

## Mealtime Data Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

List the names of the new foods in the left most column. For each food, mark an "x" in a box for each bite eaten. Do not record bites of preferred foods, only new foods.

1. _____																			
2. _____																			
3. _____																			
4. _____																			
5. _____																			
6. _____																			

For this meal: (circle the correct answer)

Did your child cry?      Yes    No

Did your child gag?      Yes    No

Did your child vomit?    Yes    No

Did your child spit out any bites of new food?      Yes    No