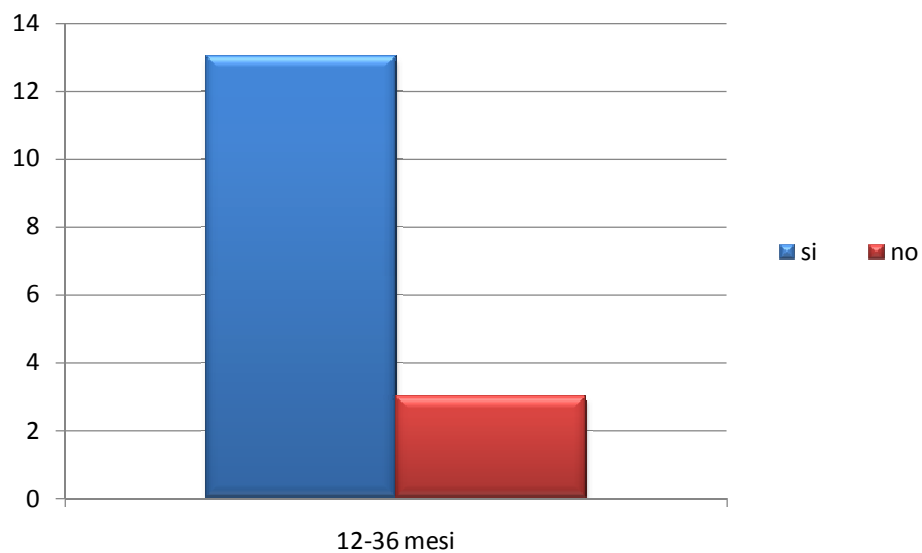
38

Come si relaziona con l'adulto?



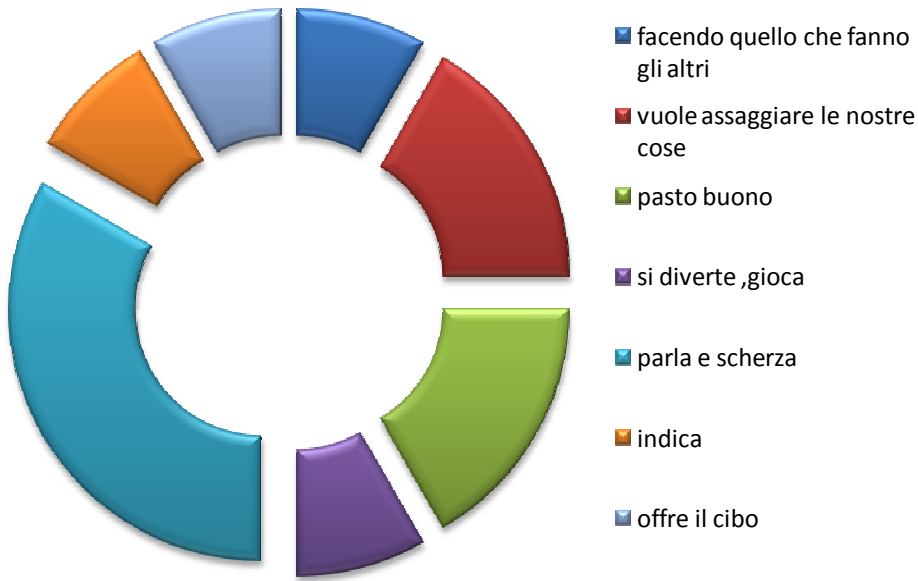
39

Se consuma il pasto insieme ad altri interagisce?



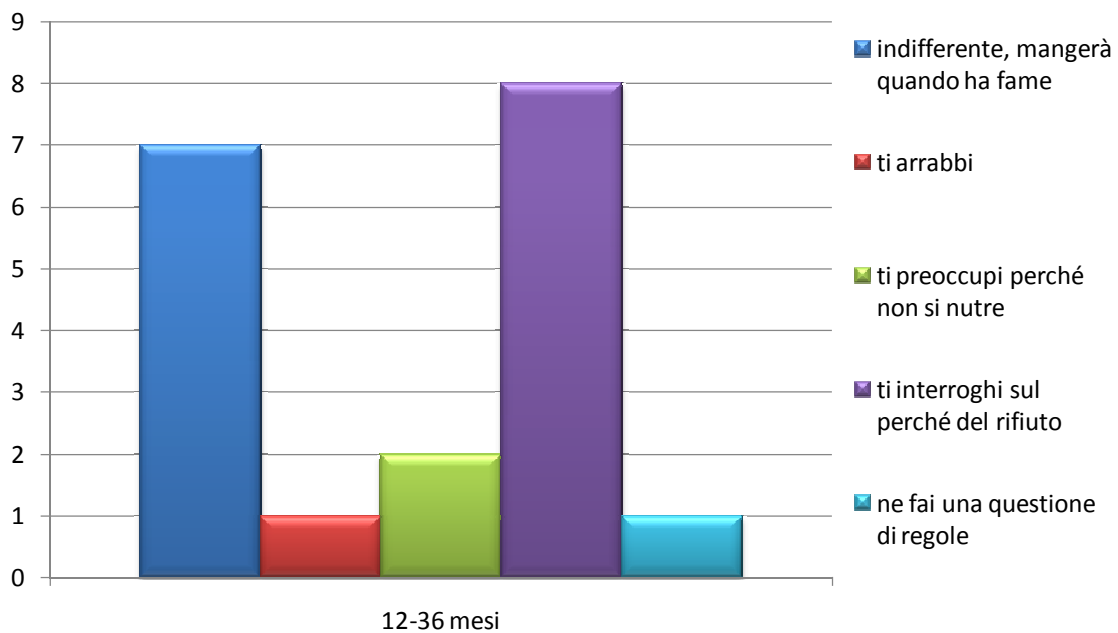
39a

se sì, come?



40

Quando tuo/a figlio/a rifiuta un cibo o una bevanda come ti senti?



40a

**i cibi prevalentemente rifiutati da tuo/a
figlio/a sono:**



- verdura
- pesce
- carne
- altro