

**Food Diary – inpatient or outpatient**

Dietitian: _____

Phone: _____

- Please **record all food and drinks** eaten over the three day period. This will help the dietitian to assess your nutritional intake.
- Be specific, where possible. Make sure you include:
 - o the amount eaten (e.g. 200g chicken breast)
 - o the brand of the product if known (e.g. Physical low fat milk)
 - o any spreads or sauces added (e.g. butter, margarine, soy sauce etc)

	DAY 1 Date:	DAY 2 Date:	DAY 3 Date:
BREAKFAST			
MORNING TEA			
LUNCH			
AFTERNOON TEA			
DINNER			
SUPPER			
EXERCISE (type and how long)			