



Pre-intensive Feeding Program 3-Day Food Intake Record

Instructions:

Before starting the intensive feeding program, record all foods that your child eats, drinks or receives by tube for 3 days on these pages. Include 1 weekend day (Saturday or Sunday). Note anything that was happening during the tube feeding, meal or snack such as who was present, where the feeding took place and what your child was doing. It is very important that you record the amount of food, drink or tube feeding in the correct measurements (use teaspoons, tablespoons, cups, ounces etc). This will help us understand your child's usual feeding schedule and challenges so that we can plan the feeding schedule changes before the program is started.

Date	Time	Food, tube feeding or drink offered	Mouth or tube	Amount eaten or given by tube	Meal or snack location	Notes
<i>Example</i>						
Dec 6	8 a.m.	4 oz orange juice, tippy cup	Mouth	2 oz	Kitchen	With Mom, sister
		1 waffle	Mouth	¾ waffle	Table, in highchair	Feeding self
		1 tsp margarine (Soft-spread Parkay)	"	¾ teaspoon margarine	"	"
		1 tsp pancake syrup, (Golden Griddle)	"	¾ teaspoon syrup	"	"
	9 a.m.	6 oz PediaSure from can	Tube	6 oz	Living room, walking around, watching television	Vomited 2 oz

Patient name: _____

Day 1: (date) _____

Day of the week: Mon Tue Wed Thurs Fri Sat Sun (circle one)

Date	Time	Food, tube feeding or drink offered	Mouth or tube	Amount eaten or given by tube	Meal or snack location	Notes

Patient name: _____

Day 2: (date) _____

Day of the week: Mon Tue Wed Thurs Fri Sat Sun (circle one)

Date	Time	Food, tube feeding or drink offered	Mouth or tube	Amount eaten or given by tube	Meal or snack location	Notes

Patient name: _____

Day 3: (date) _____

Day of the week: Mon Tue Wed Thurs Fri Sat Sun (circle one)

Date	Time	Food, tube feeding or drink offered	Mouth or tube	Amount eaten or given by tube	Meal or snack location	Notes