

Please Fill in the Following Details:

Child's Name: Surname:

Mother's Name: Surname:

Child's Date of Birth:
(DD/MM/YYYY)

Please Select (✓) the Group Your Child is in:

EARLY Introduction STANDARD Introduction

5 DAY FOOD DIARY (1 YEAR)



Guidance for Completing the 5 Day Food Diary

Please record **all food and drink consumed** (actually eaten, not just offered! ☺). Include breastfeeds, bottle feeds, snacks, drinks and anything added like sauces, butter, oil, or any type of milk. If possible, please aim to complete 5 consecutive days (3 week days & 2 weekend days) within the first two weeks of your child turning 1 year old.

In **all** cases, please indicate food portion sizes in weight or volume (e.g. 6 oz, 40g, 100ml), household measurements (e.g. 2 tablespoons, 1½ teaspoons), by packet or jar size if using baby jars (e.g. ½ of a 12 month jar), or by fractions (e.g. 1/2 small pear or 1 biscuit).

For ready made baby food jars or products, record the brand and product name (e.g. Hipp Organic Stage 3 Vegetables with Rice and Chicken).

Note: If you are using formula milk, follow-on milk, or a toddler milk please record the formula brand and stage (e.g. SMA Follow-On milk, Aptamil Growing-Up milk etc).

If you are continuing to breastfeed your child, please still record each session, how many sides were given that session and the length of feeding on each side (in minutes).

Write 'No food taken' if your child doesn't eat anything during certain meal or snack times.

Remember:-

Please do not adjust what your child eats and drinks because you are keeping a diary. We want to know what your child has **really** eaten!

Example of a Completed Day in a Food Diary

This is an example of how to record different foods eaten for a sample day in the food diary. Please note this is for guidance only as your child may eat more or less than the amounts shown below and/or still be partly breastfed.

Meal Time	Food Type & Cooking Method	Quantity Eaten
Wake	Breastfed (2 sides)	10 minutes each side
Breakfast	Weetabix mixed with full-fat cow's milk	1 biscuit 120ml of milk
Mid-morning	No food taken	
Lunch	Wholemeal toasted soldiers with smooth peanut butter Yoghurt with chopped banana Water to drink	1 large slice whole-meal bread, 1 1/2 teaspoons peanut butter 50g fruit yoghurt mixed with 1/4 small banana 1/2 beaker water
Mid-afternoon	Formula milk (specify brand & stage) Sliced cherry tomatoes	6 oz 5 tomatoes
Dinner	Fish fingers with baked beans and mashed potatoes Apple Full-fat cow's milk	2 fish fingers 1 tablespoon baked beans, 2 table-spoons mashed potatoes 1/2 small apple 150ml milk
Bedtime/ Night Feeds	Expressed breast milk	3 oz

Use of Cow's Milk for Children 1 Year Old and Onwards

Please note that cow's milk may be used in cooking before 1 year of age but is not suitable as a drink before this time as it does not contain the necessary balance of nutrients baby needs. However after one year of age it is fine to give your child cow's milk to drink alongside a healthy balanced diet. When using cow's milk as a drink for your child ensure it is full-fat until at least 2 years of age.

What happens if my child is ill?

If your child ends up being ill, and the intake is significantly different on one or two days during the 5 day collection process, please continue to collect one or two more days to help us get a better idea of your child's typical intake. In such cases, print out an additional copy of pages 6-7 and write in the appropriate dates at the top.

Please also note which days your child was ill in the 'additional comments' section at the end of this food diary.

What do I do after completing my child's food diary?

Please ensure the food diary is completed in time for your child's 1 year EAT study visit. You will be required to bring the completed diary along with you to the Snowy Owl Ward at the Evelina Children's Hospital.

If the food diary needs to be sent back to us, please fold the food diary in half and send it back to us in an A5 (half of A4) or smaller envelope to the free post address below:

FREEPOST RSGL-ZBUE-YSYL
The EAT Study
Children's Allergy Dept (South Wing)
St Thomas's Hospital
249 Westminster Bridge Road
LONDON
SE1 7EH

Thank you for your participation in the EAT Study!

FOOD DIARY– DAY 1

DATE: (DD/MM/YY)
 CHILD'S INITIALS:(FIRST, LAST)

FOOD DIARY– DAY 2

DATE: (DD/MM/YY)
 CHILD'S INITIALS:(FIRST, LAST)

Fill in the date, above, and complete the table below for each meal, like the sample on page 2.

Meal Time	Food Type & Cooking Method (include details of breastfeeding session or brand and stage of formula used)	Quantity Eaten
Wake		
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime/ Night Feeds		

Fill in the date, above, and complete the table below for each meal, like the sample on page 2.

Meal Time	Food Type & Cooking Method (include details of breastfeeding session or brand and stage of formula used)	Quantity Eaten
Wake		
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime/ Night Feeds		

FOOD DIARY– DAY 3

DATE: (DD/MM/YY)
 CHILD'S INITIALS:(FIRST, LAST)

FOOD DIARY– DAY 4

DATE: (DD/MM/YY)
 CHILD'S INITIALS:(FIRST, LAST)

Fill in the date, above, and complete the table below for each meal, like the sample on page 2.

Meal Time	Food Type & Cooking Method (include details of breastfeeding session or brand and stage of formula used)	Quantity Eaten
Wake		
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime/ Night Feeds		

Fill in the date, above, and complete the table below for each meal, like the sample on page 2.

Meal Time	Food Type & Cooking Method (include details of breastfeeding session or brand and stage of formula used)	Quantity Eaten
Wake		
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime/ Night Feeds		

FOOD DIARY– DAY 5

DATE: (DD/MM/YY)

CHILD'S INITIALS:(FIRST, LAST)

Is your child currently on any dietary supplements (e.g. vitamin drops, calcium)?

No Yes

If **Yes**, please give details below:

Brand/product name(s): _____

Dosage/Amount given: _____

Your child's age when this was started (specify at what weeks or months of age): _____

How often your child receives this supplementation?

Daily 2-3 times/week weekly

2-3 times/month Once a month or less

Additional Comments

Please use the space below to tell us any further information that you feel is relevant to this food diary:

Please remember to bring the completed food diary with you to your child's 1 year EAT Study visit. Thank you!



If you have questions concerning the completion of this food diary, please contact the EAT Study Team:

0800 358 0021 or
eatstudy@gstt.nhs.uk

Fill in the date, above, and complete the table below for each meal, like the sample on page 2.

Meal Time	Food Type & Cooking Method (include details of breastfeeding session or brand and stage of formula used)	Quantity Eaten
Wake		
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime/ Night Feeds		