

**Food diary**

|  |
| --- |
| **Instructions:**  |
| * Please record amounts and description of **all** food and drinks you have. Be specific!
 |
| * Try to record at the time of eating rather than from memory at the end of your day.
 |
| * Include all meals, snacks and treats even if they aren’t part of your normal pattern of eating i.e. Biscuits, chips, lollies, ice creams etc.
 |
| * Include all drinks i.e. Water, coffee, tea, hot chocolate, sports drinks, fruit juice etc.
 |
| * Record any additions to food such as sauces, butter, dressings, pickles, sugar, salt etc
 |
| * Describe cooking methods i.e. Stir fry, steamed, fried, baked etc.
 |
| * List amount and type of fats used in cooking i.e. Olive oil, butter, coconut oil
 |
| * Please record brand names of foods eaten where possible, i.e.:
 |
| * Milk à Calci trim milk
 |
| * Cereal à Kelloggs special K
 |
| * Biscuit à Digestive biscuit
 |
| * Bread à Vogels
 |
| * Name the type of meat, fish or cheese i.e. Rump, prime mince, snapper fillet, edam cheese etc
 |
| * Indicate serving size i.e. Bread – sandwich or toast slice, small/medium pita pocket etc.
 |
| * Describe amounts of food eaten as accurately as possible
 |
| * Metric measures i.e. Teaspoon, tablespoon or cups
 |
| * Weights as marked on the packaging of the food i.e. 150gm fruit yoghurt
 |

For example:

|  |  |  |
| --- | --- | --- |
| **Meal** | Time: 7.30am2 thin slices Vogel’s Soy & Linseed bread, thin spread of butter & 2 poached eggs.200ml Charlie’s orange juice | **Time: 11am (Morning tea)**1large appleLatte – blue tip milk Mother Earth Fruit Bake bar |

|  |
| --- |
| **MONDAY** |
| Details of Meal & timing  | Time: | Time: | Time:  | Time:  | Time:  | Time:  |
| Fluids/ Alcohol |  |
| Exercise |  |
| How do you feel today?  |  |

|  |
| --- |
| **TUESDAY** |
| Details of Meal & timing  | Time:  | Time:  | Time:  | Time:  | Time:  | Time:  |
| Fluids/Alcohol |  |
| Exercise  |  |
| How do you feel today?  |  |

|  |
| --- |
| **WEDNESDAY** |
| Details of Meal & timing  | Time:  | Time:  | Time:  | Time:  | Time:  | Time:  |
| Fluids/ Alcohol |  |
| Exercise |  |
| How do you feel today?  |  |

|  |
| --- |
| **THURSDAY** |
| Details of Meal & timing  | Time:  | Time: 2:30 | Time:  | Time:  | Time:  | Time:  |
| Fluids/ Alcohol |  |
| Exercise |  |
| How do you feel today?  |  |

|  |
| --- |
| **FRIDAY** |
| Details of Meal & timing  | Time:  | Time:  | Time:  | Time:  | Time:  | Time:  |
| Fluids/ Alcohol |  |
| Exercise |  |
| How do you feel today?  |  |

|  |
| --- |
| **SATURDAY** |
| Details of Meal & timing  | Time:  | Time:  | Time:  | Time:  | Time:  | Time:  |
| Fluids/ Alcohol |  |
| Exercise |  |
| How do you feel today?  |  |

|  |
| --- |
| **SUNDAY** |
| Details of Meal & timing  | Time:  | Time:  | Time:  | Time:  | Time:  | Time:  |
| Fluids/ Alcohol |  |
| Exercise |  |
| How do you feel today?  |  |

|  |
| --- |
| **Notes:** |