

Department of Nutrition and Dietetics

Food Record

This record is to be completed on the instructions of a Dietitian to help in the assessment of your diet.

Name.....

Date of birth.....

Please complete the food intake record for days.

How to complete your food record;

- Record everything that is eaten throughout the day and night. This includes all meals, snacks, nibbles and drinks. Only record what is actually eaten, not what is served.
- Be as accurate as possible in recording the amount of food eaten – see table for more ideas on this.
- Remember to say how a food was cooked – was it fried, boiled, grilled, and where possible to include the recipe and how many this served.
- Include pack size and brand if it is a packet food, and how much of it was eaten by you. Include the label with ingredient list and nutrition content if available.
- Complete the food diary as you go along – don't try to remember at the end of the day or week.

Estimating amounts of food – useful tips:

Food	Useful measures
Bread	Record size of loaf and thickness of slice. Is it white or wholemeal? If a bread roll, how big was it or what length of baguette?
Breakfast cereal	Estimate number of tablespoons or serving spoons, or how many Weetabix, Shredded wheat etc.
Cake	Describe type of cake and size of piece eaten.
Chapatti	Record size and thickness and if any fat added to recipe or spread on before eating.
Drinks	Measure the amount of fluid your cup or glass holds. How much sugar is used in hot drinks? Is it ordinary or low calorie pop or squash?
Fish	What size piece / raw weight? Is it steamed or fried, battered, crumbed or in milk?
Fruit	Small medium or large, fresh or tinned (with juice or syrup)?



Patient Information

Food	Useful measures
Meat	State raw weight if you know how much was bought. Or state size and thickness of raw or cooked piece. How was it cooked?
Pasta and rice	Specify if using raw or cooked measurement, e.g. half mug full raw rice, or 3 serving spoons boiled pasta. State if white or wholemeal.
Pie	Estimate size, or dimensions of piece, and was it pastry top and bottom or just top?
Stew, casserole, curry	Indicate how much meat, chicken or lentils etc., were in the portion eaten.
Vegetables	State number of serving spoons or tablespoons, and was butter or margarine added when served?

Please complete the following questions:

Milk – do you use:

- Full cream Semi skimmed
 Skimmed other

How much milk do you use each day?

Sugar – do you add sugar to: Tea How much? teaspoon(s)
 Coffee How much? teaspoon(s)
 Other How much? teaspoon(s)

Spread – what brand of margarine or butter do you spread on bread?

How is it spread - thick thin medium

Salt - Do you add salt in cooking? Yes No teaspoons

Do you add salt at the table? Yes No

How much salt? A little A lot

Supplements – do you take any vitamin or mineral supplements? Please list.

.....

Do you take any other herbal, Chinese or complimentary medicines? Please list.

.....

Prescribed medications – please list medications taken. Please list.

.....

Patient Information

Food diary

Name Date of Birth

Day

Record all food eaten and drinks taken.

Be as accurate as possible in describing amounts – teaspoon or tablespoon, thick or thin, large or small.

Time of day	What did you eat or Drink?	How much?	Comments

Remember: include all foods and drinks taken in the home and out, and snacks or nibbles taken between meals.

Patient Information

Food diary

Name Date of Birth

Day

Record all food eaten and drinks taken.

Be as accurate as possible in describing amounts – teaspoon or tablespoon, thick or thin, large or small.

Time of day	What did you eat or Drink?	How much?	Comments

Remember: include all foods and drinks taken in the home and out, and snacks or nibbles taken between meals.

Patient Information

Food diary

Name Date of Birth

Day

Record all food eaten and drinks taken.

Be as accurate as possible in describing amounts – teaspoon or tablespoon, thick or thin, large or small.

Time of day	What did you eat or Drink?	How much?	Comments

Remember: include all foods and drinks taken in the home and out, and snacks or nibbles taken between meals.

Patient Information

Further Information

This leaflet was produced by the Coventry Dietitians, University Hospitals Coventry & Warwickshire NHS Trust (UHCW). If you have any questions or would like further information, you can contact the team on: 024 7696 6161.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6161 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Document History

Department	Dietetic Department
Contact Tel No	Ext 26161
Published	October 2008,
Reviewed	July 2011, August 2013, September 2015, October 2017
Review	October 2019
Version	5
Reference No	HIC/LFT/763/08