

A food diary is a useful way of keeping track of what you eat and drink. This record will enable your nurse/doctor/dietitian/health professional identify nutrients or food groups which may need some adjusting (increasing or decreasing) for good health. They can then provide practical advice on how the necessary changes can be achieved.

## Your Details:

**Your name:**

**Your date of birth:**

**Given by:**

**Contact number:**

**Date:**

# How to complete your food diary

Complete the food diary for at least 3 days in a row (including a weekend day). A longer period is a better option if you can manage it, because this will provide a more comprehensive picture of your eating and drinking habits.

The purpose of the diary is to look at EVERYTHING you eat and drink, including meals, snacks, sweets and fluids such as water, juices and alcoholic drinks. It is important that information is as accurate as possible, so do remember to record everything.

Try to describe the food and drink and how it was prepared. For example if you ate chicken, was it roasted, in a sauce, or in breadcrumbs? If you ate

bread, was it white or wholemeal?

Try to specify how much of the food you ate, so if it was toast did you eat it all, including the crusts, or did you eat a half a slice, or a quarter?

If you are feeling unwell, such as feeling sick, this may explain why you may not be eating and drinking as much as usual. Please record these symptoms where relevant.

***It might be useful to ask a carer, relative or friend to help you complete the diary. This is an example of a start of a food diary:***

Time	Food and drink consumed (description and preparation)	Amount	Any symptoms affecting intake
8.30am	Cup of tea with full fat milk and 1 teaspoon sugar	½ cup	
8.45am	Cereal (branflakes)	1 small bowl (all)	
11am	Digestive biscuits	2 (all)	
12.30pm	Cheese (cheddar) and ham (2 slices) sandwich (2 slices white bread, butter). Cup of tea with milk and sugar	½ of sandwich, all of tea	Felt a bit bloated
1.30pm	1 pot yoghurt	all	

Time	Food and drink consumed (description and preparation)	Amount	Any symptoms affecting in- take

Comments/additional information: (e.g. type of milk)

Date:

Day:

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Comments/additional information: (e.g. type of milk)

Date:

Day:

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