**Hospital:** **Ward:** **Service User:**   **2-Day Food Record Chart (Guidance overleaf)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food** | **DATE:** | | | | | | **DATE:** | | | | | |
| **Quantity** | **Portion** (refused/small/ medium/large) | Nil | ¼ | ½ | ¾ | All | **Portion** (refused/small/ medium/large) | Nil | ¼ | ½ | ¾ | All |
| **Breakfast** |  |  |  |  |  |  |  |  |  |  |  |  |
| Cereal |  |  |  |  |  |  |  |  |  |  |  |  |
| Bread/Toast |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |
| Beverage |  |  |  |  |  |  |  |  |  |  |  |  |
| **Morning** |  |  |  |  |  |  |  |  |  |  |  |  |
| Snack |  |  |  |  |  |  |  |  |  |  |  |  |
| Beverage |  |  |  |  |  |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |  |  |  |  |  |
| Soup |  |  |  |  |  |  |  |  |  |  |  |  |
| Roll |  |  |  |  |  |  |  |  |  |  |  |  |
| Main |  |  |  |  |  |  |  |  |  |  |  |  |
| Pudding |  |  |  |  |  |  |  |  |  |  |  |  |
| Fruit |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |
| Beverage |  |  |  |  |  |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |  |  |  |  |  |
| Snack |  |  |  |  |  |  |  |  |  |  |  |  |
| Beverage |  |  |  |  |  |  |  |  |  |  |  |  |
| **Supper** |  |  |  |  |  |  |  |  |  |  |  |  |
| Soup |  |  |  |  |  |  |  |  |  |  |  |  |
| Roll |  |  |  |  |  |  |  |  |  |  |  |  |
| Main |  |  |  |  |  |  |  |  |  |  |  |  |
| Pudding |  |  |  |  |  |  |  |  |  |  |  |  |
| Fruit |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |
| Beverage |  |  |  |  |  |  |  |  |  |  |  |  |
| **Bedtime** |  |  |  |  |  |  |  |  |  |  |  |  |
| Snack |  |  |  |  |  |  |  |  |  |  |  |  |
| Beverage |  |  |  |  |  |  |  |  |  |  |  |  |
| **Comments**: | | | | | | | | | | | | |

**Guidance for completion of Food Record Charts**

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| --- |
| Record all food taken for 3 days by placing a tick in the appropriate box  Record the date  In column ‘P’, record the portion size as either ‘S’ for small, ‘M’ for medium, and ‘L’ for large, and use simple measures eg 1 slice of bread with butter or 2 cups of tea with sugar  In column ‘Nil’, record food refusal with ‘R’, or a missed meal with ‘M’  In column ‘¼’ record that a quarter of the food was eaten  In column ‘½’ record that half of the food was eaten  In column ‘¾’ record that ¾ of the food was eaten  In column ‘A’ record that all of the food was eaten, or 2 or 3 to indicate multiple portions  In the comments box, write the reasons for food refusal or missed meals (eg felt sick after medications), foods the service user enjoyed or asked for specifically, add additional comments about portion size (eg service user asked for more, or 2 slices of bread)  Upload onto medical records  If the service user has consumed less than half of their meals and snacks start first-line nutrition care planning. |

For further queries, please contact the dietitians