



3-Day Baseline Diet

Parent Instructions: How to Complete the Food Diary

A **3-day baseline diet record** helps speech-language pathologists (SLPs) and occupational therapists (OTs) understand a child's current sensory preferences, oral-motor patterns, routines, intake, and possible safety concerns. Please record **all meals, snacks, drinks, and overnight feedings** exactly as they occur.

1. Keep it typical

This record captures an exact, unaltered snapshot of your child's usual eating. Do not change routines, pressure eating, or substitute 'healthier' foods during these three days. Record what normally happens.

2. Exact foods and brands

Write the specific food and brand whenever possible - for example, **Tyson Dinosaur Nuggets** or **McDonald's nuggets**, rather than only 'chicken nuggets.' Brand, shape, flavor, and packaging may matter.

3. Preparation method

Note whether each item was fried, baked, boiled, toasted, blended, or microwaved. Include temperature or texture details when relevant.

4. Condiments and additions

Record every dip, ketchup, syrup, butter, gravy, seasoning, or topping, even if your child only licked or tasted it.

5. Liquids and vessels

List milk, water, juice, formula, and other drinks. Record the vessel used: bottle, specific sippy cup, straw cup, open cup, or another container.

6. Amount offered vs. eaten

Record what was served and what was actually swallowed. Example: *Offered 5 crackers; ate 1.5; crunched the rest.* Include refills.

7. Bites and tastes

Document licks, tiny tastes, food touched to the lips, bites that were spit out, and food that was chewed but not swallowed.

8. Time and duration

Record the exact time of every meal, snack, drink, or overnight bottle and how long it lasted. Prolonged meals - often more than about 20-30 minutes - may be worth discussing with the child's clinician.

9. Oral-motor and swallowing clues

Note pocketing in the cheeks, chewing only with front teeth, food loss from the mouth, coughing, gagging, choking, wet/gurgly voice or breathing, repeated swallows, or apparent difficulty swallowing.

10. Refusal and communication

Describe how your child responded: turning away, crying, throwing food, pushing the plate, saying no, requesting a break, or placing food in a 'no thank you' bowl.

11. Posture and seating

Describe where and how your child sat - high chair, booster, regular chair, floor, or lap - and whether the body and feet appeared stable, upright, slouched, or frequently moving.



3-Day Baseline Diet

Record every meal, snack, drink, taste, and feeding-related response

Child's name: _____

Person/people completing this form: _____

INFORMATION	DAY 1	DAY 2	DAY 3
	DATE: _____	DATE: _____	DATE: _____
ENTRY 1 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 2 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 3 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 4 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 5 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 6 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 7 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 8 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 9 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ADDITIONAL INFORMATION			



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	DATE: _____	DATE: _____	DATE: _____
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ENTRY 2 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 3 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 4 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 5 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 6 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
ENTRY 7 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
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ENTRY 9 Meal, snack, drink, or taste	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:	Time: Food/Drink: Preparation: Amount consumed: Reaction/Response:
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