

ID # \_\_\_\_\_

Date \_\_\_\_\_

### Diet Record - Breastfed

**Instructions:** For three days (2 week days & 1 weekend day) record everything your baby eats. This includes breast milk, formula, juice, water, and solid food. For breastfeeding, weigh the baby before the baby eats. Record the weight. Once the baby is finished eating, weigh the baby again. Record the weight. For additional fluids, weigh the bottle/cup with the formula, water, or juice before the baby eats. Record the weight. Once the baby is finished eating, weigh the bottle again with the remaining liquid. Record the weight. For solid food, weigh the dish or bowl with the food before and after the baby eats. Record both weights. *(Use additional sheets if necessary)*

Day 1		Type & Amount				
Date	Time	Formula, Breast Milk, Other Fluids			Solids	
		Type*	Weight (gms) Before Feeding	Weight (gms) After Feeding	Type	Amount (gms)
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					

**\*If breastfeeding write "baby" in Type column**

ID # \_\_\_\_\_

Date \_\_\_\_\_

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Day 2		Type & Amount				
Date	Time	Formula, Breast Milk, Other Fluids			Solids	
		Type*	Weight (gms) Before Feeding	Weight (gms) After Feeding	Type	Amount (gms)
	AM PM					
	AM PM					
	AM PM					
	AM PM					
	AM PM					
	AM PM					
	AM PM					
	AM PM					
	AM PM					
	AM PM					
	AM PM					
	AM PM					

**\*If breastfeeding write "baby" in Type column**

ID # \_\_\_\_\_

Date \_\_\_\_\_

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Day 3		Type & Amount				
Date	Time	Formula, Breast Milk, Other Fluids			Solids	
		Type*	Weight (gms) Before Feeding	Weight (gms) After Feeding	Type	Amount (gms)
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					

**\*If breastfeeding write "baby" in Type column**