Three Day Pediatric Food & Drink Record

How to record what your child eats*:

- Write down <u>everything</u> that your child eats and drinks for three days. Include at least one weekend day (Saturday or Sunday). Include added foods like condiments, sauces, and dressings. * If your child receives food/formula by tube, please include everything that goes into the tube (formula, blended food, water, other, etc.)
- Include the amount offered and the amount eaten. Please fill out using household measures to help describe portion size:

✔ Tablespoon (Tbsp), teaspoon (tsp), ¼ cup, ½ cup

✔ Volume in milliliters-mL or ounces (oz)

Help your child eat as they would normally during the recording period. Be assured this form is a tool to help you explain how your child eats and is not a test.

	Time of day and length of meal or snack	**Food or Drink** (describe)	**How much your child ate**	**How much food or drink offered to your child**	**Texture,** i.e. puree, minced, diced, shredded, finger foods	**Where your child ate**	**Child's attitude towards meal** e.g. excited, anxious, fearful	**Comments** i.e. stress, emotions, sleep, activities, or distractions (TV, computer, tablet)
Example	7:30 am 30 mins	Baby rice cereal (dehydrated) Breast milk Banana	1 tsp of rice cereal, breast milk, and banana mixture	Prepared 2 Tbsp of dry cereal and added 1 oz. breast milk and mashed up ¼ banana	Pureed with soft lumps	Kitchen, highchair	(Your child's name) Seemed hungry for breakfast. But then he tasted the cereal and spit it out.	Won't eat without the iPad

Bring this Three Day Food and Drink Record with you to your initial appointment or as directed by your therapist.

Adapted from the Alberta Health Services PEAS Project

Pediatric Food & Drink Record

DAY 1	**Time of day and length of meal or snack**	**Food or Drink** (describe)	**How much your child ate**	**How much food or drink offered to your child**	**Texture,** i.e. puree, minced, diced, shredded, finger foods	**Where your child ate**	**Child's attitude towards meal** e.g. excited, anxious, fearful	**Comments** i.e stress, emotions, sleep, activities, or distractions (TV, computer, tablet)

List all vitamins, mineral supplements, herbal compounds, and other nutritional supplements your child takes. Include how often they are taken (i.e. daily, every 2 days, weekly, monthly, when I remember…):

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DAY 2	Time of day and length of meal or snack	Food or Drink (describe)	How much your child ate	How much food or drink offered to your child	Texture, i.e. puree, minced, diced, shredded, finger foods	Where your child ate	Child's attitude towards meal e.g. excited, anxious, fearful	Comments i.e stress, emotions, sleep, activities, or distractions (TV, computer, tablet)

List all vitamins, mineral supplements, herbal compounds, and other nutritional supplements your child takes. Include how often they are taken (i.e. daily, every 2 days, weekly, monthly, when I remember…):

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DAY 3	**Time of day and length of meal or snack**	**Food or Drink** (describe)	**How much your child ate**	**How much food or drink offered to your child**	**Texture,** i.e. puree, minced, diced, shredded, finger foods	**Where your child ate**	**Child's attitude towards meal** e.g. excited, anxious, fearful	**Comments** i.e stress, emotions, sleep, activities, or distractions (TV, computer, tablet)

List all vitamins, mineral supplements, herbal compounds, and other nutritional supplements your child takes. Include how often they are taken (i.e. daily, every 2 days, weekly, monthly, when I remember…):

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Food Acceptance Log

Think about your child's eating patterns over the past year. Does your child eat or the drink the following?

Use the blank spaces to list other food, drinks, or supplements your child may accept or refuse.

In the column on the right, indicate: A=accepted R=refused or leave blank if you have never offered.

Vegetables & Fruit			
Asparagus	Canned fruit	Kiwi	Pumpkin
Banana	Cantaloupe	Lettuce	Raisins, Craisins
Beets	Carrot	Mango	Spinach
Apple	Cauliflower	Nectarines	Squash
Applesauce	Celery	Oranges	Sweet Potato
Apricots	Corn/creamed/cob	Papaya	Tomatoes, sauce
Avocado	Cucumbers	Peaches	Watermelon
Blueberries	Dried Fruit	Pears	Zucchini
Strawberries	Fruit Leather	Peas	
Other Berries	Grapes	Plums	
Broccoli	Green Beans	Potatoes	
Brussel Sprouts	Honeydew	Prunes	
Protein			
Eggs	**Meat & Poultry**	**Fish & Shellfish**	**Nuts & Seeds**
Dairy:	Beef, Ground Beef	Canned Fish	Almonds
Cheese (hard)	Chicken Nuggets	Fish Sticks	Cashews
Cheese (processed)	Chicken, Turkey	Salmon	Hemp Hearts
Cheese (soft)	Deli Meats	Other Fish	Nut Butters
Cow's Milk	Ham	Shellfish	Peanuts
Flavored Milk	Hamburger	Shrimp	Sunflower Seeds
Milkshake	Hotdogs		
Pudding	Lamb		
Smoothie (Milk-based)	Meatballs	**Beans, peas, and lentils:**	
Yogurt Drink	Pork	Dried Beans (black beans, kidney beans)	
Yogurt (flavored)	Sausage	Lentils (baked beans, green, red)	
Yogurt (plain)		Peas (chickpeas, dahl, split peas)	
Yogurt Tube			
		Soy Products (beverages, tofu, soybeans)	
Grains			
Bagels	Crackers	Naan	Rice
Bread	Croissants	Pancakes/Waffles	Roti
Buns	French Toast	Pasta/Noodles	Pita Bread
Cereal (cold)	Granola Bars (soft)	Granola Bars (hard)	
Cereal (hot)	Muffins	Quinoa	

Mixed Dishes	Other	Condiments	Drinks
Chili	Bacon	Butter	Breastmilk
Curry	Candy	Cream	Coffee
Macaroni & Cheese	Cake	Dips (hummus, French onion, Ranch)	Formula
Lasagna	Chips	Dressings	Fruit Beverage
Pizza	Chocolate	Ketchup	Iced Tea
Spaghetti	Cookies	Mustard	Juice (orange, apple, vegetable)
Stir Fry	Donuts	Salsa	Plant-based Drink (rice, oat, coconut, almond milk)
Tacos	French Fries	Sauces	Pop
	Ice Cream	Vegetable Oils (avocado, canola, coconut, olive)	Tea
	Olives		Water
	Pickles		Coffee
	Flavored Popcorn		
	Popsicles		
Additional Foods Not Listed			

Water (amount/day)

Comments (food refusals, favorite foods, specific brands, etc.)