

# Arkansas Children's Nutrition Center

Attached are 3 blank **Food Record Forms** to complete before your baby's next study visit.

Please track **everything** your baby eats including formula, foods, drinks, condiments, medicines, vitamins and supplements. We have included an example of a food record form so you will have an idea of the kind of detail we need.

Please do not hesitate to call us at **501-364-3309**, toll free at **866-423-1311** or email us at [acncstudies@archildrens.org](mailto:acncstudies@archildrens.org) if you have any questions.

Date of Intake: 12/25/12 ID: GG-099 Age: 2-mo

TIME STARTED	WHO FED BABY?	BREAST FED <input checked="" type="checkbox"/>	FORMULA & PREP or EXPRESSED BREAST MILK (Medicine, Vitamin, Etc.)	BOTTLE WEIGHT BEFORE FEEDING (in grams)	BOTTLE WEIGHT AFTER FEEDING (in grams)
1 am	Mom	<input checked="" type="checkbox"/>			
7:15am	Dad		Enf.Prem. Powder w/ water, 1 tsp Tylenol	150.5 g	33.8 g
11 am	grandma		Expressed milk	130.8 g	56.3 g
2:30pm	Mom	<input checked="" type="checkbox"/>			

**This is an example. It is not meant to provide dietary guidance or promote a specific product.**

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