What Does Baby Eat?

1. NAME: ___________________________ TODAY’S DATE: ______________________

2. Are you pregnant? □ Yes □ No

3. Do you plan to breastfeed? □ Yes □ No

4. Do you take nutritional supplements? □ Yes □ No

5. How much money did you spend on food last month? ______________________

6. How much time do you spend doing physical activity?
   □ Less than 30 minutes each day
   □ 30 to 60 minutes each day
   □ More than 60 minutes each day

7. List everything you had to eat and drink in the last 24 hours. Give as much detail as possible below.

### MEAL TYPE

<table>
<thead>
<tr>
<th>MEAL TYPE</th>
<th>FOOD AND DRINKS</th>
<th>AMOUNT EATEN/DRANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MORNING MEAL</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MIDMORNING MEAL / SNACK</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>NOON MEAL</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>AFTERNOON MEAL / SNACK</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>EVENING MEAL</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>LATE EVENING MEAL / SNACK</td>
<td></td>
</tr>
</tbody>
</table>

### SERVING ABBREVIATIONS

- 1 = Morning
- 2 = Midmorning
- 3 = Noon
- 4 = Afternoon
- 5 = Evening
- 6 = Late Evening

- tbsp = Tablespoon
- tsp = Teaspoon
- oz = Ounce
- c = Cup
- lb = Pound
- sl = Slice

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