APPENDIX A

Mealtime Data Sheet

NAME:	DATE:	TIME:

List the names of the new foods in the leftmost 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