

Nutrition and Dietetics

Food Diary

Name: _____

Dietitian: _____

Contact No: _____

Diary to be kept for _____ days

Date issued: _____

Tips for completing your food diary

- Write down **all** you eat and drink
- Use a different page for each day
- Try to describe the amount/ weight of food actually eaten in one of the following ways:
 - Actual weight e.g. 2oz ham or 26g packet of crisps etc.
 - House hold measures e.g. 1 level teaspoon, 1 teacup, 1 mug full, a match box size piece of cheese, an egg size potato etc
 - Per item e.g. 3 ginger biscuits, 2 weetabix etc
- Try to be specific about the description e.g. is it white, wholemeal or granary bread

Example

Time	Food	Drink	Gastrountestinal Symptoms	Medication (eg. Metformin, Creon), insulin, blood glucose level
Breakfast Time:	2 shredded wheat $\frac{1}{2}$ cup semi skimmed milk	200ml glass orange juice	Bloating / reflux	1 x Metformin (500mg) tablet after breakfast
Mid-morning Time:	nil			Blood glucose reading 6.7 mmols

Time	Food	Drink	Gastrointestinal Symptoms	Comments e.g. Medication/insulin/ blood glucose levels
Breakfast Time:				
Mid-morning Time:				
Lunch Time:				
Mid-afternoon Time:				
Evening Meal Time:				
During evening Time:				
Supper Time:				

Time	Food	Drink	Gastrointestinal Symptoms	Comments e.g. Medication/insulin/ blood glucose levels
Breakfast Time:				
Mid-morning Time:				
Lunch Time:				
Mid-afternoon Time:				
Evening Meal Time:				
During evening Time:				
Supper Time:				

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During evening Time:				
Supper Time:				

If you have any comments about this leaflet or the service you have received you can contact :

Huddersfield Inpatient Dietitians

Telephone No: 01484 324749

Calderdale Inpatient Dietitians

Telephone No: 01422 224267

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਬ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"

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SMOKEFREE CHFT We are a smoke free Trust. If you need help to quit yorkshiresmokefree.nhs.uk can help

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