

# DR. BARRY RUBINOFF, Dip. Paedo.

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PAEDIATRIC DENTISTRY

1 PROMENADE CIRCLE  
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## Dear Parent:

In order to best evaluate your child's dental health & needs could you please fill out the below food intake diary and bring it with you to your next appointment.

## Food Intake Diary Instructions:

1. Please record all foods consumed for five consecutive days, including one weekend day or a holiday. For example, meals and snacks maybe recorded over a period Sunday to Thursday, or Tuesday to Saturday.
2. Record everything that you eat or drink, including candies, gum, soft drinks and water.
3. Be specific. For every item consumed please record:
  - (a) The time
  - (b) The kind of food (chicken, apple, gum, etc.) and the ingredients in mixed dishes such as lasagna and stew.
  - (c) The amount in household measures (cup, ounces, tablespoon, teaspoon) or a rough estimate of size (one small orange, half a carrot, 1/8 of a pie).
  - (d) The method of preparation (raw, bakes, fried, etc.)
  - (e) The order in which foods were eaten
  - (f) The number of teaspoons of suger, honey, or other suger products that are eaten or added to cereal, beverages or other foods.
4. Record the times of tooth brushing.

**SEE CHART BELOW**

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## FOOD INTAKE DIARY (PLEASE PRINT)

Patient Details:	First Day	Second Day	Third Day	Fourth Day	Fifth Day
Diary of: _____	Breakfast      TIME	Breakfast      TIME	Breakfast      TIME	Breakfast      TIME	Breakfast      TIME
Age:              Grade: _____	Snack            TIME	Snack            TIME	Snack            TIME	Snack            TIME	Snack            TIME
Height:          Weight: _____	Lunch            TIME	Lunch            TIME	Lunch            TIME	Lunch            TIME	Lunch            TIME
Favourite Foods: _____ _____	Snack            TIME	Snack            TIME	Snack            TIME	Snack            TIME	Snack            TIME
Disliked Foods: _____ _____	Dinner           TIME	Dinner           TIME	Dinner           TIME	Dinner           TIME	Dinner           TIME
Food Allergies: _____ _____	Snack            TIME	Snack            TIME	Snack            TIME	Snack            TIME	Snack            TIME
	Toothbrushing times:	Toothbrushing times:	Toothbrushing times:	Toothbrushing times:	Toothbrushing times: