

3-Day Food and Fluid Record

Please complete this food record *before* your appointment. Once complete, please email it to us on specialist@signalhealthtusmore.com.au so it can be reviewed before your appointment. If you are unable to email it, please bring it in on the day of your appointment.

- 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 <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>
<i>7am</i>	Breakfast	<i>2 Multigrain Weet-bix + 300ml of Paul's Smarter White milk</i>	<i>home</i>	-
<i>11am</i>	Mid-Morning	<i>1 medium full cream flat white coffee + 1 medium banana</i>	<i>café</i>	<i>walked to café and back- 30 mins</i>

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			