Enhancing the lives of children with disabilities

Page 1

This TelAbility handout will provide you with some guidelines on how to correctly complete a calorie count as well as the calorie count form itself.

A calorie count sheet is a form completed by a family and records the amount of food and fluids that a child consumes over a certain period of time. The completed form is usually given to a nutritionist who can calculate out the amount of calories, protein and other nutrients a child is receiving in order to better evaluate nutrition goals for children.

Guidelines to completing accurate calorie counts

- 1. Record all meals, snacks and especially DRINKS your child takes in over a 24-hour period. Write down both what was eaten and how much.
- 2. Try to give as much detail as possible. This will provide you with more accurate results concerning what your child's actual intake really is. (For example- instead of pizza, juice and chips, write 2 slices Dominoes pepperoni pizza, 15 Lay's potato chips, 1-eight ounce Hi-C juice box)
- 3. Keeping a record for three days can provide helpful insight as to your child's actual intake and food preferences. If your child is in school, try to record two school days and one weekend day (we tend to eat differently on weekends). If they are younger and have child-care out of their home, record at least one day that they are away from home and the other two days at home.
- 4. If your child is drinking a supplement (like Pediasure or Carnation Instant Breakfast), write down how much is actually consumed per day (not what you pour in their cup or bottle!). Most supplements provide eight ounces per can.
- If your child receives some of their nutrition as a tube-feeding, write down what tube feeding formula is used and when (their schedule) they receive it (please clarify if they receive feedings by a pump or bolus gravity feedings)
- 6. Include any vitamin or other supplements (herbs, diet pills, sports enhancers etc) that your child is taking, and how often.

TelAbility

Enhancing the lives of children with disabilities

CALORIE COUNT

Name:	Phone:
Day of the Week	Email:
	Email:
Breakfast:	
Food/Drinks	Amount
Snack:	,
Food/Drinks	Amount
	·
Lunch: Food/Drinks	Amount
1 OOG/ DITING	Amount
Snack:	
Food/Drinks	Amount
Dimen	•
Dinner: Food/Drinks	Amount
Comments:	