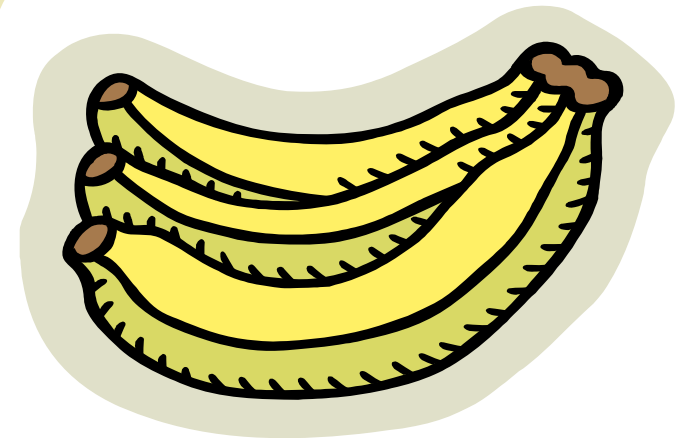
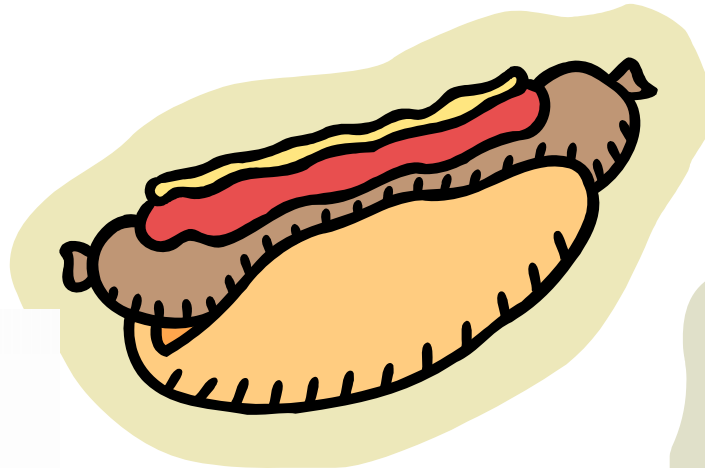
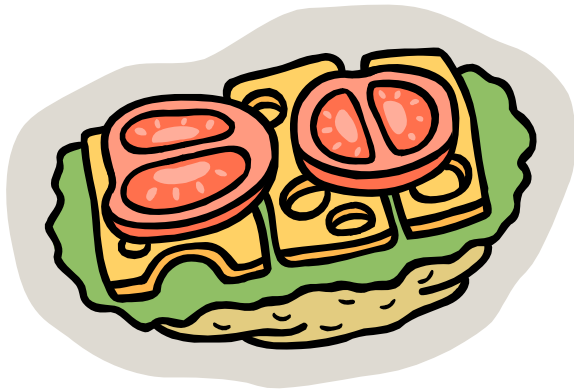


ID No:

MRC

Human
Nutrition
Research

4 DAY FOOD and DRINK DIARY



If you have any questions about this diary please contact Diane Bamber on: 01223 746054, email: djb69@cam.ac.uk

We are trying to find out what teenagers really eat and drink so we are asking you to keep a record in this diary of everything you eat and drink for 4 days; 2 days will be school days and 2 will be at the weekend.

First it would help us if you could answer the following questions. Tick in the box or write where you are asked to describe. You may need to ask someone else at home for information about bread/fats/milk.

How many days a week do you **usually** eat breakfast

Rarely or never

1 - 2

3 - 4

5 or more

On schooldays during lunch break do you **generally** eat the lunch served in the school canteen

(tick the one you do most often)

eat a packed lunch brought from home

buy something from a school vending machine

go out of school to buy something

Other, please describe.....

For your main meal in the evening can you tell us (using the table on the next page) how many times during the week you usually

- a) eat out in a restaurant or café. This includes fast food restaurants such as McDonalds, KFC etc
- b) eat a meal at home where the **main item** was picked up or ordered from a take-away
- c) eat a meal at home where the **main item** was bought ready made from a shop and only needs to be reheated. E.g. a ready meal like ready-made lasagne or curry and rice.

d) eat a meal at home where the **main item** was prepared from ingredients; this would include heating up different parts of a meal and combining them. E.g. pasta and sauce or baked potato and beans

	a) restaurant or cafe	b) take-away	c) main item a ready meal	d) main item prepared from ingredients
Rarely or never				
1-2 times per month				
1 - 2 times per week				
3 - 4 times per week				
5 or more times per week				

If you are thirsty between meals what do you **usually** drink?

Sweetened drinks (cola, squash, sunny delight)

Artificially sweetened drinks (diet cola, sugar free squash)

Milky drinks (milk shake, hot chocolate)

Water (tap, bottled, still or sparkling)

Unsweetened (pure) fruit juice

Hot drinks (tea, coffee, etc.)

Other, please describe.....

What type of milk/milk substitute do you **usually** have either as a drink or on cereal?

(tick the one you have most often)

Do not drink/use milk

Whole

Semi-skimmed

Skimmed

Other, please describe. (*Eg. sweetened soya milk, skimmed goats milk*).....

What type of bread do you **usually** eat?

(tick the one you have most often)

Do not eat bread

White

Brown or Granary

Wholemeal

Other, please describe. (*Eg. rye, soda, gluten free*).....

What type of fat spread do you **usually** use?.....

(Describe the type you use most often, name the brand and whether it is low fat or not. Eg. Lurpak spreadable, Flora light)

What type of water do you **usually** drink at home?
(tick the one you have most often)

Tap	<input type="checkbox"/>
Tap, filtered	<input type="checkbox"/>

Bottled (describe the brand).....

Is there fruit **usually** available at home?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Does anyone at home **usually** ask what you have eaten at any time during the day? Give details:

.....

Do you sometimes get up in the night to get something to eat or drink?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If **YES**, how often does this happen?

Rarely or never	<input type="checkbox"/>
1 -2 times per week	<input type="checkbox"/>
3 -4 times per week	<input type="checkbox"/>
5 or more times per week	<input type="checkbox"/>

Other, please describe.....

If YES, describe what you usually eat or drink.....

Are there any foods that you always avoid eating?

Meat

Fish

Dairy products

Foods made with wheat

Nuts

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Other, please describe.....

If you have ticked any of these boxes can you tell us **why** you don't eat that food?.....

.....

Do you take any vitamin and/or mineral supplements?

YES

NO

<input type="checkbox"/>
<input type="checkbox"/>

If YES, give details of the supplement and how often you take it. (*If possible enclose a label*).....

.....

Would you like to add any more comments about what you eat or drink?.....

.....

.....

How to fill in your diary

It is very important that you do not change what you normally eat or drink just because you are keeping a diary. Try to write down what you are eating or drinking as soon as you can and not leave it until the end of the day.

Whenever you have something to eat or drink write down;

When:

Each day is divided into time slots from first thing in the morning until late at night until the following morning. Find the appropriate time slot and in the next column record the exact time when you eat or drink something.

Where: This could be

- Home
 - Bedroom
 - At table
 - Watching television
- Away
 - Street
 - Car/Bus
 - Café/ Restaurant (specify Mac Donalds, Pizza Hut etc.)
- School
 - School canteen
 - Corridor
 - Classroom
 - Playground

With Whom: This could be

- Alone
- With family
- With friends

What:

Describe your food and drink giving as much detail as you can. Include any extras like sugar and milk in your tea or cereal, butter or other spreads on your bread and sauces such as ketchup and mayonnaise. Do not forget to include drinking water.

If you know it include: cooking method (eg. roast, baked, boiled, fried)

brand name (eg. Kelloggs, Heinz)

Portion size: You can write S (small), M (medium) or L (large) or specify glass, cup, mug, packet (crisps), number (biscuits), slice (cake, pizza)

Where obtained from: This could be

- Home (food and drink, usually bought by an adult, brought into the house and stored there until eaten)
- Shop (food and drink bought by you for consumption outside the home)
- School canteen
- School vending machine
- Restaurant/cafe (specify type)
- Street vendor (eg kebab stall, ice cream van)
- Cinema kiosk/vending machine

On the first page of the diary we have filled in a whole day to show you what to do.

Day	EXAMPLE	Day	Thursday	Date	March 31 st	ID No.	1234
Time slot	When	Where	With Whom	What	Portion size	Where obtained from	
6am to 9am	7.30	Kitchen, home	Alone	Orange juice Tea with milk and sugar Weetabix, with milk and sugar Toast, with butter and jam	L mug 2	home	
	8.30	Street	With friends	Mars Bar	1 slice 1	shop	
9am to 12 noon	11	School playground	With friends	Coca cola Potato crisps	can packet	vending machine	
	12	School corridor	Alone	Water	beaker	water cooler	
12 noon to 2pm	12.45	School canteen	With friends	Ham and cheese sandwich Crisps Apple Ribena Kitkat	2 slices packet 1 carton 1	home	
	1.50	School corridor	Alone	Water	beaker	water cooler	

Day Example		Day Thursday		Date March 31 st	I D No. 1234	
2pm to 5pm	3.45	Bus	Alone	Fruit gums	packet	shop
	4.30	Home, watching television	With family	Tea (as above) Chocolate biscuits	mug 3	home
5pm to 8pm	6.30	Home, at table	With family	Pork sausages Baked beans Mashed potato Broccoli Fruit yoghurt Water	3 large L L S Carton Glass	home
8pm to 10pm	8	Watching television Kitchen	Alone	Orange	1	home
	9.30		Alone	Crackers (Jacobs) Cornflakes with milk and sugar	4 L	
10pm to 6am	10.30	Bedroom	Alone	Hot chocolate drink	mug	home

Day 1	Day	Date	ID No.
-------	-----	------	--------

Time slot	When	Where	With Whom	What	Portion size	Where obtained from
6am to 9am						
9am to 12 noon						
12 noon to 2pm						

Day 1		Day		Date	ID No.	
2pm to 5pm						
5pm to 8pm						
8pm to 10pm						
10pm to 6am						

Day 2	Day	Date	ID No.
-------	-----	------	--------

Time slot	When	Where	With Whom	What	Portion size	Where obtained from
6am to 9am						
9am to 12 noon						
12 noon to 2pm						

Day 2		Day		Date	I D No.	
2pm to 5pm						
5pm to 8pm						
8pm to 10pm						
10pm to 6am						

Day 3	Day	Date	ID No.
-------	-----	------	--------

Time slot	When	Where	With Whom	What	Portion size	Where obtained from
6am to 9am						
9am to 12 noon						
12 noon to 2pm						

Day 3		Day		Date	I D No.	
2pm to 5pm						
5pm to 8pm						
8pm to 10pm						
10pm to 6am						

Day 4	Day	Date	ID No.
-------	-----	------	--------

Time slot	When	Where	With Whom	What	Portion size	Where obtained from
6am to 9am						
9am to 12 noon						
12 noon to 2pm						

Day 4		Day		Date	I D No.	
2pm to 5pm						
5pm to 8pm						
8pm to 10pm						
10pm to 6am						

When you have completed your diary, think back and consider whether these 4 days were typical or was there something unusual such as a party, visitors, or perhaps you were not feeling well.

Was there anything unusual about these 4 days?

YES

NO

If YES, please can you tell us what was different from usual.....

.....



www.roots.group.cam.ac.uk

Project Director: Professor Ian Goodyer

Project Co-ordinators: Valerie Dunn, Dr. Diane Bamber

Project Administrator: Suzanne Fletcher, email: sf207@cam.ac.uk, tel: 01223 746147

University of Cambridge, Douglas House, 18b Trumpington Road, Cambridge, CB2 2AH