

**Food diary**

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| **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:

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

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

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

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

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

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

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

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

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| **Notes:** |