# RILEY HOSPITAL FOR CHILDREN CF CENTER DAILY FOOD RECORD

**Name:**_____ **Today's Date:**_____ **Day of the Week (circle one):** M T W Th F S S

**Food Record Instructions:**

1. Record <u>all</u> foods and liquids eaten for three days in a row. One of the days should be on the weekend (example: Thursday, Friday, and Saturday). To *<u>accurately</u>* calculate calories, we need to know *<u>exactly</u> what and how much* food or beverage was consumed.
2. Be as <u>precise</u> as possible in describing and measuring food; use household measurements (example: 1 cup whole cow's milk with 1 package Carnation Instant Breakfast). Avoid recording the number of bites eaten if possible; use measurements instead.
3. Indicate method of preparation (example: fried, baked, grilled, etc.)
4. Specify brand names (example: ½ cup Jell-O instant chocolate pudding made with whole milk).
5. Include any condiments used (mayonnaise, ketchup, salad dressing, etc.) and amounts (example: 2 Tablespoons Heinz ketchup).
6. Include additions to foods such as butter, margarine, gravy, sugar, syrup, etc., and amounts.
7. Indicate if milk is whole, 2%, 1% or fat free. If child drinks formula, state how it is prepared, including any additives.
8. **Include** any recipes and **food labels with nutrition information**. If calories are known, please write in the "Comments" column.
9. If child drinks nutrition supplements or receives tube feedings, please include name(s) of feedings and amount given.

| Time Food Eaten | Name and Amount of Food / Fluid *Served* PLEASE MEASURE EVERYTHING! | Amount *Eaten* | Comments | Calories (For dietitian use) |
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**Name:**______________________________ **Today's Date:**____________________ **Day of the Week (circle one):** M T W Th F S S

| **Time Food Eaten** | **Name and Amount of Food / Fluid *Served*** **PLEASE MEASURE EVERYTHING!** | **Amount *Eaten*** | **Comments** | **Calories (For office use)** |
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