

**PATIENT NAME:** Click here to enter text.

**PATIENT HOSPITAL NUMBER:** Click here to enter text.

**RETURN TO** (Dietitian’s name)**:** Click here to enter text.

National Centre for Inherited Metabolic Disorders,

Children’s University Hospital,

Temple Street,

Dublin 1.

**Email: metabolic.dietitians@cuh.ie**

# **FOOD DIARY**

**INSTRUCTIONS AND GUIDELINES ON FILLING IN YOUR FOOD DIARY**

 Please keep a food diary for ***three days***- preferably two week days and one weekend day

 Keep your food diary with you all day

 ***Record everything*** which is eaten or drunk including any snacks taken between meals

 Don’t depend on your memory at the end of the day, ***record your eating as you go***

 Only record ***the amount of food that is eaten***rather than the amount that was plated up

** *Be specific and fill in as much detail as possible***about how much was eaten e.g.2 tablespoons of boiled carrots, 240mls (8oz) milk

 Please state how the food was cooked e.g. grilled, fried, roasted

 ***Include any additions*,** such as butter, sugar, salt, gravies, seasonings or any sauces that have been added, along with the amount used e.g. 1 teaspoon ketchup or 2 tablespoons of butter

 Use the sample page below for help and guidance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date, Day & Time | Food Description | Cooking Method | Additions  (if any) | Amount Eaten |
| Mon 13th   8.00 am    SAMPLE  FOOD  DIARY        Mon 13th   10.30 am      Mon 13th   2.30 pm          Mon 13th   4.30 pm      Mon 13th   7.00 pm | **Breakfast**  2 Weetabix    1 mug of tea  150 mls  **Snack**  1 apple  Pack of popcorn    **Dinner/Lunch**  75 g Chicken fillet  Mashed potato  Peas  1 Glass Coke  **Snack**  Rich tea biscuits  Glass full fat milk    **Tea/Supper**  1 Boiled egg  2 slices Brennans wholegrain brown bread  1 cup coffee | N/A          N/A  N/A      Grilled  Boiled  Steamed  N/A      N/A  N/A      Boiled  N/A | 2 tsps sugar  3 slices of banana  150 mls full fat milk  20 mls skimmed milk  1 tsp sugar  Knorr Chicken gravy  …. g butter  Pinch salt    N/A  ..g Omega 3 Flora  No milk  1 tsp sugar | ………g    Small  30 g      1 tsp  3 tbsp  2 tbsp  200 mls      3 biscuits  150 mls          150 mls |

***\*\*\* NB Remember to include any additions such as sugar, gravy, salt etc \*\*\****

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| --- | --- | --- | --- | --- |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

***\*\*\* NB Remember to include any additions such as sugar, gravy, salt etc \*\****

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***\*\*\* NB Remember to include any additions such as sugar, gravy, salt etc \*\*\****

***You can use this section to add in any extra information***

Click here to enter text.