



When your child needs a hospital, everything matters.SM

PATIENT IDENTIFICATION

Comprehensive Pediatric Feeding Program Food Record

You have been asked to keep a careful record of all the food your child eats. This record will give us information about your child's usual intake of food. The more carefully you record and describe everything that is eaten, the better we can evaluate the food records and develop a nutrition plan for your child.

Remember: This is for **usual intake**, not for what you think your child **should** be eating.

Write down everything your child eats and drinks for 4 days (2 weekdays and 2 weekend days).

HOW TO USE THE FOOD RECORD

- Record food intake on normal days. For example, do not keep records while on vacation, over holidays, during special occasions, or while your child is ill.
- Write down the foods immediately after your child eats. If you wait and try to remember everything at the end of the day, it may be hard to recall everything eaten.
- Include details about each food. (Refer to the Sample Record on page 2) Don't forget items such as salad dressing, sauce, gravy, or fats used in cooking. Whenever you can, include brand names (Heinz, Campbell's, etc.) Show how the food was cooked (fried, baked, etc.), or any other helpful information.
- Use household measuring cups and spoons. Know the amount of food served, and then look to see how much is left on the plate. Record only the amount eaten, such as ALL, 3/4, 1/2, or 1/4. For small food amounts such as margarine or sugar, use teaspoon (tsp), or tablespoon (T), etc.
- Include any nutritional labels or written information about a food that is unusual, such as a new product containing less sugar, a new frozen food, or anything that is hard to describe (you can even bring the label with you). Include any special nutritional supplements, if used, such as Polycose®, Instant Breakfast powders, or non-fat dry milk. Remember to record the amount eaten.
- Ask teachers, babysitters, and other care givers to help keep records if you are away from your child for part of the day.

FOOD RECORD – SAMPLE

Child's Name _____

Day/Date: _____

OFFICE USE ONLY

Time	Food or Beverage	Description	Portion	CHO	PRO	FAT	KCALs
8:00am	Cornflakes	Kellogg's	1 cup				
	w/ sugar		1 tsp.				
	w/ milk		4 oz.				
	Orange Juice	Minute Maid	1/2 cup				
	Blueberry Muffin	2" diameter	All				
10:00am	Apple	Large	All				
12:00pm	Hamburger:						
	Hamburger patty	Pan-fried	4 oz.				
	Bun	Whole Wheat	All				
	Tomato		2 slices				
	Lettuce		1 leaf				
	Mustard	Yellow	1 tsp.				
	Potato Chips	Baked Lays	16 chips				
	Pepsi		12 oz. can				
	Ice cream	Vanilla	1 cup				
2:00pm	Popsicle	Cherry	Twin pack				
	Tuna Casserole	Homemade	1 cup				
	Broccoli, chopped	Fresh, steamed	1/2 cup				
	Cheese	American Kraft	1 slice				
		Single					
	Grapes	White	15				
	Milk	Skim	8 oz.				
8:30pm	Pepperoni Pizza, thin crust	Pizza Hut	4 slices				

Vitamin/Mineral Supplement: _____

Medications: _____

Circle one: Usual intake Less than usual More than usual

Circle if applies: Unusual number of stools Diarrhea Vomiting

Physical Activity _____

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