Food Record Instructions

- We are asking you to keep track of everything that your child eats and drinks for 3 days.
 - Please record your child's intake for 3 consecutive days, 2 weekdays and 1 weekend day, either Thursday, Friday, Saturday OR Sunday, Monday, Tuesday.
 - o Since this is for research, it is important to be <u>very detailed</u> when recording your intake.
- Please do not start a 3 day food record if your child is sick, as this may affect intake.
- Please do not change your child's normal eating habits while you are keeping the food record; they should eat as they normally would.
- For EVERYTHING that your child eats or drinks on the 3 specified days record:
 - 1. The time the food was consumed
 - 2. A <u>detailed</u> description of the food including brand name, how the food was prepared (fried, baked, etc.), and if anything was added to the food
 - 3. The amount consumed.

 Use the "Visualize Your Portion Size" handout to estimate portion size
- In addition each day please be sure to record any vitamins, minerals, and supplements your child takes. Include the following information:
 - 1. The <u>brand</u> name of the supplement
 - ie. Kirkman, Flintstones
 - 2. The *type* of supplement
 - ie. Multivitamin, Calcium, Vitamin D, etc.
 - 3. The *quantity* of supplement
 - ie. $\frac{1}{2}$, 1, 2
 - 4. The *unit* of the supplement
 - ie. Tablet, Gel Cap, Gummy, tsp, etc.

Please list the name of the supplement exactly as written on the face of the container. We will take a picture of the supplement's label including its name and contents. Therefore it is not necessary for you to list each item contained in the supplement.

• Remember to take the record sheets with you everywhere you go to record foods as your child eats them. If your child is fed at preschool or in a similar situation, ask the provider to write down the items and amounts eaten.

- Please use one line on the food record page for each item. For single food items, this is easy.
 - 1. For example, if your child had a Milky Way bar as a snack, just record that they had one Mars Milky Way bar or 2/3 of a Mars Milky Way Bar. Remember to also record the size, like king size vs. fun size.
 - 2. For mixed meals, such as sandwiches, record every food item that was part of the sandwich.
 - 3. So, if your child ate a turkey sandwich, you would need to use
 - One line to record the brand and amount of bread (e.g. Wonder Regular White, 2 slices),
 - A second line to record the brand and amount of turkey (e.g. Hillshire Farms regular smoked turkey breast, 4 slices),
 - A third line for mayonnaise (Hellman's Original), etc
 - See attached food record example for clarification.
 - 4. This means that home cooked meals and sandwiches could take up many lines but that's OK.
- Good knowledge of portion sizes is important for you to record your diet accurately. Refer to the "Visualize Your Portion Size" sheet and record the amounts in terms that you are comfortable with.
- If your child regularly uses a sippy cup or other designated cup, fill it once and measure the volume using a measuring cup (in cups/ounces) this will help you to estimate beverage intake more accurately.
- If your child drinks water, put this on the diet record as well. It is not necessary to keep track of water from a drinking fountain, but please indicate how many cups/ounces of water your child drinks from cups or bottles.
- If a homemade mixed dish is eaten (ie. casserole), please include the <u>recipe</u> as well as the <u>servings</u> per recipe and amount consumed.
- Please keep in mind that you may be asked to provide a copy of the food labels for any unique or specialty foods your child consumes. (ie. gluten free or other products for special diets)

Example of Food Record

Time*	Food Item	Description of Food/Beverage (Brand name, cooking method used, type i.e. low fat or low carbohydrate, fortification, and any other additional information)	Amount	Unit
7:30 am	orange juice	Tropicana Ca + D fortified	4	OZ.
	milk	Horizon - 2% chocolate	4	oz
10:15 am	white bread	King Soopers –butter split-top	1/2	slice
	margarine	Country Crock Light spread	1	tsp.

^{*}Time only needs to be entered with the first item of each eating occasion or meal

·	·
\Box	Close to the amount he/she usually eats
\Box	A lot more than he/she usually eats
\Box	A lot less than he/she usually eats

1. Was your child's intake today:

2. Please list all vitamins, minerals, antacids, supplements, herbal remedies that your child took <u>today</u>.

Supplement	Brand name	Amount	Unit	Do we have a photo of this supplement label?*
Calcium + Vitamin D	Natures Made	1	Tablet	Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N

^{*} If we do not have a photo of a supplement, please be sure to provide us with one.

3 Day Food Record Patient ID Number: _____ Date of Food Record: _____

Time*	Food Item	Description of Food/Beverage (Brand name, cooking method used, type i.e. low fat or low carbohydrate,	Amount	Unit
		fortification, and any other additional information)		
<u> </u>	L			l .

^{*}Time only needs to be entered with the first item of each eating occasion or meal