Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like to know everything that your baby eats and drinks over **3 days total.**

* Complete the diary for your baby over **TWO WEEKDAYS** (Monday-Friday) and **ONE WEEKEND** (Saturday or Sunday) starting with your baby’s first food or drink AFTER midnight, 12:00 AM and ending at 11:59 PM of the same day.
* Have your baby eat and drink as **USUAL**.
* Bring this food diary with you **EVERYWHERE** you take your infant. Use a **NEW LINE** for every food and drink that your baby eats or drinks.
* Write down **EVERYTHING** your baby eats and drinks, **HOW MUCH** of it she/he had and the **TIME** he/she ate or drank it. Take **PHOTOS** of your baby’s food throughout the day to help you remember.
* List foods such as sandwiches as **SEPARATE** food items. For example, a ham sandwich is written as: 2 slices of Hellman’s white bread, yellow mustard and 1 thin slice of honey glazed ham.
* Include **DETAILS** like brand names, fat content and salt of food items that your baby ate during the day. For example:
  + Cereal: Whole Wheat Grain cereal, Gerber
  + Baby Vegetables: Organic Carrots, Parent’s Choice
  + Formula: Enfamil Gentlease
* Don’t forget all those **LITTLE EXTRAS** that your baby might eat like teething biscuits, a bite of mom or dad’s plain baked potato or **all breast or bottle feeding** occasions.
* Don’t forget to include all **SNACKS AND DRINKS** that your baby has before, after, and between meals. Some examples are fruit, banana puffs, juice, water, etc.
* If your baby ate multiple meals between a time period, please list each **TIME** separately.
* For all cooked foods, tell us **HOW** it was **COOKED** and include additions such as oil and seasonings. Some different cooking methods include steaming, frying, boiling, roasting, baking, and grilling.
* Include all **SUPPLEMENTS** your baby takes at the bottom of the log for each day. For example, vitamin D drops.

**Here are some easy ways to estimate portion size:**

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| **Amount of food** | **Portion size** |
| **Meat =** the size of a deck of cards or the palm of your hand | 3 oz |
| **Cheese** = the size of your thumb or a small matchbox | 1 oz |
| **Rice, cereal or pasta** = size of your fist | 1 cup |
| **Rice, cereal or pasta** = the size of a small handful or a light bulb | ½ cup |
| A piece of **fruit** = the size of a tennis ball | Medium sized |
| **Butter, ketchup, or mayonnaise** = size of one thumb tip | 1 teaspoon |
| **Salad dressing, peanut butter** = size of one thumb | 1 Tablespoon |



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| **INFANT DAY 1: \_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **BREAKFAST TIME: \_3:00\_ AM WHERE: \_***Home\_***\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_***Market\_***\_\_\_\_\_** | | |
| 3:00 AM |  |  |
| formula, Similac Advance | 3 oz | powder mixed with tap water |
| 5:30 AM |  |  |
| formula, Similac Advance | 4 oz | powder mixed with tap water |
| rice cereal single grain, Gerber | 2 T | mixed with tap water |
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| **MORNING SNACK TIME: \_\_\_9:30\_\_ AM WHERE: \_\_\_\_***home***\_\_ FOOD SOURCE:\_\_***Market\_\_***\_\_\_\_\_\_\_\_** | | |
| formula, Similac Advance | 4 oz | mixed with tap water |
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| **INFANT DAY 1: \_\_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **LUNCH TIME: \_11:35\_ AM WHERE: \_***Home\_\_***\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_***\_Market***\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| formula, Similac Advance | 4 oz | mixed with tap water |
| banana blackberry blueberry baby food, Gerber | ⅓ c |  |
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| **AFTERNOON SNACK TIME: \_\_\_\_2:10\_\_\_\_\_\_\_ PM WHERE: \_\_\_\_*\_\_****Home****\_*\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_***Market***\_\_\_\_\_\_** | | |
| formula, Similac Advance | 4 oz | mixed with tap water |
| puffs, strawberry apple, HappyBaby | 2 T |  |
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| **INFANT DAY 1: \_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **DINNER TIME: \_\_7\_\_\_ PM WHERE: \_\_\_***H****ome\_*\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_***Market\_\_***\_\_\_\_\_\_\_\_\_\_\_** | | |
| formula, Similac Advance | 4 oz | mixed with tap water |
| rice cereal single grain, Gerber | 2 T | mixed with ¼ c tap water |
| baby peas, Gerber | ⅓ c |  |
| baby food bananas, organic, Beech Nut | ¼ c |  |
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| **EVENING SNACK TIME: \_\_\_\_\_\_9:45\_\_ PM WHERE: \_\_\_\_\_***Home\_***\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_***Market\_***\_\_\_\_\_\_** | | |
| 9:45 PM |  |  |
| formula, Similac Advance | 4 oz | mixed with tap water |
| 11:35 PM |  |  |
| formula, Similac Advance | 4 oz | mixed with tap water |
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| **Supplements/Vitamins:** baby vitamin D drops, 400 IU | | |
| **INFANT DAY 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **BREAKFAST TIME: \_\_\_\_\_\_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **MORNING SNACK TIME: \_\_\_\_\_\_\_\_ AM WHERE: \_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **INFANT DAY 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **LUNCH TIME: \_\_\_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **INFANT DAY 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **DINNER TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **EVENING SNACK TIME: \_\_\_\_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **Supplements/Vitamins:** | | |
| **INFANT DAY 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **BREAKFAST TIME: \_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **INFANT DAY 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **LUNCH TIME: \_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **INFANT DAY 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **DINNER TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **Supplements/Vitamins:** | | |
| **INFANT DAY 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **BREAKFAST TIME: \_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **MORNING SNACK TIME: \_\_\_\_\_ AM WHERE: \_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **INFANT DAY 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **LUNCH TIME: \_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **INFANT DAY 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **DINNER TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **EVENING SNACK TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **Supplements/Vitamins:** | | |