





PERSONAL DATA SHEET

Name:					
Telephone:		:			
Date of Birth: Sex: Male		/		Age:	
Estimated Activity (tick one)	Level:	Light	Medium	Heavy	Very Heavy
Estimated Quality (tick one)	of diet:	Good	Average	Poor	Ticavy

Examples Of Activity Levels

Activity Level	Normal Activities	Sport & Leisure Activities
Light	Light domestic chores, food	
	preparation, slow walking, unhurried shopping, easy gardening, operating computer, sewing etc.	
Moderate	Slow cycling, heavy domestic chores, washing windows, garden sweeping and cultivating, carpentry, painting, brisk level walking etc. Social sports, golf, cycling, cricket etc.	Social sports, golf, cycling, cricket etc.
Heavy	Hilly walking (5kg backpack), construction work, using heavy tools, sawing hardwood, (activity leads to light sweating).	Jogging, slow freestyle swimming, roller blading, hockey, social tennis.
Very Heavy	Hilly walking (20kg backpack), heavy factory work, carrying logs, (activity leads to free	
	sweating).	



The purpose of the Seven-Day Food Diary is to assist you in better understanding the relationship between your food intake and your health.

Seven-Day Food Diary for Dietary Analysis

In order to be able to analyse your food intake over a seven-day period, we request that you do the following:

- Complete the personal data sheet
- Read the instructions regarding the completing of the Seven-Day Food Diary
- Complete the Seven-Day Food Diary
- Return the full documentation to the practice, either in person, or by fax.

If you have not done so already, we would ask you to book an appointment with your doctor or health professional to discuss your dietary analysis. It is also important to stick to your usual diet during the seven-day period and to be as accurate as possible when listing your food and beverage intake.

At the time of your follow-up consultation, you will be provided with medical/nutritional information to assist you in better understanding and managing your health and wellbeing from a dietary perspective.

Instructions on how to fill in the Seven-Day Food Diary can be found on page 4.



FOOD DIARY INSTRUCTIONS

Record everything consumed over the seven days, Including ALL food and beverages consumed from the moment of waking until bedtime at night.

A detailed description of all foods and beverages is required where possible, e.g.

- Is the bread wholemeal, rye, white or multi-grain?
- Are the vegetables and/or fruits peeled or unpeeled?
- What type of sweetener is being used, e.g. white sugar, raw sugar, honey, or artificial-sweetener?
- Salad dressings and sauces Is the dressing or sauce cream-based, stock-based, cheese-based or other?
- Record whether the product is full fat, reduced fat or no fat, e.g. milk, cheese, yoghurt, margarine, salad dressing or mayonnaise.

ALSO

- Please include the sizes and/or amounts of the food and beverages consumed, e.g. small banana, large glass of orange juice. See next page for guidelines.
- Include brand names wherever possible.
- If the food or beverage is an unusual one, do your best to describe it. Please list the main ingredients if the food or beverage is a packaged item.
- Record the type of oils or fats being used in the cooking of the food, e.g. canola oil or butter. Try to estimate amounts where possible.
- Record the type of spread being used in association with the food, e.g. margarine, butter or cottage cheese.



FOOD DIARY INSTRUCTIONS (continued)

Estimating Food and Beverage Quantities

Fish, Meat and Poultry

For Cooked Meat:

- Compare the size to the palm of your hand (One palm is approx 100g).
- Specify the number of chops or cups of mince.

For Chicken:

- Specify portion size and type, e.g. fillet, drumstick, wing etc.
- (Medium fillet = 200-250g).

For Fish:

• Specify the number and size of fillets (One medium fillet = 150g).

Dairy Foods and Soy Products

For Cheese:

- One matchbox size cube of cheese = 30g.
- Number of slices (One slice of processed cheese = 21g).

For Milk: (See Beverages)

For Yoghurt:

- One small tub = 200g
- For yoghurt eaten out of large tubs, estimate in cup sizes or tablespoons.

For Ice-Cream:

• One scoop = 40ml



FOOD DIARY INSTRUCTIONS (continued)

Vegetables

• Measure in cup sizes e.g. one cup of cooked or raw vegetables.

Fruits

- Estimate the size of the fruit e.g. small, medium or large.
- State how many pieces of fruit are consumed and whether or not they are peeled.

Breads, Cereals and Pasta

• For Pasta, Rice and Cereals:

Measure in cup sizes e.g. One cup of cereal.

- For Breads:
- State the size of a bread roll small, medium or large.

Grains (e.g. Rice, Millet, Buckwheat etc)

• Measure in cup sizes e.g. One cup of brown rice.

Cooking Oils

Measure in teaspoons or tablespoons.

Spreads (e.g. Butter or Margarine)

• Thin or thick.

Sugars

Measure in teaspoons or tablespoons.



FOOD DIARY INSTRUCTIONS (continued)

Beverages Specify-

- Cup
- Mug (250g)
- Small water glass (120ml)
- Large glass (300ml)
- Can (375ml)
- Bottle (600ml)
- If you use a particular size glass or mug, measure how much it holds then estimate the amount of fluid consumed as a proportion of the total.





Sample

Name:	Margot Hart	

Day: Tuesday

Date: <u>2</u> / <u>2</u> / <u>2015</u>

TIME	FOOD/ BEVERAGE	SYMPTOMS
8:00	1 small tub Yoplait low fat yoghurt,	
	4 large strawberries \$ 6 macadamia nuts	
	Small can tuna in olive oil (drained), 2 salad	
	leaves, 1/4 cup chopped celery 1/2 small	
	cantaloupe and 10 blueberries	
		Bloated, but not heavy
		Eyes feel 'strange'. Very tired
13:00	1 piece of wholemeal toast	'OK-ish'
		Tiredness/Fatigue
		Bloating starts after taking Sotalol
		Bloating bad, feet burning badly
16:00	1 medium (150 grams) fillet baked fish,	
	1 tomato, 1/2 cup broccoli,	
	1/2 cup green beans, 1 slice fresh pineapple	
		Bloating very bad up to bed-time,
		very bad burning feet
22:00	1 glass low fat milk (Physical), Benefibre	



Day 1

Name:		 		 	
Day:				 	
Datos	/	/			

TIME	FOOD/ BEVERAGE	SYMPTOMS



Day 2	Day	2
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Name:	 		 	
Day:	 		 	
Date:	/	/		

TIME	FOOD/ BEVERAGE	SYMPTOMS



Day 3

Name:			 	
Day:				
Dato:	/	/		

TIME	FOOD/ BEVERAGE	SYMPTOMS



Da		
	Ly	

Name:		 	 		
Day:			 		
Datos	/	,			

TIME	FOOD/ BEVERAGE	SYMPTOMS



Day 5

Name:		 	 	
Day:				
Datos	/	,		

TIME	FOOD/ BEVERAGE	SYMPTOMS



D	ay	6

Name:	 		 	
Day:				
Dato	/	/		

TIME	FOOD/ BEVERAGE	SYMPTOMS



Day	7

Name:			 	
Day:			 	
Dato:	/	/		

TIME	FOOD/ BEVERAGE	SYMPTOMS