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##### NM SAFE

***Supports and Assessment for Feeding and Eating***

**THREE-DAY FOOD RECORD**

Directions for filling out your record:

* Fill in the accompanying food record as carefully as you can, following the instructions as carefully.
* Be sure to list EVERYTHING your child/client eats and drinks including
  + water
  + juice
  + nutritional supplements
  + soda
  + candy
  + gum
* List as much as you can about what your child eats and drinks. The more information you provide, the more helpful it will be to the SAFE team (see the table for more details on recording).
* For 3 days in a row, write down everything your child/client eats and drinks (including all vitamins, minerals and supplements). If possible get one weekend day and two weekdays.
* Complete the food record immediately after each meal or snack using one line for each food item your child/client ate.
* Before you offer the food to your child/client, measure and record the amountin the **amount served** column**.** You can record amount served in portion sizes of cups, teaspoons, tablespoons, ounces and slices.
* Then record the actual amount eaten in the **amount eaten** column, when the meal or snack is finished.

Other considerations:

* List the brand name of foods whenever possible
* Record if the food is canned, dried, fresh or frozen
* Record the type of milk used: whole, low fat (e.g., 1%, 2%), non-fat, evaporated, chocolate, powder, formula name, etc.
* Record the type of bread: whole wheat, white, French, etc.
* Record how the food was cooked: boiled, fried, roasted, creamed, etc.
* Include in the record any homemade foods and meals, e.g., casseroles, mixed dishes, baked goods, etc.
* Do not forget to record any ingredients added to foods, such as margarine, mayonnaise, catsup, salad dressing, gravy, sugar, salt, jelly, cheese, etc.
* Record foods and drinks consumed away from home, e.g., in restaurants, at movie theaters, at sporting events, etc.
* If your child/client is away (at school, daycare, or dayhab) be sure to ask the person who cares for her/him to keep this record just as you keep it while the child/client is with you.

Thank you for your help. If you have any questions about how to complete the record, please contact the nutritionist: Erin Smith: [erinsmith@salud.unm.edu](mailto:erinsmith@salud.unm.edu)

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| CEREALS | * Specify brand name and record amount in cups or fractions of cups, e.g., ½ cup, ¼ cup. * If additional ingredients are added to the cereal e.g., milk, sugar, fruit or honey, list the item and amount. |
| BREAD | * Specify brand name and portion size (e.g., number of slices or size of serving) * Specify type of bread, for example: white, rye, whole wheat, raisin, tortilla (corn or flour), bagel, English muffin. * If extra ingredients are added such as butter, mayonnaise, or jelly, list the kind and amount. * For sandwiches, list all ingredients including the amounts of lettuce, tomato, mayonnaise, margarine/butter, etc. |
| MEATS, FISH, POULTRY | * Record size (length, width, thickness) in inches, weight in ounces, or amount in tablespoons or cups. * Specify cut of meat such as roast, steak, chop, leg, breast. * List breading or batter (if used). * Tell how the meat was prepared and cooked. |
| EGGS | * Record cooking method, e.g., soft or hard boiled, fried, scrambled, poached, or omelet. * If milk, butter, or drippings are used, specify kind and amount. |
| FRUITS AND VEGETABLES | * Record as number eaten and size with approximate measurements (e.g.1 apple. 3 inches in diameter, 2 carrot sticks, 4 inches long). * Specify fresh, frozen, canned, dried, or freeze dried. * Record cooking method as raw, fried, baked, simmered, boiled, etc. * When recording fruits specify if canned in water, light syrup, heavy syrup, etc., and if syrup was eaten. |
| DESSERTS | * For pastries, cookies or donuts list the brand name or give recipe. * List portion size (e.g. 2 1/2 inch diameter oatmeal cookie). * For purchased candies and cookies specify kind, size and brand or if homemade, give recipe. * For pies list size of pie pan (8" or 9") and what portion of pie eaten. * For cakes list size, specify icing or other topping. * Puddings, yogurt: specify brand name or give homemade recipe. |
| BEVERAGES | * Record amount in ounces, cups, teaspoons, or tablespoons. * For milk list the type such as whole, low fat (2% or I %), nonfat, fortified, powdered, liquid, evaporated, chocolate or formula. * For fruit juices list if fresh, frozen or canned or diluted * For tea or coffee list the amount of sugar, lemon or cream. * Other beverages: such as fruit drink, fruit-flavored drinks, Hi-C, Kool-Aid.   + If powdered drinks, mix list the amount of powder and water.   + If diluted from concentrate, list whether it was diluted per instructions (normal strength) or differently. * For carbonated beverages (e.g., soda) list the brand and whether it was regular or diet soda. |
| CASSEROLES | * If commercially prepared, list the brand name and portion size. * If homemade, list amount of ingredients and portion size * If recipe available, please write it down or bring it with you * Ingredients added to foods when cooking should be listed (example: margarine added to the pan when cooking pancakes, cooking oil or lard added to the pan for warming tortillas). |
| Other | * Food items such as gum, candy, candy bars or mints should be listed. * Snack foods such as popcorn, potato or corn chips, granola bars should be listed, along with the portion size. |

**Food, Drink, and Supplements**

***Example***

Be sure to list EVERYTHING your child/client eats and drinks

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| **Date/Time of day** | **Item** | **Description, including preparation** | **Amount**  *Served* | **Amount**  *Eaten* | **If tube feeding** |
| **EXAMPLE:**  June 8- Sunday  9AM | Cheerios | Kelloggs  With 1 tsp sugar | ¼ cup | 2 Tbsp |  |
|  | Milk | Whole, on cereal | ¼ cup | 3 Tbsp |  |
|  | Tortilla | Flour, large, with 2 tsp butter | ¼ | 2 bites |  |
|  | Orange juice | Minute Maid, diluted from concentrate, standard dilution | 4 oz | 4 oz |  |
|  | PediaSure |  | 4 oz | 4 oz | X |
|  | Vitamins | Flintstones Complete, chewable | 1 tablet | All |  |
| 10 am  Snack | Banana | Medium | ½ | None |  |
|  | Goldfish | Pepperidge Farm, original | 1/4 | All |  |

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Name of person(s) filling out this diet record:

Was this intake typical? Yes\_\_\_\_\_ No\_\_\_\_\_

Was your child/client ill during this time? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, which days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If yes, which days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_