



## FEEDING LOG

In order to gain an accurate overview of your child's feeding patterns, please complete the form including a food log (4-7 days is recommended) with measured amounts of food

### FOOD LOG

Date	Time	Food/texture	Quantity/ Temperature	Performance / Observation
		<input type="checkbox"/> pureed <input type="checkbox"/> mashed <input type="checkbox"/> lumpy <input type="checkbox"/> table food	<input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> warm  _____ cup / oz	<input type="checkbox"/> opened mouth for food <input type="checkbox"/> explored food with hand <input type="checkbox"/> spoon fed be adult <input type="checkbox"/> finger feed <input type="checkbox"/> self feed <input type="checkbox"/> resistive (pursed lips, turned face away, push food away) <input type="checkbox"/> gag noted <input type="checkbox"/> cried <input type="checkbox"/> meltdown
		<input type="checkbox"/> pureed <input type="checkbox"/> mashed <input type="checkbox"/> lumpy <input type="checkbox"/> table food	<input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> warm  _____ cup / oz	<input type="checkbox"/> opened mouth for food <input type="checkbox"/> explored food with hand <input type="checkbox"/> spoon fed be adult <input type="checkbox"/> finger feed <input type="checkbox"/> self feed <input type="checkbox"/> resistive (pursed lips, turned face away, push food away) <input type="checkbox"/> gag noted <input type="checkbox"/> cried <input type="checkbox"/> meltdown
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Amanda Letsos, OTR 06-02

