

Completing the food diary will give us information about your child's diet and will enable us to assess if they are getting adequate energy and nutrition. Please return your food diary before your assessment appointment to allow time for our dietitian to review your child's nutritional intake.

## Please record everything eaten or drunk for at least 3 days.

- If possible, include two weekdays and one day of the weekend e.g. Thursday, Friday and Saturday
  - Note down all food eaten including snacks, all drinks, any nutritional supplements, and tube feeds (if appropriate)
  - Describe the type of food and amount eaten with as much detail as possible (see example on next page)
  - We ask that you also note common foods eaten, any vitamins, minerals or dietary supplements taken, any comments about hunger, thirst, mood or mealtimes, in the relevant sections
- If you are unable to complete this form electronically, you can make notes which can be photographed and sent in, or you could keep phone notes before copying and pasting into an email

## Things to remember about food!

- Write down the amount of food actually eaten
- Record each item separately  
e.g. cheese sandwich: 2 slices white bread, 1 tsp margarine, and 1 slice of cheese
- Describe type, brand, and weight of ready prepared meals and snacks
- Describe how food has been cooked, e.g., boiled, grilled, baked, fried, or microwaved
- Include takeaways, meals eaten at friends or relatives, or at restaurants

## Things to remember about drinks!

- You can record amount for each drink or daily total, just remember to give the amount in ml e.g. 200ml glass of orange juice
- Using a favourite mug or glass for drinks? Record how much it holds, then you can use this measure throughout, without having to re-measure.
- For hot drinks (tea, coffee, chocolate) – state type and amount of milk and if added sugar, honey or sweetener
- Cold drinks – please specify type, including whether standard or sugar free; if diluted, specify amount before adding water
- For home-made drinks (e.g. smoothies/milkshakes) please state all ingredients e.g. 200ml whole milk, 1 scoop ice-cream, 2 tsps. of Nesquik.

## Example Food Diary:

Day: Tuesday 24<sup>th</sup> May

Time	Place	Description of Food / Drink / Feed	Amount offered	Amount taken	Comments: hunger/thirst/mood
8am	Bedroom on their own	Bowl of cereal: Nestle cheerios Whole milk  Cup of tea (made with 20ml whole milk and 2tsp sugar)	40g 150ml  200ml	Left the milk and 1 tbsp cereal	Said they were too full; anxious before school  Left ½ cup saying had had enough
10:30am	School classroom	Plain crisps (Walkers) No added sugar Orange squash (20ml squash)	35g packet 200ml		
12:30pm	School hall	Grilled fish fingers Oven chips Boiled peas butter on peas.  Lucozade Energy Original	2 20 chips 1 tablespoon ½ teaspoon  380ml bottle	Left fish fingers	Said it did not taste the same as the ones at home  Will not drink school water
3:30pm	Walking home	Kit-Kat – 2 fingers  Innocent smoothie carton (any flavour)	21g  150ml		
6pm	Dining table with family	Home cooked shepherd's pie (butter and whole milk added to mash; lamb mince, carrots, onions and peas)  Petit Filous yoghurts	1/3 adult plate  2 small	Left 3 tablespoons	Said they did not like the mash
8pm	Living room	Hot chocolate (2 tsp Cadbury powder and whole milk) Rich Tea biscuits	200ml 2		

### 3-day food diary:

Name: .....

Day: \_\_\_\_\_

Time	Place	Description of food/drink/feed	Amount offered	Amount taken	Comment (mood, hunger, thirst, other)

Day: \_\_\_\_\_

Time	Place	Description of food/drink/feed	Amount offered	Amount taken	Comment (mood, hunger, thirst, other)

Day: \_\_\_\_\_

Time	Place	Description of food/drink/feed	Amount offered	Amount taken	Comment (mood, hunger, thirst, other)

## Common foods (please highlight or underline relevant box):

Food type	Description	Brand	Daily total (e.g. 2 slices/1 pint/3tsp)
<b>Bread</b>	Brown <input type="checkbox"/>		
	Wholemeal <input type="checkbox"/>		
	Granary/Seeded <input type="checkbox"/>		
	White <input type="checkbox"/>		
	Other <input type="checkbox"/>		
<b>Milk</b>	Whole (Blue) <input type="checkbox"/>		
	Semi-skimmed (green) <input type="checkbox"/>		
	Skimmed (red) <input type="checkbox"/>		
	Other <input type="checkbox"/>		
<b>Spread</b>	Butter <input type="checkbox"/>		
	Margarine <input type="checkbox"/>		
	Low-fat spread <input type="checkbox"/>		

## Vitamins, minerals or dietary supplements

*list below the brand name and amount of any taken:*

## Additional Comments:

**Thank you**