Orientation - Food Diary



PLEASE WRITE IN CAPITALS

First Name/s:	
Surname:	
Email Address:	
Group Name or Location:	

Instructions

Choose 3 consecutive days to record your total food intake.

It is important to know what your eating habits are at the beginning of this program. This will help you to track your progress as you complete the program.

Include the following:

- All foods including snacks
- All fluids (including water, coffee, tea, alcohol)
- Day and night intake

Hints to complete your food diary:

- Write down everything. Take your diary with you all day.
- Record your eating and drinking as you go. Don't depend on your memory at the end of the day.
- Be specific. Record the type of sauce, the cooking method (eg. fried) and the brand names of the food where possible.
- Bread. State the type of bread (eg. white, rye, wholemeal etc).
- Estimate the quantity of the food you eat.
 If you had vegetables, record how much you ate of each type (eg. 1/4 cup). When eating meat, record the size of the meat (eg. palm sized, hand sized & thickness (eg. cms). When drinking fluid, record the glass type and volume (eg. mls).
- Be Consistent. Avoid changing your eating habits
 while you are keeping your diary. It is important for
 your Dietitian to gain an understanding of your
 current eating habits prior to commencing the program.

Additional Information

To ensure the feedback provided to you by your Dietitian is tailored specifically to your goals and lifestyle we ask that you complete the following.

- Do you have any known medical conditions, food intolerances such or allergies as gluten, dairy, fructose or other that may affect your diet?
- Who prepares meals and / or buys groceries in your household?

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•	Do you take any vitamins o	r other dietary supplements?
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	Your Current Goals Please select up to 3 goals focus on over the coming r	s from those listed below to months.
	Weight Management Lose weight Gain weight Maintain weight Physical Fitness Increased energy Overall health and wellbeing	Improve Cardiovascular Health Reduce Blood Pressure Reduce Cholesterol Manage Diabetes
	Important Dietary Requirments: for a sporting event)	(e.g. vegetarian, pregnant, training





Day 1 - Food Diary



Food & Beverage Choices

	Time	·	ood Choices	Quantity
닏				
BREAKFAST				
취				
М				
BH				
Snack				
Sng				
LUNCH				
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쏬				
Snack				
S				
监				
DINNER				
ac ac				
Snack				
Plea	ase tick a gl	ass with every water consu		
			 Fruit: 1 small apple, 1/2 cup Vegetables: 1/2 cup cooked, 1 cup 	sliced fruit, 1/4 cup dried fruit raw
9	PPF	999999	 Meat/Fish: 85g or portion the size 	of a deck of cards
			• Fats: 1 teaspoon	pasta, cereal, 1 slice of bread heese, 3/4 cup yoghurt





Day 2 - Food Diary



Food & Beverage Choices

	Time	·	ood Choices	Quantity
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BREAKFAST				
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BH				
Snack				
Sng				
LUNCH				
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쏬				
Snack				
S				
监				
DINNER				
ac ac				
Snack				
Plea	ase tick a gl	ass with every water consu		
			 Fruit: 1 small apple, 1/2 cup Vegetables: 1/2 cup cooked, 1 cup 	sliced fruit, 1/4 cup dried fruit raw
9	PPF	999999	 Meat/Fish: 85g or portion the size 	of a deck of cards
			• Fats: 1 teaspoon	pasta, cereal, 1 slice of bread heese, 3/4 cup yoghurt





Day 3 - Food Diary



Food & Beverage Choices

	Time		Food C	choices		Quantity
BREAKFAST						
Snack						
LUNCH						
Snack						
DINNER						
Snack						
	ase tick a glass			Estimating Q Fruit: Vegetables: Meat/Fish: Carbohydrates: Fats: Dairy:	1/2 cup cooked, 1 cup 85g or portion the size 1/2 cup cooked, rice, 1 teaspoon	sliced fruit, 1/4 cup dried fruit o raw