



Advocate Hope Children's Hospital

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3-Day Calorie Count

Your physician has requested that you keep a 3-day food record of your child's intake. Please use the following form to record everything that your child eats and drinks for 3 days. It is best to record your child's intake for 2 weekdays and 1 weekend day in an effort to gauge your child's typical intake, feeding pattern, and dietary habits.

The calorie count is only as useful and valid as the information recorded. In order to provide your child with nutrition recommendations for their current situation please be open, honest and as specific as possible when recording their meals, snacks, and beverages. **Record what was eaten, not what was offered.** This information will be used to assess the nutritional adequacy of your child's intake and to help you adjust your child's diet so that he/she receives optimal nutrition for appropriate growth and development.

Calorie counts that are incomplete or missing specific details will not be tabulated and analyzed. *If you have any questions, please feel free to contact the Registered Dietitian at 708.684.1490.*

Please complete the following information:

Child's Name: _____

Date of Birth: _____

Was your child full-term or premature? YES NO

If premature, how many weeks gestation was he/she? _____

Birth Weight: _____

Birth Length: _____

Current Weight: _____

Current Height: _____

Parent/Caretaker Name: _____

Daytime Phone Number: _____

Please describe any specific nutrition concerns you may have:

Example: Complete Calorie Count

Meal/Snack	List FOOD & BEVERAGES and AMOUNT consumed
Breakfast Time: 8am	4 oz 1% white milk ½ cup original Cheerios 1 banana 1 slice of whole wheat toast
Snack Time: 10:30am	6 oz Yoplait original strawberry yogurt 8 oz plain water 10 almonds

Example: Incomplete

Meal/Snack	List FOOD & BEVERAGES and AMOUNT consumed
Breakfast	Cup of milk Cheerios Banana Piece of toast
Snack	Yogurt Water A few almonds

Helpful Hints:

1. Beverages come in many sizes, record in ounces (abbreviated oz.)
 - a. Example: 4 oz 1% chocolate milk
2. Record all foods based on amount of item eaten or number of items eaten
 - a. Example: 3 oz grilled chicken breast or 3 chicken nuggets

Day 1

Meal/Snack	List FOOD & BEVERAGES and AMOUNT consumed	Comments:
Breakfast Time:		
Snack Time:		
Lunch Time:		
Snack Time:		
Dinner Time:		
Snack Time:		

Day 2

Meal/Snack	List FOOD & BEVERAGES and AMOUNT consumed	Comments:
Breakfast Time:		
Snack Time:		
Lunch Time:		
Snack Time:		
Dinner Time:		
Snack Time:		

Day 3

Meal/Snack	List FOOD & BEVERAGES and AMOUNT consumed	Comments:
Breakfast Time:		
Snack Time:		
Lunch Time:		
Snack Time:		
Dinner Time:		
Snack Time:		