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FOOD DIARY

- **Before your initial evaluation appointment, keep a diary of everything your child eats for <u>three days</u>. Record 2 days during the week and one day on the weekend. Be sure to be as specific as possible. To enhance memory of foods consumed, write down your child's intake as close to the time he/she eats. Include specifics about portion size, food description or how the food was prepared.**
- **Please document all tube feedings that were provided on this sheet as well.**
- **Remember to bring your food diary with you to the initial evaluation.**

Example of how to complete the Food Diary:

Name: Days/Date:

Time/Place	Food Items and Amounts	Pace of Eating*	Response to Feeding
0700/ Kitchen table	1 scrambled egg with 2 tsp butter and 1 tbsp of melted mozerella, 1 english muffin with 1 tsp butter, 1 tsp peanut butter 4 ounces of whole milk	medium	Calm/appeared hungry
1130/ school	Ham & cheese sandwich (1 slice each), with 1 tsp miracle whip, 2 slices of white bread, 1 carton of chocolate boost (245mL)	medium	Gagged x3, small emesis post meal
1300/ school	6 Ritz crackers and capri sun pouch	fast	Happy/engaged/ calm
1700/ Living room boppy	5 Green beans, taco meat 1 ounce, 4 ounces of vanilla pudding	slow	Refusing/crying/ Throwing food
2200-0500	Complete pediatric 350 mL	50mL/hr continuous	Sleeping comfortably

*For Pace of Eating, utilize the following terms: Slow (30 min or longer/extended time chewing and between bites, etc), Medium (15-30 minutes to complete meal/mild distractibility throughout, etc), Fast (less than 15 min mealtime) OR put rate of tube feeding.

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Name:	Day/Date:

Food Intake Log

	Time/Place	Food Items and Amounts (BE SPECIFIC)	Pace of Eating	Response to Feeding

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Name:			Day/Date:	
Food Intake Log				
	Time/Place	**Food Items and Amounts (BE SPECIFIC)**	**Pace of Eating**	**Response to Feeding**

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Name:			56 Day/Date:	
Food Intake Log				
	Time/Place	**Food Items and Amounts (BE SPECIFIC)**	**Pace of Eating**	**Response to Feeding**

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