ATTACHMENT C.4.4
OMB#: 0925-0593
OMB Expiration Date: 07/31/13

Food Record Form

Weekday _____ ID _____ Date _____

Directions: Please complete the form below. List in detail the name and amount of food eaten by the child. You can attach a menu if the child ate from a daycare or school menu, but you must circle the foods eaten AND indicate the portion size eaten by the child on the menu. Provide as much detail about the food as possible. Thanks!

Time of Day	Meal	Place Prepared	Food and Beverages	Amount Eaten
	B= Breakfast L=Lunch D=Dinner/Supper S=Snack	H=Home W= Work R=Restaurant/Fast food S=School DC= Day Care F= Friend's Home O=Other	**Example-** Wheat toast; whole milk; Kraft American Cheese; Ritz Crackers	**Example-** 1 cup; 2 slices; 4 pieces
Comments:				

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0590*). Do not return the completed form to this address.