



Patient's name label

Food Diary Form

(Date: _____)

- ❖ **Please record all the foods, drinks and snacks that you usually consume.**
- ❖ **Use ONE form for each day and record your intake on 2 weekdays and 1 weekend.**
- ❖ **Include the quantity as accurately as possible, using the food pictures provided in the booklet to estimate your food portion sizes.**

MEAL	FOOD (Description, cooking method, quantity) For example: Plain rice, A1; Chicken, without skin, stir-fried with soy sauce, C2; broccoli, boiled, J2; 1 small red apple, with skin	DRINKS (Description, quantity) For example: Coffee with or without milk or sugar; type of milk (non-fat, low fat); instant, ground, decaffeinated; 250ml.
Breakfast (_____)		
Mid – morning (_____)		
Lunch (_____)		
Mid – afternoon (_____)		
Dinner (_____)		

Supper (_____)		
Others (include any other snacks or drinks consume d during the day)		