

3-Day Child Food and Activity Record

How to fill in this record:

- Write down everything your child eats and drinks for 3 days. Include at least 1 weekend day (Saturday or Sunday).
- For each meal and snack include:
 - What time and where your child eats
 - What your child eats and drinks
 - How the food is cooked (for example: fried, baked, boiled, or barbecued)
 - Anything added to food, during or after cooking (for example: sugar, oil, butter, jam, syrup, ketchup, sauces, or dressings)
 - Details about restaurant foods (for example: name of restaurant, name of menu item, and description) and packaged foods (for example: package size, brand name, and flavour)
 - How much food is eaten. Measure food using measuring cups and spoons or a food scale.
- Write down your child's physical activity. Include planned activities like sports practice and unplanned activities like playing outside at recess.
- Write down your child's leisure screen time (not related to school). List the type of screen (for example: television, video game, handheld device, or computer) and the time spent.

Instructions from your dietitian: _____

Example of how to fill in this record:

Day 1 Name: Marie Date: July 7 Day of the week: Monday

When and where?	What? (list all food and drinks)	How much was eaten?	Comments
11:45 AM	Chocolate milk (1%)	1 cup	from school's milk program
Lunch eaten at school	Ham sandwich:		Marie helped pack her own lunch
in classroom	60% whole wheat bread	2 slices (70 g)	
	Black Forest ham	4 slices (64 g)	
	Mayonnaise (Brand X)	1 Tbsp	
	Chocolate granola bar (Brand Y)	1 (27 g)	
Continue to fill in the rest of the day.			

Physical Activity (list type and time spent)	Screen Time (list type of screen and time spent)
Gym class 45 minutes Played soccer at recess 2 x 10 minutes	Video game 1½ hours Computer (social media) 1 hour

When and where?	What? (list all food and drinks)	How much was eaten?	Comments

Today my child ate: the same as usual more than usual less than usual

Please list any vitamin, mineral, or herbal supplements taken: _____

Physical Activity (list type and time spent)	Screen Time (list type of screen and time spent)