

Food Intake

Please record the typical food and drinks that you/your child are currently consuming.

Breakfast:

Morning tea:

Lunch:

Afternoon Tea:

Dinner:

Supper:

Drinks:

Commonly eaten fruit:

Commonly eaten vegetables:

Do you eat the following:

Food/Drink	Yes	No	Types/Frequency
<i>E.g. Tea</i>			<i>Peppermint tea 3x per week</i>
Breads			
Cereals			
Rice			
Pasta			
Crackers/crispbreads			
Cakes/biscuits			
Cow's milk			
Lactose free milk			
Soy milk			
Other milks			
Cheese			
Yoghurt			
Ice-cream			
Red meat			
Chicken			
Processed meats			
Fish/seafood			
Eggs			
Legumes / lentils			
Nuts / seeds			
Butter/margarine/spreads			
Oils			
Chocolate			
Lollies			
Chewing gum			
Tea			
Coffee			
Juices/soft drink/cordial			
Alcohol			
Sauces/marinades/chutneys			
Herbs/spices/stock/seasoning			
Take-away/café/restaurant foods			

