Leicestershire Nutrition and Dietetic Services



Food Record - Diary

Name	 	•••••	
Address	 		
Postal code	 		
Date of Birth	 		
NHS Number			
1110 Hambor	 		
Date	 		

FOOD RECORD - DIARY

You can use this diary to record everything you eat and drink for one week. Record each day separately on the pages provided. Try to record all food and drinks that you take, along with an approximate quantity, and the time of day they are taken. There is also space to record any medications or supplements that you take.

Example:

Day: Wednesday Time up: 7.30am Time to bed: 11pm

Time of Day	Description of food/drink	Amount consumed
Breakfast 8am	Cornflakes Semi-skimmed milk Water	4 tablespoons 200ml glass
Mid morning 11am	Coffee (decaf) no milk no sugar Digestive biscuit	cup 3
Lunch 1.30pm	Tuna mayo sandwich (bought) Crisps Chocolate milkshake	2 slices 1 pack 200ml bottle
Mid afternoon 3.30pm	Orange juice	glass
Evening	Cottage pie - minced beef (bought) Peas and sweetcorn	2 tablespoons potato 1 tablespoon mince 2 tablespoons
6pm	Chocolate cheesecake Tea milk no sugar	2 slices (1/4 dinner plate)
Evening 9pm	Red wine	2 large glasses

Medications and Supplements taken:

Description	Time taken
Multivitamin Antacid	Before breakfast After lunch and evening meal

Day:		Time up:	Time to bed:
Time of Day	Description of food/drink	Amour	nt consumed
Medicatio	ns and Supplements taken:		
Description	1		Time taken

Day:		Time up:	Time to bed:
Time of Day	Description of food/drink	Am	nount consumed
Medicatio	ns and Supplements taken:		
Descriptio	n		Time taken

Day:		Time up:	Time to bed:
Time of Day	Description of food/drink	Am	nount consumed
Medicatio	ns and Supplements taken:		
Descriptio	n		Time taken

Day:		Time up:	Time to bed:
Time of Day	Description of food/drink	Am	nount consumed
Medicatio	ns and Supplements taken:		
Descriptio	n		Time taken

Day:		Time up:	Time to bed:
Time of Day	Description of food/drink	Amo	ount consumed
Medicatio	ns and Supplements taken:		
Description	1		Time taken

Day:		Time up:	Time to bed:
Time of Day	Description of food/drink	Am	nount consumed
Medicatio	ns and Supplements taken:		
Descriptio	n		Time taken

Day:		Time up:		Time to bed:	
Time of Day	Description of food/drink		Amount c	onsumed	
Medicatio	ns and Supplements taken:				
Description	n			Time taken	