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**Kidz Nutrition Food & Symptom Diary**

* Please complete the following food & symptom diary for at least 5 days, preferably including a weekend
* Do not change your child’s diet, eating patterns, or portion sizes. The idea is to get an accurate picture of your child’s usual intake including all fluids and food.
* For babies please include duration of breast feeds, or for bottle fed babies the amount of expressed breast milk or formula drunk.
* For intake of solids in babies depending on the amount they are having indicate how much was eaten in teaspoons or cup measures e.g ½ cup. For commercial baby foods specify the brand, the weight of the pouch/jar & how much of it was eaten.
* In older children please be specific with brands and amounts of all packaged products and all drinks e.g water, tea, milk, juice, sports drinks etc.
* Include all condiments/fats/oils/sugar added to foods e.g butter, salt, oil,
* If your child has problems with reflux, vomiting, diarrhoea, blood in bowel motions, constipation, bloating, food cravings or other symptoms that you think may be food related please record these in the symptoms column.

For example:

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| --- | --- | --- |
| Time | Food/drink consumed | Symptoms |
| 7 am  7.30 am  10 am | Breast feed 10 min each side  1 tablespoon Farex baby cereal mixed with 50 ml Karicare 1 infant formula @ 1 x tablespoon homemade puree pear.  Ate ¾ of it or 10 teaspoons  Breast feed 10 min left side, refused right side | Back arching, pulling off screaming  Watery diarrhoea 8 am  Very windy/uncomfortable  Large spill |

|  |  |  |
| --- | --- | --- |
| Time | Food/drink consumed | Symptoms |
| 7 am  10 am  12.30 pm | ½ cup Light & Tasty cereal with ½ banana & ¾ cup blue top milk + 1 x glass (250 ml) Stephan’s fresh orange juice  1 x 150 g pottle Fresh and Fruity strawberry yoghurt  2 x slices Vogel’s sandwich sliced bread with 1 tablespoon original Lisa’s hummus and ½ a tomato + 10 grapes  200 ml of water | Craving something sweet  Bloated |

Please contact me if you have any queries about completing this food and symptom diary.

I look forward to meeting you and your child at your appointment.

Kind Regards

Rebecca Bruce

****NZ Registered Dietitian

Date:

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| --- | --- | --- |
| Time | Food/drink consumed | Symptoms |
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Date:

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| --- | --- | --- |
| Time | Food/drink consumed | Symptoms |
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Date:

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| Time | Food/drink consumed | Symptoms |
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| Time | Food/drink consumed | Symptoms |
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