TIME	DESCRIPTION OF FOOD OR DRINK CONSUMED	WEIGHT	WEIGHT LEFT-OVER	Please Leave
				Blank

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TIME	DESCRIPTION OF FOOD OR DRINK CONSUMED	WEIGHT	WEIGHT LEFT-OVER	Please Leave
				Blank

#### **GENERAL INFORMATION**

- 1. What type of milk do you usually use?
- 2. Do you take milk in tea?
- 3. Do you take milk in coffee?
- 4. Do you take sugar in tea?

If YES how much per cup?

- 5. Do you take sugar in coffee?
  - If YES how much per cup?
- 6. What type of bread do you usually eat?
- 7. What type of spread do you usually add to your bread? Brand?
- 8. Do you add salt at the table?
- 9. Do you take vitamin or mineral supplements? What kind?
- 10. Did you make any changes to your diet over the 24hours as a result of having to record what you ate/drank?
- 11. Did you have any problems filling in your food diary?
- 12. Were there any foods that you did not eat as a result of having to record what you ate, if so why?
- 13. How active were you?
- 14. Was your pattern of activities fairly typical?

## INSTRUCTIONS FOR COMPLETING FOOD DIARY

- To be able to find out about all the nutrients in the foods you eat, please give a detailed description of everything you eat and drink over the next 7 days.
- Give a detailed description of each food item, including brand names where possible, and remember to record the method of cooking, e.g. boiled, deep fried, stewed, grilled etc., and the amount and type of fat you use for cooking, or add at the table. Some more detailed advice is given in the next few pages.
- 3. Collect the labels / wrappers of packaged foods and drinks where possible to assist with analysis.
- It is very important that you do not alter your eating habits whilst you are filling in this diary. This is so that you can make an accurate analysis of your <u>usual</u> diet.
- Record only ONE FOOD OR DRINK ITEM PER LINE, use as many pages as you need for a day, and start a NEW PAGE FOR EACH DAY.

## **RECORDING FOOD AND DRINK CONSUMED**

Write the day and date on each page and the time that the food or drink was consumed. Weigh each food and drink consumed whenever possible (see "TO USE THE SCALES"). Describe the foods eaten as clearly as possible, e.g. a cheese sandwich is really 3 foods – Bread, Margarine and Cheese. With foods such as fruit, remember to record the weight of the skin/core/stone in the weight leftover column. When it is not possible to weigh, (e.g. when eating away from home) please give a detailed description of the food / drink and estimate the amount you have consumed (see "ESTIMATING WEIGHTS").

## TO USE THE SCALES

- 1. Switch on scales; check that they are recording in grams.
- 2. Add an empty plate, bowl or cup and zero the scales.
- 3. Add the first food item to the plate and record the weight.
- 4. Zero the scales again, add the second food and record the weight, and so on.
- 5. Weigh any left-overs when finished and record the weight.

## **ESTIMATING WEIGHTS**

 WEIGHTS RECORDED ON WRAPPERS / PACKAGING OF BOUGHT FOODS, for example - crisps, chocolate, sweets, cans of drink, etc.

WEIGHT	WEIGHT LEFT-OVER	Please	Leave
		Blank	

DATE	DAY OF WEEK
TIME	DESCRIPTION OF FOOD OR DRINK CONSUMED
	IE FOOD/DRINK ITEM PER LINE

- 2. NUMBER AND SIZE of separate pieces, for example 2 plums, 6 small new potatoes, 1/4 honeydew melon, etc.
- 3. USING HOUSEHOLD MEASURES, for example teaspoon, dessertspoon, tablespoon, cup, mug etc.
- 4. SMALL, MEDIUM OR LARGE portion, or a canteen portion.

## **COOKED DISHES**

If you are having part of a home-made cooked dish, please record the following

- 1. the weight of your cooking pot or dish
- 2. the weights of each raw ingredient
- 3. the total weight of the cooked dish (subtract the weight of cooking pot or dish)
- 4. the amount that you had

## e.g. MACARONI CHEESE

Raw Ingredients	100g Macaroni
	350ml Milk
	25g Margarine
	25g Flour
	100g Grated Cheese
Cooked Weight	707g
Amount Eaten	230g

RECORD ONE FOOD/DRINK ITEM PER LINE

## **DESCRIPTION OF FOOD AND DRINK**

Specify the following:

MILK Full-fat, semi-skimmed, skimmed, etc.

- CHEESE Cheddar, cottage cheese, processed cheese, full fat soft cheese, etc.
- YOGHURT Full fat, thick and creamy, low fat, very low fat, Greek, etc.

EGGS Boiled, fried, poached, scrambled, etc.

MEAT Type and cut of meat, and method of cooking, e.g. pork chop, grilled; lean mince, stewed.

FISH Type of fish, and method of cooking, e.g. fish fingers grilled, haddock in batter, fried.

BREAD/ROLLS Wholemeal, white, brown, butteries, etc.

- SWEETS/Brand names and descriptions, e.g. CadburysCHOCOLATEWispa, Rowntrees fruit gums.
- BISCUITS Brand names and descriptions, e.g. Safeway's cheese thins, orange Club biscuit.

WEIGHT	WEIGHT LEFT-OVER	Please	Leave
		Blank	

ATE	DAY OF WEEK
TIME	DESCRIPTION OF FOOD OR DRINK CONSUMED
	-
	-

- CAKES Sponge cake, fruit cake.
- FRUIT Fresh eaten with or without skin. Canned in juice or syrup. Cooked fruit sweetened with sugar or sweetener. Whether with cream or custard.
- VEGETABLES Fresh, frozen or canned boiled, baked, fried, etc., potatoes with or without skin.
- FAT/SPREAD Brand names and type of butter, margarine, cooking oil, lard, etc. e.g. low salt, low fat.
- DRINKS Tea, coffee instant or ground, specify if decaffeinated, and remember to include milk type and sugar.

Fizzy drinks specify if diet, or caffeine-free. Squashes and fruit juice, specify if sweetened or unsweetened.

ALCOHOL Brand names and descriptions, remember to include mixers.

**RECORD ONE FOOD/DRINK ITEM PER LINE** 

# DATE - 20/11/00 DAY OF WEEK Monday

TIME	DESCRIPTION OF FOOD OR DRINK CONSUMED	W
8AM	Kelloggs Cornflakes	
	Semi-skimmed Milk	
	Fresh Orange Juice	
	Toast, white bread	
	Flora spread	
	Strawberry jam	
	Tea	
	Semi-skimmed Milk	
10.45AM	White Coffee – Vending Machine	
	Cereal Bar – Jordan's Raisin and Hazelnut	
1.00PM	Wholemeal Bread	
	Cheddar Cheese	
	Flora Spread	
	Pickle	
	Strawberry low fat yoghurt	
	Apple	
	Diet Coke	
3.30PM	White Coffee – Vending Machine	
	2 Digestive Biscuits	

RECORD ON	IE FOOD/DRINK	ITEM PER LINE

WEIGHT	WEIGHT LEFT-OVER	Please Leave Blank	

DATE	DAY OF WEEK
TIME	DESCRIPTION OF FOOD OR DRINK CONSUMED
	NE FOOD/DRINK ITEM PER LINE

**EXAMPLE OF ONE DAYS FOOD RECORD** 

WEIGHT	WEIGHT LEFT-OVER	Please Leave	
		Blank	
30g			
100g			
160g			
27g			
9g			
15g			
220g			
40g			
30g			
72g			
40g			
14g			
15g			
150g			
112g	12g (core)		
330g			
30g			
	1		

RECORD ONE FOOD/DRINK ITEM PER LINE

#### DATE - 20/11/00 DAY OF WEEK Monday

TIME	DESCRIPTION OF FOOD OR DRINK CONSUMED	WEIGHT	WEIGHT LEFT-OVER	Please	Leave
				Blank	
6.00PM	Pot				1
	Sunflower Oil				
	Chicken breasts – no skin				
	Onion				
	Carrot				
	Gravy				
	Total Cooked Weight				
	Amount Eaten				
	Boiled potatoes with skin				
	Peas				
	Carrots				
	Water				
8.30PM	Tea				
	Milk				
	2 Digestive Biscuits				
10.00PM	Bacardi				
	Diet Coke				
	E FOOD/DRINK ITEM PER LINE	ART A NEW PAGE			

RECORD ONE FOOD/DRINK ITEM PER LINE

	DAY OF WEEK		
TIME	DESCRIPTION OF FOOD OR DRINK CONSUMED		
	E FOOD/DRINK ITEM PER LINE		

### EXAMPLE OF ONE DAYS FOOD RECORD

WEIGHT	EIGHT WEIGHT LEFT-OVER PIG		
		Blank	
550g			
15g			
260g			
60g			
80g			
100g			
450g			
220g			
160g			
60g			
70g			
200g			
220g			
40g			
30g			
50g			
150g			