**DIET INFORMATION**

Are there any foods that you crave?

Are there any foods that you dislike?

What are your favourite foods?

Which foods would you find hard to give up?

Are you following a special diet, now or in the past?

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| --- | --- | --- | --- |
| Do you or have you experienced an eating disorder? cater for a special diet in the family? eat lots of wheat and dairy products? eat out frequently? eat when stressed? not avoid additives and preservatives? is your diet repetitive? | □□□□□□□ | Do you cook for more than one? enjoy eating and preparing food? enjoy entertaining? have a good appetite? mainly purchase organic produce? have you recently changed your diet? is shopping easy for you? | □□□□□□□ |
| **FREQUENCIES** | *Please indicate the number of exposures as applicable.* |
| How many biscuits in a week?How many cakes/pastries in a week?How many cups of coffee a day?How many cups of tea a day?How many cigarettes a week?How many pints of milk a week?How many units of alcohol a week?How much chocolate in a week?Quantity of red meat\* in a week?Quantity of white fish in a week?Quantity of oily fish in a week?Quantity of Poultry in a week? | ……………..……………..……………..……………..……………..……………..……………..……………..……………..……………..……………..…………….. | How many eggs a week?How many glasses of water a day?How many raw salads in a week?How many slices of bread a day?How many tomatoes a week?How much cheese a week?How many portion of (a portion = 80 grams) broccoli a week? cabbage a week? fruit a day? red berries a week? vegetables a day? | ……………………………………………………………………………………………………………………………………………………………………………… |

\*red meat = beef, pork, lamb and processed foods like ham, burgers and sausages

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| --- | --- | --- |
| DIETARY CHOICES |  |  |
| Do you□ add salt to cooking or food?□ add sugar to food or drink?□ drink tea or coffee?□ drink decaffeinated tea or coffee?□ frequently add prepared pickles and vinegar to meals?□ frequently add prepared sauces and ketchups to meals?□ mainly cook with vegetable oils?□ mainly drink tap water?□ mainly eat white bread?□ mainly use margarines?□ mainly use unrefined oils?□ regularly chew gum, toffees or sweets?□ regularly eat fried food?□ regularly eat processed food?□ regularly eat ready prepared meals?□ regularly eat salted and roasted nuts?□ regularly eat smoked and barbecued food?□ regularly eat take-away meals?□ regularly microwave food? | □□□□□□□□□□□□□□□□ | Do you avoid additives and preservatives? choose mainly low-fat food? dilute fruit juices? drink mainly bottled water? drink mainly filtered water? drink mainly organic beverages? eat mainly fresh fruit and vegetables? eat mainly organic produce? eat mainly wholegrain bread, pasta & cereals? regularly drink herbal teas? regularly eat beans and lentils? regularly eat seeds? use olive oil/butter for cooking? wash/peel chemically treated fruit and vegetables?Were you breast-fed? raised on a healthy diet? |

Please complete the following diary for 3 days – ideally a weekday, a Saturday and a Sunday.

Record as much info as possible for food and drink eg quantities, how it was prepared, was it fresh / tinned / frozen? Include all drinks including alcohol

 **Day : Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Food / Drink** | **Where?** | **Hunger level** | **Mood / state of mind before and after eating** | **Comments** | **Today’s summary**Did anything of importance or interest happen today? |
|   |  |  |  |  |  |  |
|  |  |  |  |  |  | What exercise or activity carried out today? |
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|  |  |  |  |  |  | Tomorrow’s expectations, problems and solutions: |
|  |  |  |  |  |  |  |
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