

Department of Nutrition & Dietetics
Patient Information

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The Information Standard  Certified Member

Information

**DIABETES
FOOD RECORD
CHART**

Please record accurately all food and drink taken for _____ days, including the weekend.

Name

Date

Dietitian

Tel. Number

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

How to fill in your diary

- Please complete the food diary like the example on page 5.
- It is important to write the information down just before or after eating or drinking (a quick snack is easily forgotten!).
- Describe the food and drink as accurately as possible, for example a sandwich can be three foods - bread, butter/margarine and filling.
- Give brand names where possible.
- Where possible state the weight i.e. the weight on the packet, and how much has been eaten OR in household measures e.g. slices, teaspoon, tablespoon, cup etc. It is not necessary to weigh food out.
- Please state the method of cooking i.e. grilled, fried etc.
- If any dishes are homemade e.g. pie or stew, give the recipe where possible, using a separate piece of paper.
- Please write when activity is undertaken, what activity it was e.g. gardening, cycling and the duration spent participating.

PLEASE ANSWER THE FOLLOWING QUESTIONS BY **TICKING** THE APPROPRIATE ANSWER OR GIVING AMOUNTS:

- **How many people share your home?**

.....

- **What type of milk do you use?**

- Full cream
- Semi skimmed
- Skimmed
- Other - please specify

- **How much milk do you drink daily?**

.....

- **What type of bread do you eat?**

- White
- Wholemeal
- Brown
- Granary
- Other - please specify
- Thin sliced
- Medium sliced
- Thick sliced

- **On average how much bread do you eat daily?**

.....

-

- **What type of fat do you use on your bread?**

- None
- Margarine - what type
- Butter
- Low fat spread
- Other - please specify

• **How much spreading fat do you use each week?**

.....

• **How is this fat spread?**

- Thinly
- Medium
- Thickly

• **Do you add sugar to hot drinks?**

- Yes – If yes, how many teaspoons?
- No

- Level
- Heaped

• **Do you add sugar to breakfast cereal?**

- Yes - If yes, how many teaspoons?.....
- No

• **Do you use artificial sweeteners?**

- Yes - If yes, please specify
- No

• **What type of fat/oil do you use for cooking/baking?**

- Lard
- Butter
- Margarine
- Oil
- Other - please specify

• **If you use oil, what sort of oil do you use?**

- Monosaturated oil e.g. olive, rapeseed
- Polyunsaturated oil e.g. sunflower, soya, corn, vegetable
- Other - please specify

• **Do you use salt in cooking?**

- Yes
- No

• **Do you add salt at the table?**

- Yes - If yes, what type do you use?
- No

• **Do you drink alcohol?**

- Yes - If yes, how much?
- Type
- No

• **Do you smoke?**

- Yes - If yes, how many per week?
- No

Example of how to complete the food diary:

Time of Food/drink	Food/Drink	Blood Sugar	Time of Blood Sugar
7:30am On waking	Glass water	7	7:30am
8:30am Breakfast	Shreddies 3 tablespoons 150ml semi skimmed milk 1 slice wholemeal bread Margarine, spread thinly Glass of water		

EXAMPLE

Date:

Time of food/ drink	Food/drink	Blood Sugar	Time of blood sugar	Comments

Date:

Time of food/ drink	Food/drink	Blood Sugar	Time of blood sugar	Comments

Date:

Time of food/ drink	Food/drink	Blood Sugar	Time of blood sugar	Comments

Date:

Time of food/ drink	Food/drink	Blood Sugar	Time of blood sugar	Comments

Date:

Time of food/ drink	Food/drink	Blood Sugar	Time of blood sugar	Comments

Thank you for completing your food diary. This will enable an accurate assessment of your diet. Please return to:

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