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UNIVERSITY OF
CAMBRIDGE

MRC

Epidemiology Unit

Baby Growth Study

2 year food diary

Id label

Thank you very much for all your help

Any questions please contact: -

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Cambridge

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Please write any notes, comments or questions here.

How to fill in the diary

Understanding how food and drink influence growth is an important part of the Baby Growth study. Thank you very much for helping us by filling in these food diaries.

Please could you record everything that your child has by mouth for 3 days. Please start each day's record when you get up in the morning and fill in everything your child eats and drinks for a 24-hour period until the same time the next day. The days do not need to be one after the other. If any day is likely to be very difficult or unusual choose another day. It is very important that you do not change what your child normally eats and drinks just because you are keeping this record.

Try to fill in the food and drink given as you go through the day, as this is much easier and more accurate than trying to remember at the end of the day. We have included examples to show how we would like you to record the food and drink given.

When recording the food given please include the brand name (if known), portion size (using feeding jar size, cup or spoon size, weights from labels), any additions to the food (oils, butter, sugar/sweeteners, sauces, salt, pepper etc) and cooking methods (fried, grilled, micro-waved, roasted). It helps a great deal if you bring along the labels from any foods you give your child when returning your completed food diary. We are enclosing a Ziploc bag for you to keep any food labels together. If someone else looks after your child for some of the time it would be most helpful if they could fill in the food given in the parts of the day when your child is with them.

Please bring the completed diaries with you when you come to Addenbrooke's or Ely Hospital for your six-month Cambridge Baby Growth Study check. There will be someone to talk to about the diaries at this visit. If you would like some more time to fill in the diaries we can give you a stamped addressed envelope to send back the diaries. Please also bring the Ziploc bag with any food labels as this really helps us to analyse accurately what you have recorded in the diary.

Drinks Day 3

The milk feeds and drinks your child has, including water, in this 24 hours can be recorded here.

Please find the appropriate time slot and then record the time your child has a drink.
Note the type of fruit juice or squash etc.
Please also include any vitamins or medicines on this sheet.

Time slot	When	Full description and brand of drink.	Did you dilute with water? yes/ no	How much milk powder did you use per whole cup or bottle?	How much concentrate did you use per whole cup or bottle	Did you add sugar? Number of tea-spoons	Breast milk-minutes child fed	How much did your child drink?
6am to 9am								
9am to 12 noon								
12 noon to 2pm								

We hope that by answering these questions you won't have to keep repeating these details on the daily food questionnaire.

1.	What type of margarine or butter do you usually use for your child? <i>(If not used at all please go to question 2).</i> Please give the full name and brand from the packet of the type used most often. _____				
2.	What type of bread does your child eat most often? white <input type="checkbox"/> brown <input type="checkbox"/> whole meal <input type="checkbox"/> granary <input type="checkbox"/> high fibre white <input type="checkbox"/> other <input type="checkbox"/> Please give the brand name or details if homemade _____ <i>We will assume that you used the same bread and butter or margarine throughout the day.</i> <i>Please indicate on the food diary pages if a different bread, butter or margarine is used.</i>				
3.	What type of oil do you usually use? olive <input type="checkbox"/> sunflower <input type="checkbox"/> rape seed <input type="checkbox"/> sunflower <input type="checkbox"/> other <input type="checkbox"/> If other please note type of oil _____ _____				
4.	Do you avoid giving your child any of the following foods? yes <input type="checkbox"/> no <input type="checkbox"/> Please tick all that apply				
	a, poultry	b, fish	c, beef	d, other red meat	e. eggs
	f, cheese	g, milk	h, butter	l, nuts	j, wheat/gluten
5.	Is your child on any kind of special diet? yes <input type="checkbox"/> no <input type="checkbox"/> If yes please describe _____				

Below is an example of how we would like you to record what your child eats.

Date

20th March 2008

Day of the Week

Thursday

Each day is divided into time intervals from before breakfast to the evening meal and throughout the night. Please find the appropriate time interval and write in what your child had to eat.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am	7.30	Kitchen No TV High chair	Mother sister	11/2 Weetabix with 100mls of milk and 1 tbs raisins	Left 2 tsp Weetabix ate all raisins

Food Day 3.

1.	As far as you know was all the food and drink taken by your child during this 24 hours recorded? yes <input type="checkbox"/> no <input type="checkbox"/> not sure <input type="checkbox"/>	re-
2.	Was the food and drink for this 24 hours fairly typical for your child? yes <input type="checkbox"/> no <input type="checkbox"/> If no please describe how it differed from normal and if your child was unwell during this 24 hours _____ _____	
3.	Has anyone else looked after your child today? yes <input type="checkbox"/> no <input type="checkbox"/>	
	Please record any parts of this 24-hour period when someone else looked after your child Start time (e.g. 9.30am) Return time (e.g. 5.00pm)	
	8.45am	5.00pm

Food Day 3 continued.					
Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm					
8pm to 10pm				Food	
10pm to 6am					
9am to 12 noon	10.30	Nursery No TV At table	Nursery nurse	Chopped fruit at nursery, strawberries, unpeeled apples, bananas. Long breadstick	Ate whole nursery portion. Ate half
12 noon to 2pm	12.00	Nursery No TV At table	Nursery nurse	Shepherd's Pie with peas Apple pie and custard (All food prepared and cooked at the nursery)	Ate half of a nursery portion Ate all
2pm to 5pm	3.15	Nursery No TV At table	Nursery nurse	Half a pitta bread cut into fingers with 1 tbs houmus	Ate all

First food example continued

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm	6.15	Kitchen No TV High chair	Mum sister	Fish finger, grilled, with 1 small boiled potato, 2 small broccoli florets and 2 tbs sweetcorn (frozen) Petits Filous Fromage Frais 60g Strawberry flavour	Left 1 tbs sweetcorn Ate 2
8pm to 10pm					
10pm to 6am					

What sort of plates does your child usually use: plastic china other

What sort of cutlery does your child usually use: plastic metal

9am to 12 noon					
12 noon to 2pm				Day 3	
2pm to 5pm					

Food Day 3

Date
Day of the Week

When recording your child's food please give as much detail as possible about the ingredients used, the cooking method, and any added sauces. Also include the brand name and flavour of other foods.

Please keep any food labels in the Ziploc bag. For take away food, or eating out, please note the name of the café / restaurant.

Please write how much your child ate, excluding any leftover food, in the 'Amount eaten' column.

Don't forget to include any sweets, biscuits, crisps, fruit and spreads like marmite.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am				Food	

First food example.

1.	As far as you know was all the food and drink taken by your child during this 24 hours recorded? re-				
	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not sure <input type="checkbox"/>				
2.	Was the food and drink for this 24 hours fairly typical for your child? yes <input checked="" type="checkbox"/> no <input type="checkbox"/> If no please describe how it differed from normal and if your child was unwell during this 24 hours <hr/> <hr/>				
3.	Has anyone else looked after your child today? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>				
	Please record any parts of this 24-hour period when someone else looked after your child <div style="display: flex; justify-content: space-around;"> Start time (e.g. 9.30am) Return time (e.g. 5.00pm) </div>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">8.45am</td> <td style="width: 50%; text-align: center;">5.00pm</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	8.45am	5.00pm		
8.45am	5.00pm				

Below is a second example of how we would like you to record what your child eats.

Date

22nd March 2008

Day of the Week

Saturday

Each day is divided into time intervals from before breakfast to the evening meal and throughout the night. Please find the appropriate time interval and write in what your child had to eat.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am	7.45	Kitchen No TV At table	Dad	Cheerios 100g with 75mls whole milk Toast with strawberry jam	Ate half Ate all including the crusts

2pm to 5pm								
5pm to 8pm								
8pm to 10pm								
10pm to 6am								

What sort of bottle or cup did your child use?

Please put a ✓ by any that you use .

Plastic trainer cup with lid

Plastic bottle

Carton with straw

China cup or mug

Plastic cup without a lid

Glass

other

Drinks Day 2

Please record milk feeds, other drinks and water here.

Please find the appropriate time slot and then record the time your child has a drink.
Note the type of fruit juice or brand of squash etc.

Please also include any vitamins or medicines on this sheet.

Time slot	When	Full description and brand of drink.	Did you dilute with water? yes/ no	How much milk powder did you use per whole cup or bottle?	How much concentrate did you use per whole cup or bottle	Did you add sugar? Number of tea-spoons	Breast milk-minutes child fed	How much did your child drink?
6am to 9am								
9am to 12 noon								
12 noon to 2pm								

9am to 12 noon	10.45	Grand-parent's house, living room, No TV	Mum, Dad, sister and Grand-parents	Haribo Starmix			10 sweets
12 noon to 2pm	1.30	Grand-parent's dining room. No TV. At table	Mum, Dad, sister and Grand-parents	1 slice chicken and 2 small roast potatoes roasted in sunflower oil. 4 carrot sticks 1/2cm wide and 2cm long, 1 tbs peas, both boiled. 2 tbs gravy made with juices from meat and chicken Bisto gravy granules Tesco Finest chocolate ice cream			Left half of the carrot and half the peas Ate 3 tbs
2pm to 5pm	3.30	Grand-parent's house, living room, TV on		Victoria sponge made with butter and eggs strawberry jam no icing			Ate a small adult sized slice

Second food example continued

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm		Kitchen No TV At table	Mum Dad and sister	Cheese sandwich made with 2 slices of bread, no spread with medium cheddar cheese Seedless grapes, 1 inch cubes of honeydew melon	Just left 1/2 the crusts Ate 10 grapes 3 cubes melon
8pm to 10pm					
10pm to 6am					

Food Day 2.

1.	As far as you know was all the food and drink taken by your child during this 24 hours recorded? yes <input type="checkbox"/> no <input type="checkbox"/> not sure <input type="checkbox"/>	re-
2.	Was the food and drink for this 24 hours fairly typical for your child? yes <input type="checkbox"/> no <input type="checkbox"/> If no please describe how it differed from normal and if your child was unwell during this 24 hours _____ _____	
3.	Has anyone else looked after your child today? yes <input type="checkbox"/> no <input type="checkbox"/>	
	Please record any parts of this 24-hour period when someone else looked after your child Start time (e.g. 9.30am) Return time (e.g. 5.00pm)	
	8.45am	5.00pm

Food Day 2 continued.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm					
8pm to 10pm				Food	
10pm to 6am					

Second food example

1.	As far as you know was all the food and drink taken by your child during this 24 hours recorded? <div style="display: flex; justify-content: space-around; align-items: center;"> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not sure <input type="checkbox"/> </div>	re-
2.	Was the food and drink for this 24 hours fairly typical for your child? <div style="display: flex; justify-content: space-around; align-items: center;"> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> </div> <p>If no please describe how it differed from normal and if your child was unwell during this 24 hours</p> <p><u>Mainly normal but a few more sweet things than usual as with grandparents</u></p> <hr/>	
3.	Has anyone else looked after your child today? <div style="display: flex; justify-content: space-around; align-items: center;"> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> </div> <p>Please record any parts of this 24-hour period when someone else looked after your child</p> <div style="display: flex; justify-content: space-around;"> Start time (e.g. 9.30am) Return time (e.g. 5.00pm) </div>	
	8.45am	5.00pm

Food Day 1

Date
Day of the Week

When recording your child's food please give as much detail as possible about the ingredients used, the cooking method, and any added sauces. Also include the brand name and flavour of other foods.

Please keep any food labels in the Ziploc bag. For take away food, or eating out, please note the name of the café / restaurant.

Please write how much your child ate, excluding any leftover food, in the 'Amount eaten' column.

Don't forget to include any sweets, biscuits, crisps, fruit and spreads like marmite.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am				Food	
9am to 12 noon					
12 noon to 2pm				Day 2	
2pm to 5pm					

Food Day 2

Date

Day of the Week

When recording your child's food please give as much detail as possible about the ingredients used, the cooking method, and any added sauces. Also include the brand name and flavour of other foods.

Please keep any food labels in the Ziploc bag. For take away food, or eating out, please note the name of the café / restaurant.

Please write how much your child ate, excluding any leftover food, in the 'Amount eaten' column.

Don't forget to include any sweets, biscuits, crisps, fruit and spreads like marmite.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am				<h1>Food</h1>	

9am to 12 noon					
12 noon to 2pm				<h1>Day 1</h1>	
2pm to 5pm					

Food Day 1 continued.					
Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm					
8pm to 10pm				Food	
10pm to 6am					

What sort of plates does your child usually use: plastic china other

What sort of cutlery does your child usually use: plastic metal

2pm to 5pm									
5pm to 8pm									
8pm to 10pm									
10pm to 6am									

What sort of bottle or cup did your child use? Please put a ✓ by any that you use .

Plastic trainer cup with lid	<input type="checkbox"/>	Plastic bottle	<input type="checkbox"/>
Carton with straw	<input type="checkbox"/>	China cup or mug	<input type="checkbox"/>
Plastic cup without a lid	<input type="checkbox"/>	Glass	<input type="checkbox"/>
other	<input type="checkbox"/>		

Drinks Day 1

Please record milk feeds, other drinks and water here.

Please find the appropriate time slot and then record the time your child has a drink.

Note the type of fruit juice or brand of squash etc.

Please also include any vitamins or medicines on this sheet.

What sort of water does your child usually drink?

Tap water Filtered water Bottled water

If bottled water which type and brand? _____

To help us to decide on the correct amount of fluids for drinks,
please fill your child's cup with water to the usual level, then
empty the water into a measuring jug and record here.

Fluid ounces or Millilitres
(fl.oz) (ml)

Time slot	When	Full description and brand of drink.	Did you dilute with water? yes/no	How much milk powder did you use per whole cup or bottle?	How much concentrate did you use per whole cup or bottle	Did you add sugar? Number of tea-spoons	Breast milk-minutes child fed	How much did your child drink?
6am to 9am								
9am to 12 noon								
12 noon to 2pm								

Food Day 1.

1.	As far as you know was all the food and drink taken by your child during this 24 hours recorded? yes <input type="checkbox"/> no <input type="checkbox"/> not sure <input type="checkbox"/>	re-
2.	Was the food and drink for this 24 hours fairly typical for your child? yes <input type="checkbox"/> no <input type="checkbox"/> If no please describe how it differed from normal and if your child was unwell during this 24 hours _____ _____	
3.	Has anyone else looked after your child today? yes <input type="checkbox"/> no <input type="checkbox"/>	
	Please record any parts of this 24-hour period when someone else looked after your child Start time (e.g. 9.30am) Return time (e.g. 5.00pm)	
	8.45am	5.00pm

Below is an example of how we would like you to record what your child drinks.

Please find the appropriate time slot and then record the time your child has a drink.

Note the type of fruit juice or brand of squash etc.

Please also include any vitamins or medicines on this sheet.

Time slot	When	Full description and brand of drink.	Did you dilute with water? yes/ no	How much milk powder did you use per whole cup or bottle?	How much concentrate did you use per whole cup or bottle	Did you add sugar? Number of tea-spoons	Breast milk-minutes child fed	How much did your child drink?
6am to 9am	7.30	Whole milk Healthy Start Vitamin drops	—	—	—	—	—	5fl oz 5 drops
9am to 12 noon	10.30	Pure apple juice	yes		100mls juice 100mls water			150mls
12 noon to 2pm	12.15	Tap water						100mls
2pm to 5pm	3.00	Sainsbury's no added sugar high juice orange squash	yes		10mls in 200mls water			120mls
5pm to 8pm	6.15 7.30	Tap water Whole milk						50mls 200mls
8pm to 10pm								
10pm to 6am								

What sort of bottle or cup did your child use?

Plastic trainer cup with lid

Plastic bottle

Please put a ✓ by any that you use .

Carton with straw

China cup or mug

Plastic cup without a lid

Glass

other