

Food & Beverage Diary

Keeping a food diary will help you track your child's meal patterns and eating habits. Complete one food diary page for each day. If you need to use a second page, go ahead but do not combine more than one day on one page. It is especially important to note what time food is eaten, and if you consider it a breakfast, lunch, dinner or snack. **Be sure to indicate whether the food contains dairy or sugar.** You may need a food label to determine if it contains dairy or sugar. For example, you will easily know that a cup of chocolate milk or stick of string cheese contains dairy, but it may not be so clear if the item is crackers. Refer to Chapter 6 of *A Healthier Wei* for how to read a food label.

Food diaries are most accurate when they are completed as meals are eaten within the same day. Imagine how hard it would be to write a food diary on Saturday for what was eaten on Wednesday! **Try to complete your food diary the same day the food is eaten by your child. Finally, remember to write down the bedtime at the end of the day.**

Food & Beverage Diary

Today's Date _____ Day of the Week Sun Mon Tue Wed Thu Fri Sat

Complete every column, for every time food and beverage is consumed from the moment your child wakes until he/she goes to bed. To estimate amounts of beverage, use these common reference points: ½ pint carton of milk = 8 fl oz, can of soda = 12 fl oz, bottle of soda=16 fl oz, juice box = 4, 6 or 8 fl oz (check the box or bottle labels if unsure).

Time	Meal Type B = Breakfast L = Lunch S = Snack D = Dinner	Location Eaten H = Home S = School R = Restaurant O = Other	Foods Eaten * Include supplements or vitamins	Portion Amount of Food	Beverages Consumed	Portion Amount of Beverage	Contains Dairy? YES / NO	Contains Sugar? YES / NO
					TOTAL Beverages Fluid Oz.			

Bed time today was: _____ : _____ PM

Time between last food/beverage consumed and bedtime was _____ minutes.

Was today a normal eating day? YES / NO

If no, was there a special occasion such as a birthday party or holiday meal? Please specify:

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Symptoms Log

Time	Symptom	Time elapsed between this symptom and the last food or beverage your child consumed