## The Lipid Heart Clinic The Children's Hospital of Philadelphia 34<sup>th</sup> Street and Civic Center Boulevard, Philadelphia, PA 19104-4399

(215) 590-1804 phone; (215) 590-4978 fax www.chop.edu/lipidheart

#### PLEASE BRING THIS FORM TO YOUR CLINIC VISIT

#### Instructions for recording food eaten for 3 days

In order for your child's diet to be evaluated, we need to know everything that your child eats and drinks for 3 days. Please write this information on the attached sheet. Use a new sheet each day.

Please follow the instructions below:

List all foods, drinks, snacks, food extras (butter, oil, margarine, salad dressing), and vitamins, minerals, or herbal supplements (Poly-vi-sol, Flintstone's Complete, Centrum Jr.), etc.

**\*Tip:** List after each meal and snack. Be specific. (For example: Milk – skim, 2%, 1%, whole)

List how much of the food or drink your child has had.

**\*Tip:** List only the amount your child ate or drank, not the whole amount you served. See below for measuring tips.

- Use name brands of foods and food labels to help with serving sizes.
- Include the name of all fast food restaurants. (For example: McDonald, Wendy's, Burger King, Dunkin Donuts, etc)

**\*Tip:** Note size – regular,  $\frac{1}{4}$  lb., super size, etc.

\*Tips for Measuring: Use the following tools for measuring

Spoons For: Jelly Jam Sugar Gravies

Measuring Cup For: Liquids Baby Foods Solids like pasta Cereal, & Vegetables

#### Food Labels

Look at serving size on back or side of package label





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 FOOD CHART (SAMPLE)

 NAME:
 DOB:

DOB: \_\_\_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_\_

| Time of Day        | Description of Food – Including How Prepared<br>(eg. Baked, Fried, etc.) | Amount                                     | *Method of<br>Measurement |
|--------------------|--|--|---------------------------|
| Breakfast: 7:30 am | Cheerios /<br>Whole wheat bread - toasted                                | 1 cup<br><sup>1</sup> / <sub>2</sub> Slice | Measuring Cup             |
|                    | Margarine  | <sup>1</sup> / <sub>2</sub> teaspoon       |                           |
|                    | Jelly  | <sup>1</sup> / <sub>2</sub> teaspoon       |                           |
|                    | 2% Milk  | <sup>3</sup> / <sub>4</sub> Cup            | Measuring Cup             |
| Snack: 10:30 am    | Saltine Crackers   | 3 each                                     |                           |
|                    | Peanut Butter  | 3 teaspoons                                |                           |
| Lunch: 12:00 pm    | Grilled Cheese Sandwich with White Bread                                 | 2 Slices - Bread                           |                           |
| •                  | American Cheese  | 2 Slices – Cheese                          |                           |
|                    | Margarine  | 2 teaspoons                                |                           |
|                    | Potato Chips   | 1 ½ oz. Bag                                | Package label             |
|                    | Coke   | 12 oz.                                     | Package label             |
| Snack: 3:30 pm     | Graham Crackers  | 2 - 2 <sup>1</sup> / <sub>2</sub> squares  |                           |
|                    | Yogurt – Low Fat, Fruit  | 6 oz.                                      | Package label             |
| Dinner: 6:00 pm    | Chicken Breast – Broiled   | 3 oz.                                      | Scale                     |
|                    | Barbeque Sauce   | 2 Tablespoon                               |                           |
|                    | Green Beans  | <sup>1</sup> / <sub>2</sub> Cup            | Measuring Cup             |
|                    | Margarine  | ½ teaspoon                                 |                           |
|                    | Baked potato – Without Skin  | 1 small                                    |                           |
|                    | Chocolate Cake with Chocolate Icing                                      | 1 3" square piece                          |                           |
|                    | Milk 2%  | 1 Cup                                      | Measuring Cup             |
| Snack: 8:30 pm     | Popcorn – Air Popped   | 2 Cups                                     | Measuring Cup             |
|                    | Butter   | 1 teaspoon                                 |                           |
|                    | Ice Cream - Vanilla  | 1/2 Cup                                    | Measuring Cup             |
|                    | Flintstone's Complete Vitamin  | 1 tablet                                   |                           |

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FOOD CHART

| NAME: | DOB: | TODAY'S DATE: |
|-------|------|---------------|
|       |      |               |

| Time of Day               | Description of Food – Including How Prepared | Amount | Method of   |
|---------------------------|--|--------|-------------|
|                           | (eg. Baked, Fried, etc.)                     |        | Measurement |
|                           |  |        |             |
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| Vitamin/herbal supplement |  |        |             |
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#### FOOD CHART

NAME: \_\_\_\_\_

FOOD CHART DOB: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

| Time of Day               | Description of Food – Including How Prepared<br>(eg. Baked, Fried, etc.) | Amount | Method of<br>Measurement |
|---------------------------|--|--------|--------------------------|
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| Vitamin/herbal supplement |  |        |                          |
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|       |      |               |

| Time of Day               | Description of Food – Including How Prepared | Amount | Method of   |
|---------------------------|--|--------|-------------|
|                           | (eg. Baked, Fried, etc.)                     |        | Measurement |
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| Vitamin/herbal supplement |  |        |             |
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