

WELL NOURISHED

Empowering food choice for health

Weekly Food Diary

Your name:

Please record all your food and drink (including alcohol) eaten over 3-5 days (including a weekend day) e.g. **Type of foods** e.g. trim or whole milk, brown or white bread, plain or chocolate biscuits; **brand names**; **how the food was prepared** (eg: fried, roasted, boiled, grilled, microwaved, stewed, barbecued) and **the amount** you consume e.g. cups, spoons, mls or weights. If appropriate also include related symptoms.

DAY	Breakfast	Mid morning	Lunch	Afternoon	Dinner	Symptoms

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