



## FOOD DIARY FORM

Thank you for taking the time to complete this food diary.

Please print it off and bring it with you on the day of your scheduled appointment to assist the Dietitian with our initial assessment. If you are unsure of any part of the food diary or food frequency table please leave it blank and discuss it with your Dietitian on the day.

**LIST BELOW ANY SUPPLEMENTS OR HERBAL PREPARATIONS THAT YOU ARE TAKING:**

**LIST BELOW ANY OTHER INFORMATION YOU THINK MAY BE HELPFUL TO YOUR DIETITIAN:**

### FOOD DIARY RECORD:

Please include at least 1 day from the weekend. Record specific amounts (e.g. 1/2 cup of rice, 1/4 cup of almonds etc).

<b>DAY 1:</b> Date: ___/___/___	<b>DETAILED BREAKDOWN OF FOOD AND DRINKS CONSUMED INCLUDING <u>TIME</u> OF MEAL</b>
<b>BREAKFAST</b>	
<b>LUNCH</b>	
<b>DINNER</b>	
<b>SNACKS</b>	
<b>DRINKS</b>	

<b>DAY 2:</b> Date: ___/___/___	<b>DETAILED BREAKDOWN OF FOOD AND DRINKS CONSUMED INCLUDING <u>TIME</u> OF MEAL</b>
<b>BREAKFAST</b>	
<b>LUNCH</b>	
<b>DINNER</b>	
<b>SNACKS</b>	
<b>DRINKS</b>	

<b>DAY 3:</b> Date: ___/___/___	<b>DETAILED BREAKDOWN OF FOOD AND DRINKS CONSUMED INCLUDING <u>TIME</u> OF MEAL</b>
<b>BREAKFAST</b>	
<b>LUNCH</b>	
<b>DINNER</b>	
<b>SNACKS</b>	
<b>DRINKS</b>	



## FOOD FREQUENCY TABLE:

Please indicate the type (where relevant), total quantity and intake per day/week/month you consume of the following foods and fluids. E.g. Milk: full cream - 400mls/day.

Milk		Chicken		Choc	
Cheese		Fish		Chips	
Yoghurt		Eggs		Hot Chips	
Ice Cream		Processed Meat		Butter/ Margarine	
Cream		Offal		Fats/Oils	
Custard		Shellfish		Dressings	
Fresh Fruit		Added Sugar		Sauces	
Canned/ Dried Fruit		Bread		Water	
Juice		Cereal		Cordial/ Soft Drink	
Veg		Rice		Tea/Coffee	
Salad		Pasta		Dine Out	
Legumes		Sweet Biscuits		Take-Away	
Nuts		Dry Biscuits		Alcohol	
TVP/ Tofu		Cake		Added Salt	
Red Meat		Lollies			

PATIENT HISTORY <i>Dietitian to complete the below</i>	
Relevant Medical History:	
Relevant Family History:	
Medications:	
Recent Blood Tests:	
Current Height:	BMI:
Current Weight:	HWR
Weight History:	Gain/Loss                      in                      month/years
Goal:	
Who lives at home:	
Who does the shopping:	
Who does the cooking:	
Activity: e.g. walking 20 mins 3 days p/w:	