

# 3-Day Food and Fluid Record

Please complete this food record *before* your appointment and bring it in on the day of your appointment to get the most out of your consultation

- Record all food and drinks consumed over 3 days (ideally 2 weekdays and 1 weekend day)
- Record quantity as either amount (e.g. 1 slice bread), weight (grams/ml) or cup measures e.g. ½ cup (1 cup= 250ml)
- Be specific where you can with product brands
- Include any fats/oils using in cooking, recording amount used as best as possible
- If the meal is a mixed meal or from a recipe, you may add in the recipe in the notes below
- In 'Other Comments', include amount of time of any physical activity/ sport, symptoms where relevant (such as bloating, abdominal pain, rash, teething), mealtime environment (ate together with family) or any screen-time (e.g. meals eaten at table with iPad, or in front of TV)

**Example of how to complete food and fluid record**

Time	Meal	Food & Drink Consumed (including quantity)	Where Consumed (home/ café/ work/school/ social occasions)	Other Comments (any physical activity/ sport, symptoms where relevant, mealtime environment, screen time)
7am	<b>Breakfast</b>	2 Multigrain Weet-bix + 300ml of Paul's Smarter White milk	home	-
11am	<b>Mid-Morning</b>	1 medium full cream flat white coffee + 1 medium banana	café	walked to café and back- 30 mins

**Notes:**

Day 1

Date:

Time	Meal	Food & Drink Consumed <i>(including quantity)</i>	Where Consumed <i>(home/ café/ work/ school/ social occasions)</i>	Other Comments <i>(any physical activity/ sport, symptoms where relevant, mealtime environment, screen time)</i>
	Breakfast			
	Mid-Morning			
	Lunch			
	Afternoon			
	Dinner			
	Supper/ Overnight			

Day 2

Date:

Time	Meal	Food & Drink Consumed <i>(including quantity)</i>	Where Consumed <i>(home/ café/ work/ school/ social occasions)</i>	Other Comments <i>(any physical activity/ sport, symptoms where relevant, mealtime environment, screen time)</i>
	Breakfast			
	Mid-Morning			
	Lunch			
	Afternoon			
	Dinner			
	Supper/ Overnight			

Day 3

Date:



Time	Meal	Food & Drink Consumed <i>(including quantity)</i>	Where Consumed <i>(home/ café/ work/ school/ social occasions)</i>	Other Comments <i>(any physical activity/ sport, symptoms where relevant, mealtime environment, screen time)</i>
	Breakfast			
	Mid-Morning			
	Lunch			
	Afternoon			
	Dinner			
	Supper/ Overnight			