

**Keeping Diet Records**

Diet records are powerful tools for building a better diet. By gathering and recording information about your child’s eating habits, you can provide the information our dietician needs to develop the best nutrition plan for you child.

Diet records also give information about the timing of meals, meal patterns, food likes and dislikes, and other factors that may be important to consider when developing recommendations to improve feeding skills and eating habits.

**Tips for creating a diet record:**

* Keep your child’s diet record for at least 3 days. If possible, record 2 weekdays and one weekend day. Then, we can catch any differences between the way your child eats during the week and on the weekends.
* To be the most accurate, record information as soon as each meal or snack has ended. If you wait until later, your information could be less accurate.
* List the amount of food eaten as accurately as possible. For example, “ 1 tablespoon of oatmeal baby cereal” provides much more information than “3 bites of oatmeal baby cereal.”
* To measure portions use measuring spoons and measuring cups. If your child always drinks from the same bowl, cup, or bottle, pre-measure the food before the meal begins. After your child has eaten, you can measure what food is left to report an exact amount of intake.
* For casseroles and other mixed dishes like pizza or tacos, please list all ingredients as well as the amount of food eaten.
* Include brand names when possible.
* Don’t forget to write down what your child drinks- fluids are as important as food!
* Be sure to record when you offer your child food and they eat nothing or very little. Try estimate what your child eats even if they just lick the food or take a small nibble.

**Day 1, Date**

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| Time  | Food  | Preparation/Label Information/ Brand | Amount |
| *6:30am* | *Mini Pancakes* | *Microwaved, Kellogg’s* | *3 ½*  |
| *6:30am* | *Syrup* | *Hungry Jack Original*  | *3 tablespoons* |
| *10:15am* | *Formula* | *Similac Alimentum, mixed per label instructions* | *4 oz* |
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Was this a typical eating and drinking day for your child? Yes [ ]  No [ ]

*If no, what was different?*

**Day 2, Date**

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| Time  | Food  | Preparation/Label Information/ Brand | Amount |
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Was this a typical eating and drinking day for your child? Yes [ ]  No [ ]

*If no, what was different?*

**Day 3, Date**

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| Time  | Food  | Preparation/Label Information/ Brand | Amount |
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