

Name: .....  
DOB: .....  
NHS No: .....

### Using Your Food Diary

Recording everything you eat and drink can be useful for you and your Dietitian. It can help you to see where you may be able to make changes to your diet.

Write down **everything** you eat and drink for 3 days. This includes snacks, cups of tea and coffee, soft drinks and alcohol. Include at least one day when you aren't working or in your usual routine.

Be specific about what you ate - was it grilled or fried, low-fat or standard, tinned or fresh?

Write down **how much** you ate or drank. You do not need to weigh food, but record amounts in portion sizes, e.g. tablespoons, slices etc.

You may find it useful to record how you felt when you were eating. This is to help **you** understand what and how you eat as well as the Dietitian.

### EXAMPLE Food and Drink

- Bran Flakes (6 tbsp)
- Semi Skimmed Milk (1/2 pint)
- Toast (2 slices of Granary)
- Margarine (scraping of Flora)
- Tea and milk/sugar (1 tsp)

### Activity

Walking dog (30 mins)

### Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call: **01253 655588**

### Patient Relations Department

For information or advice please contact the Patient Relations Department via the following:

Tel: **01253 655588**  
email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:  
**Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website:  
**www.bfwh.nhs.uk**

### Travelling to our sites

For the best way to plan your journey to any of the local sites visit our travel website:  
**www.bfwhospitals.nhs.uk/departments/travel/**

### Useful contact details

Hospital Switchboard: **01253 300000**

### References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from:  
**Policy Co-ordinator/Archivist**  
**01253 303397**



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# Food Diary

## Patient information Department of Nutrition and Dietetics



Name: ..... Date of Birth : .....

	Time	Food and Drink	Activity
Day 1			
Day 2			
Day 3			

*Please remember to bring your food diary to your appointment*