

**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 SAMPLEFOODDIARY   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 applePack of popcorn **Dinner/Lunch**75 g Chicken fillet Mashed potatoPeas1 Glass Coke**Snack**Rich tea biscuitsGlass full fat milk **Tea/Supper**1 Boiled egg2 slices Brennans wholegrain brown bread1 cup coffee |  N/A    N/AN/A  GrilledBoiledSteamedN/A  N/AN/A  BoiledN/A | 2 tsps sugar 3 slices of banana 150 mls full fat milk20 mls skimmed milk1 tsp sugarKnorr Chicken gravy …. g butterPinch salt N/A..g Omega 3 FloraNo milk 1 tsp sugar | ………g Small30 g   1 tsp3 tbsp2 tbsp200 mls  3 biscuits150 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.