

Please Fill in the Following Details:

Child's Name: Surname:

Mother's Name: Surname:

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

Age at which solids were started:weeks of age

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

☐ EARLY Introduction

☐ STANDARD Introduction

5 DAY FOOD DIARY (6 MONTHS)



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 6 months.

In **all** cases, please indicate food portion sizes in weight (e.g. 3 oz, 50ml, 20g), household measurements (e.g. 2 table-spoons, 1½ teaspoons), by packet or jar size (e.g. ½ of a 7 month jar), or by fractions (e.g. 1/4 small pear or ½ biscuit). For yoghurt pots, please also specify the weight in grams.

For ready made baby food jars or products, please record the brand and product name (e.g. Hipp Organic Stage 1 Vegetables with Rice and Chicken).

Note: If you are using formula milk, please record the formula brand name and stage.

Please write 'No food taken' if your child doesn't eat anything during certain meal/snack times.

Still exclusively breastfeeding?

We would still like to know how often you breastfeed your child each 24 hour period. So please record each session, how many sides were given that session and the length of feeding on each side (in minutes).

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 or still be currently exclusively breastfed.

Meal Time	Food Type & Cooking Method	Quantity Eaten
Breakfast	<i>Weetabix mixed with breast milk</i>	<i>½ biscuit 5 tablespoons breast milk</i>
Mid-morning	<i>No food taken</i>	
Lunch	<i>Smooth peanut butter mixed with mashed banana</i>	<i>1 ½ teaspoons peanut butter ¼ small banana</i>
Mid-afternoon	<i>Expressed breast milk</i>	<i>2 oz</i>
Dinner	<i>Fishfinger (breadcrumbs removed) with apple puree</i>	<i>1 fishfinger 1/4 jar Cow & Gate apple puree</i>
Bedtime	<i>No food taken</i>	
Night feeds	<i>Breastfed (2 sides)</i>	<i>10 minutes each</i>

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 fold the completed 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.

You can hand write this address as below or for your convenience, cut and paste the printed address label provided on the last page of this booklet.

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 in advance for your assistance!

FOOD DIARY– DAY 1

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
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime		
Night Feeds		

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
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime		
Night Feeds		

FOOD DIARY– DAY 3

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
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime		
Night Feeds		

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
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime		
Night Feeds		

FOOD DIARY– DAY 5

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
Breakfast		
Mid-morning		
Lunch		
Mid-afternoon		
Dinner		
Bedtime		
Night Feeds		

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 does your child receive 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:

Thank you for your participation in the EAT Study!



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

FREEPOST ADDRESS LABELS (To Cut and Paste)

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For your convenience we have provided these printed labels that you can simply cut and paste onto the envelope.

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