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:**  |