	Woodinville Pe	diatrics Food Record
Name:		Home Phone:
Date:		Mobile Phone:
		Best time to be reached:

TIME	AMOUNT	FOOD OR BEVERAGE	WHERE EATEN?	WITH WHOM	(TV, reading, talking, etc)	HUNGER (SCALE 1-10)	bored, tired, worried, mad)
7:00 AM	1	Whole wheat english muffin	Table	Self	Nothing	6	Нарру
	1 Tbs	Peanut butter					
	1 tsp	Honey					
12:00 PM	1 cup	Chicken noodle soup	Table	Self	Working at computer	8 Нарру	
	1	Nonfat raspberry yogurt					
3:00 PM	3 cups	Popcorn, oil-popped	Table	With family	Nothing	5	Bored
	2 tsp	Butter					
6:00 PM	3 oz	Pork tenderloin	Table	With family	Talking	5	Нарру
	½ cup	Roasted potatoes & carrots					
	1 cup	Salad with tomatoes					
	1 Tbs	Caesar dressing					
	1	Roll					
	2 tsp	Butter					
8:00 PM	½ cup	Ice cream	Sofa	With family	Watching TV	3	Happy, tired

Hunger									
1	2	3	4	5	6	7	8	9	10
	Not Hungry Getting Hungry			Hungry Starving				Starving	
	5.								
					l				1
	1				Î	1		1	1
	1				Î	1		1	1
	1				İ				
	1							1	