

# Metabolic food record (3 days)

Name: .....

D.O.B: .....

Please fill this in and bring it to your appointment.

For the most accurate record, please:

- > Keep the diary for one weekend day and two week days.
- > Record all food and drinks consumed.
- > If for any reason your child's intake is different to normal during the days of the diary please indicate. E.g. party/unwell etc.
- > Record amount as accurately as possible eg weights, cup, tablespoon or teaspoon measure.
- > Give the brand name of purchased foods and include label if possible.
- > Give some idea of cooking methods or a recipe for home cooked meals, including the proportion of the recipe your child ate.

*\*If you do not count protein please ignore the grams of protein column*

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**Children, Youth and Women's Health Service**  
**Nutrition Department**  
**72 King William Road**  
**North Adelaide SA 5006**  
**Telephone: (08) 8161 7233**



Day 1 Date:

	Food and Drinks	Amount	Grams of Protein	Comments
Breakfast				
Mid morning				
Lunch				
Mid afternoon				
Tea				
Before bed				

Day 2 Date:

	Food and Drinks	Amount	Grams of Protein	Comments
Breakfast				
Mid morning				
Lunch				
Mid afternoon				
Tea				
Before bed				

Day 3 Date:

	Food and Drinks	Amount	Grams of Protein	Comments
Breakfast				
Mid morning				
Lunch				
Mid afternoon				
Tea				
Before bed				