



Day  1  2  3

Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy)

Food & Drink

Item No.	Brand or Homemade?	What did the child eat?	How was the food prepared?	Amount Given	Amount Consumed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

\*\* The more accurately you describe everything your child eats or drinks, the more helpful the record will be in our research. **Please do not change your child's usual eating habits** while completing the food log. Our goal is to collect an accurate representation of what infants are truly eating.



Item No.	Brand or Homemade?	What did the child eat?	How was the food prepared?	Amount Given	Amount Consumed
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Number of times fed directly from breast today (NOT pumped): \_\_\_\_\_

Was this a typical day of eating for your child?  Yes  No      If NO, why not?: \_\_\_\_\_

### Supplements

Did your child take any vitamin or mineral supplements today?  YES  NO

If YES: Name of vitamin or mineral supplement #1: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of vitamin or mineral supplement #2: \_\_\_\_\_ Amount: \_\_\_\_\_