



Food Diary

Child's Name _____

Date Started _____

Please fill in everything that your child eats, record the time, food, amount eaten, and meal or location the food was offered. Be as specific as possible. For example, if your child had a couple of goldfish in the car, record that too! Also, include any drinks other than water. Use your best guess as to the amount, it doesn't have to be exact.

An example is provided for you below, however, your food diary will likely look different. There's no right or wrong. Simply write down when and what your child ate for 3 whole days. This will allow your therapist (and likely you) to see patterns and make the best recommendations for helping your child with their eating.

Helpful tip: Leave this out somewhere you will see it (i.e.: the kitchen counter or hanging on the fridge) to help you remember to fill it in!

Date	Time	Food	Amount	Meal
11-21-2019	9:32 am	Apple	Two Bites	Snack
	10:35 am	Cheerios	½ cup	In grocery cart
		Juice	2-3 oz	In grocery cart
	12:30 pm	Chicken nuggets	none	lunch
		chips	A couple	lunch

Date	Time	Food	Amount	Meal