**E.1b Child Food Diary Child Care Day (English)**

**OMB Control No:** XXXX-XXXX

**OMB Approval Expiration Date:** XX/XX/XXXX

LOGO

**Abt IRB Approval No.:** 0804

**Study of Nutrition and Activity in Child Care Settings (SNACS)**

**Child Food Diary—Child Care Day**

Respondent ID

Respondent Name

Other Name/Contact Info

Interviewer ID #: | | | | | | | |

**START** recording food on: \_\_\_\_\_ / \_\_\_\_\_ / 2016 at \_\_\_\_\_ : \_\_\_\_\_ am/ pm

Month Day Time (circle one)

**STOP** recording food on: \_\_\_\_\_ / \_\_\_\_\_ / 2016 at \_\_\_\_\_ : \_\_\_\_\_ am/ pm

Month Day Time (circle one)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX The time required to complete this information collection is estimated to average 30 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.

Thank you for agreeing to be part of the Study of Nutrition and Activity in Child Care Settings. As we explained when you signed up for the study, parents are being asked to complete this Child Food Diary.

**About this Diary**: The Child Food Diary will take approximately 30 minutes to complete. The Child Food Diary will gather information about everything your child had to eat and drink for the time frame indicated on the first page of this diary. This will include food preparation details and portion sizes on all foods and drinks.

Everything you report in the food diary will be kept private and used for research purposes according to state and federal law. We will not include your name or your child’s name in any of our reports – we will be reporting overall results for all children and parents participating in the study.

Questions. If you have any questions about the study please call our toll-free study number at 1- 844-808-4777 or email SNACS@abtassoc.com. We will be happy to answer your questions and to help you in any way we can. For questions or concerns about your rights as a research participant, call Teresa Doksum at the Abt Associates Institutional Review Board at toll-free 877-520-6835.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings (SNACS).

**OMB Control No: 0584**-XXXX

**OMB Approval Expiration Date:** XX/XX/XXXX

**Abt IRB Approval No.:** 0804

**Food diary for the day your child attends child care**

Please write down EVERYTHING your child eats and drinks from the moment he/she leaves the child care center today, until she/he arrives at the center tomorrow morning (or the designated time to stop recording on the front cover of this booklet). **Please remember to include all food and beverages your child has tomorrow before going to child care**!

Include all meals, snacks, tastes, and bites of food and all drinks, including water. Keep this booklet with you and write down items immediately after each meal and snack. **If your child is going to be in the care of someone else after leaving child care, please ask them to keep note of what food and drinks your child consumes for you to record in this booklet.** There are no right or wrong answers; we just want to know what your child ate. Don’t include foods that your child leaves on his/her plate; we only want to know what he/she ate. Please write only one food per line. Please write neatly and record as much information about the foods and meals as you can. **Thank you for your help in this important project!**

We have included portion estimators and pictures at the back of this booklet. Please use them to help you estimate the portion size of what he/she ate OR you can use standard measuring tools that may be available in the kitchen (measuring cups/spoons, food scales). We have also included examples of the correct ways to record meals and mixed dishes opposite from every meal tab.

When you write down each food and drink on the form, please remember the following:

* Did you write down the brand of the food (if it was store bought)?
* Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
* Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
* Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
* Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
* Did you describe mixed dishes? (e.g. casseroles, soups, salads).

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**PACKED MEALS/SNACKS**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts prepared.

**If you brought a meal for your child to eat at child care TODAY, please record that information here:**

**MEAL OR SNACK EXAMPLE:**

|  |  |  |
| --- | --- | --- |
| **What TYPE of meal is this?** (check one) □ Breakfast ☒ Lunch □ Dinner □ Snack | | |
| **WHAT did you pack for your child to eat?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type? Did you add anything to the food?** | **HOW MUCH did you pack for your child? (cups, oz, inches)** |
| Sandwich | See **Mixed Dish** details below | ½ a full sandwich |
| Apple slices | Fresh without the skin | 4 slices |
| chips | Baked Lays original | 1 single serve bag (1 oz) |
| water |  | 8 oz water bottle |

**MIXED DISH EXAMPLE:**

**MIXED DISH NAME:** Sandwich  **(use the same name as you wrote it in the meal above)**

**What foods are in this dish?**

Deli turkey meat, 2 thin slices

American cheese, 1/2 slice

mustard

100% whole wheat Nature’s Own Bread, 1 slice

**Date of meal brought to child care:** \_\_\_/\_\_\_/2016 **Day (circle one): M T W Th F**

**MEAL OR SNACK:**

|  |  |  |
| --- | --- | --- |
| **What TYPE of meal is this?** (check one) □ Breakfast □ Lunch □ Dinner □ Snack | | |
| **WHAT did you pack for your child to eat?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type? Did you add anything to the food?** | **HOW MUCH did you pack for your child? (cups, oz, inches)** |
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**MIXED DISH NAME:** ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(use the same name as you wrote it in the meal above)**

**What foods are in this dish?**

**MEAL OR SNACK:**

|  |  |  |
| --- | --- | --- |
| **What TYPE of meal is this?** (check one) □ Breakfast □ Lunch □ Dinner □ Snack | | |
| **WHAT did you pack for your child to eat?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type? Did you add anything to the food?** | **HOW MUCH did you pack for your child? (cups, oz, inches)** |
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**MIXED DISH NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(use the same name as you wrote it in the meal above)**

**What foods are in this dish?**

**BLANK**

**MEAL OR SNACK #1**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

**Instructions and examples of the correct way to record a meal and mixed dish:**

When you write down each food and drink on the form, please remember the following:

* Did you write down the brand of the food (if it was store bought)?
* Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
* Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
* Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
* Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
* Did you describe mixed dishes? (e.g. casseroles, soups, salads).

**MEAL OR SNACK EXAMPLE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | ☒ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | 06 : 30 |
| ☒ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am ☒ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type? Did you add anything to the food?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
| Pasta casserole | See **Mixed Dish** details below | | 1 cup | |
| Garlic bread | Pepperidge Farm Garlic Texas Toast from frozen | | 1 piece (1x 2 inches, ½ inch thick) | |
| Broccoli | Steamed with added butter and salt | | ¼ cup | |
| Milk | 2% white milk | | ½ cup | |
| Cupcake | Little Debbie chocolate cupcake, cream filled | | ¼ cupcake | |

This is correct because it gave lots of detail and we know exactly how much your child ate.

**MIXED DISH EXAMPLE:**

**What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?**

pasta casserole

**What foods are in this dish?**

White elbow macaroni

85% fat ground beef

Mozzarella cheese – part skim

Green peppers - fresh

Canned diced tomatoes

**Meal or Snack #1**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | □ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | \_\_\_ : \_\_\_ |
| □ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am □ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don’t need to write out the recipe. It is ok to include more than one mixed dish.

1. **What is the name of the mixed dish you wrote above?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What foods are in this dish?**

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1. **What is the name of the dish you wrote above?**

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**What foods are in this dish?**

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**Continue to next page or go to pink page at end if no more meals or snacks.**

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**MEAL OR SNACK #2**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

**Instructions and examples of the correct way to record a meal and mixed dish:**

When you write down each food and drink on the form, please remember the following:

* Did you write down the brand of the food (if it was store bought)?
* Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
* Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
* Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
* Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
* Did you describe mixed dishes? (e.g. casseroles, soups, salads).

**MEAL OR SNACK EXAMPLE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | ☒ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | 06 : 30 |
| ☒ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am ☒ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type? Did you add anything to the food?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
| Pasta casserole | See **Mixed Dish** details below | | 1 cup | |
| Garlic bread | Pepperidge Farm Garlic Texas Toast from frozen | | 1 piece (1x 2 inches, ½ inch thick) | |
| Broccoli | Steamed with added butter and salt | | ¼ cup | |
| Milk | 2% white milk | | ½ cup | |
| Cupcake | Little Debbie chocolate cupcake, cream filled | | ¼ cupcake | |

This is correct because it gave lots of detail and we know exactly how much your child ate.

**MIXED DISH EXAMPLE:**

**What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?**

pasta casserole

**What foods are in this dish?**

White elbow macaroni

85% fat ground beef

Mozzarella cheese – part skim

Green peppers - fresh

Canned diced tomatoes

**Meal or Snack #2**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | □ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | \_\_\_ : \_\_\_ |
| □ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am □ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don’t need to write out the recipe. It is ok to include more than one mixed dish.

1. **What is the name of the mixed dish you wrote above?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What foods are in this dish?**

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1. **What is the name of the dish you wrote above?**

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**What foods are in this dish?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Continue to next page or go to pink page at end if no more meals or snacks.**

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**MEAL OR SNACK #3**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

**Instructions and examples of the correct way to record a meal and mixed dish:**

When you write down each food and drink on the form, please remember the following:

* Did you write down the brand of the food (if it was store bought)?
* Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
* Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
* Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
* Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
* Did you describe mixed dishes? (e.g. casseroles, soups, salads).

**MEAL OR SNACK EXAMPLE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | ☒ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | 06 : 30 |
| ☒ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am ☒ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type? Did you add anything to the food?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
| Pasta casserole | See **Mixed Dish** details below | | 1 cup | |
| Garlic bread | Pepperidge Farm Garlic Texas Toast from frozen | | 1 piece (1x 2 inches, ½ inch thick) | |
| Broccoli | Steamed with added butter and salt | | ¼ cup | |
| Milk | 2% white milk | | ½ cup | |
| Cupcake | Little Debbie chocolate cupcake, cream filled | | ¼ cupcake | |

This is correct because it gave lots of detail and we know exactly how much your child ate.

**MIXED DISH EXAMPLE:**

**What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?**

pasta casserole

**What foods are in this dish?**

White elbow macaroni

85% fat ground beef

Mozzarella cheese – part skim

Green peppers - fresh

Canned diced tomatoes

**Meal or Snack #3**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | □ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | \_\_\_ : \_\_\_ |
| □ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am □ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don’t need to write out the recipe. It is ok to include more than one mixed dish.

1. **What is the name of the mixed dish you wrote above?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What foods are in this dish?**

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1. **What is the name of the dish you wrote above?**

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**What foods are in this dish?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Continue to next page or go to pink page at end if no more meals or snacks.**

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**MEAL OR SNACK #4**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

**Instructions and examples of the correct way to record a meal and mixed dish:**

When you write down each food and drink on the form, please remember the following:

* Did you write down the brand of the food (if it was store bought)?
* Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
* Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
* Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
* Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
* Did you describe mixed dishes? (e.g. casseroles, soups, salads).

**MEAL OR SNACK EXAMPLE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | ☒ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | 06 : 30 |
| ☒ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am ☒ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type? Did you add anything to the food?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
| Pasta casserole | See **Mixed Dish** details below | | 1 cup | |
| Garlic bread | Pepperidge Farm Garlic Texas Toast from frozen | | 1 piece (1x 2 inches, ½ inch thick) | |
| Broccoli | Steamed with added butter and salt | | ¼ cup | |
| Milk | 2% white milk | | ½ cup | |
| Cupcake | Little Debbie chocolate cupcake, cream filled | | ¼ cupcake | |

This is correct because it gave lots of detail and we know exactly how much your child ate.

**MIXED DISH EXAMPLE:**

**What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?**

pasta casserole

**What foods are in this dish?**

White elbow macaroni

85% fat ground beef

Mozzarella cheese – part skim

Green peppers - fresh

Canned diced tomatoes

**Meal or Snack #4**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | □ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | \_\_\_ : \_\_\_ |
| □ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am □ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don’t need to write out the recipe. It is ok to include more than one mixed dish.

1. **What is the name of the mixed dish you wrote above?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What foods are in this dish?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What is the name of the dish you wrote above?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What foods are in this dish?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Continue to next page or go to pink page at end if no more meals or snacks.**

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**MEAL OR SNACK #5**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

**Instructions and examples of the correct way to record a meal and mixed dish:**

When you write down each food and drink on the form, please remember the following:

* Did you write down the brand of the food (if it was store bought)?
* Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
* Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
* Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
* Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
* Did you describe mixed dishes? (e.g. casseroles, soups, salads).

**MEAL OR SNACK EXAMPLE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | ☒ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | 06 : 30 |
| ☒ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am ☒ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type? Did you add anything to the food?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
| Pasta casserole | See **Mixed Dish** details below | | 1 cup | |
| Garlic bread | Pepperidge Farm Garlic Texas Toast from frozen | | 1 piece (1x 2 inches, ½ inch thick) | |
| Broccoli | Steamed with added butter and salt | | ¼ cup | |
| Milk | 2% white milk | | ½ cup | |
| Cupcake | Little Debbie chocolate cupcake, cream filled | | ¼ cupcake | |

This is correct because it gave lots of detail and we know exactly how much your child ate.

**MIXED DISH EXAMPLE:**

**What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?**

pasta casserole

**What foods are in this dish?**

White elbow macaroni

85% fat ground beef

Mozzarella cheese – part skim

Green peppers - fresh

Canned diced tomatoes

**Meal or Snack #5**

|  |  |  |  |
| --- | --- | --- | --- |
| **What TYPE of meal is this?**  (check one) | **WHERE was this meal eaten?**  (check one) | | **What TIME was this meal eaten?** |
| □ Breakfast | □ Home | □ Traveling (car, bus, etc) |  |
| □ Lunch | □ Other person’s house | □ Party or other social event | \_\_\_ : \_\_\_ |
| □ Dinner/Supper | □ Restaurant/deli/fast food (Name?)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(**check one) |
| □ Snack | □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ am □ pm |
| **WHAT did your child eat or drink?** (list one item per line) | **DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?** | | **HOW MUCH did your child eat or drink? (cups, oz, inches)** | |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don’t need to write out the recipe. It is ok to include more than one mixed dish.

1. **What is the name of the mixed dish you wrote above?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What foods are in this dish?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What is the name of the dish you wrote above?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What foods are in this dish?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Continue to next page or go to pink page at end if no more meals or snacks.**

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**Please answer the first 3 questions, thinking about your child.**

1. Think about the amount of food your child ate TODAY, how does this amount compare to what your child usually eats? Would you say this was: (check one)

□ A lot more (please answer question 1a)

□ Close to usual

□ A lot less (please answer question 1a)

1a. If **a lot more** or **a lot less**, why?

1. Is your child on a special diet?

□ Yes, diet for weight loss

□ Yes, diet for weight gain

□ Yes, other medical needs (please answer question 2a)

□ No

2a. If other medical needs, please describe.

1. Does your child have a food allergy?

□ Yes (please answer question 3a)

□ No

3a. If yes, what food(s) is your child allergic to? \_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the next 3 questions, thinking about how you USUALLY prepare food.**

1. Do you use salt when preparing food? (check one)

□ Yes, always

□ Yes, occasionally

□ We use a salt alternative

□ Never

1. What type of fat do you use *most often* when **baking** at home? (check one)

□ Butter

□ Margarine

□ Animal fat or lard

□ Crisco

□ Canola oil

□ Olive oil

□ Vegetable oil

□ Other oil or fat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of fat do you use *most often* to **fry or sauté** food at home? (check one)

□ Butter

□ Margarine

□ Animal fat or lard

□ Crisco

□ Canola oil

□ Olive oil

□ Vegetable oil

□ Other oil or fat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SERVING SIZE** | **FOODS** | **VISUAL AIDE** | | **HAND SYMBOL** | |
| **1 cup** | Rice  Pasta  Fruit  Veggies | Baseball |  | 1 Fist |  |
| **3/4 cup** | Rice  Pasta  Fruit  Veggies | Tennis Ball |  | ¾ Fist |  |
| **1/2 cup** | Rice  Pasta  Fruit  Veggies | Light Bulb |  | ½ Fist |  |
| **3 ounces** | Meat  Fish  Poultry | Deck of Cards |  | Palm |  |
| **1 ounce** | Nuts  Dried Fruit  (e.g. raisins) | 1 Handful |  | 1 Handful |  |
| **1 ounce** | Chips  Popcorn  Pretzels | 2 Handfuls |  | 2 Handfuls |  |
| **2 tablespoons** | Peanut Butter  Cheese | Golf Ball |  | 2 Thumbs |  |
| **1 tablespoon** | Peanut Butter  Cheese | ½ Golf Ball |  | 1 Thumb |  |
| **1 teaspoon** | Cooking Oil  Mayonnaise  Butter  Sugar | 4 Stacked Dimes |  | Thumb Tip |  |