

3 Day Diet Form

Please record *all* foods and drinks eaten/drank by your child for 3 days in a row. Please include an exact description (including brand) and your best guess of portion size. Don't forget to add mixtures (i.e., mashed potatoes with margarine). Be sure to include dressings, sauces, and gravies.

Parent/Gaurdian Name: _____ Daytime Phone #: _____

Child's Name: _____ Date of Birth: _____

Vitamin or Mineral Supplement: _____

Formula Mixing: Number of scoops: _____ Amount of water: _____

- I put water in the bottle first then the formula powder.
- I put the formula powder in the bottle first then add water.
- The formula is liquid in a can and I do not add anything.

Date	Time	Food/ Drink Item	Amount	Bottle	Cup	Mouth	G-Tube

Adapted from Kay Toomey

