### **Food Diary**

your eating habits.

• Be Alert! Avoid changing your eating habits while you are keeping your diary. It is important not to predict



#### DI EASE WRITE IN CARITALS

|   | PLEASE WRITE IN CAPITALS   |
|---|--|
| First Name:   |  |
| Surname:  |  |
|   |  |
| Group Name or Location:   |  |
|   |  |
| Instructions  |  |
| Choose 3 consecutive days to rec  | cord your total food intake. e beginning of this program. This will help you to track your progress      |
| Include the following:  | Da vasu hava Diahataa?   |
| All foods including snacks  | Do you have Diabetes?  |
| All fluids (including water, coffee, tea, alcohol)  | Your Dietitian will be able to be more specific with your feedback if they know what medications you are |
| Day and night intake  | taking. Please list them here:-  |
| Hints to complete your food diary:  |  |
| <ul> <li>Write down everything. Take your form with you all day</li> </ul>  | J  |
| <ul> <li>Do it now. Don't depend on your memory at the<br/>end of the day. Record your eating and drinking as<br/>you go</li> </ul>             | 3  |
| <ul> <li>Be specific. Record the type of sauce, the cooking<br/>method (eg: fried) and the brand name of the food<br/>where possible</li> </ul> |  |
| <ul> <li>Bread. State the type of bread (white, rye, wholemea<br/>etc)</li> </ul>   | Do you have any other medical conditions that may  |
| • Estimate the quantity of the food you eat If you had vegetables, record how much you at   | affect your diet?  |
| of each type (1/4 cup). When eating meat, record the size of the meat (eg. palm sized, hand sized &   |  |
| thickness (cms). When drinking fluid, record the glass type and volume (eg. mls)  | 5  |
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## DAY 1 - Food Diary

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# DAY 3 - Food Diary

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