NHS
West Suffolk
NHS Foundation Trust

Record of Food Intake

Name: D.O.B: NHS No: Week Beginning:

Date	Time	Meal (list contents of meal)	Amount Eaten (by spoonfuls, bowl, plate etc)	Comments (note of feeling unwell, tired or behaviour difficulties)
Example: *08.01.19*	*12:00*	*Lunch – Cheese sandwich (two rounds of bread)* *Bag of wotsits* *Half an apple and 6 grapes*	*Ate half the sandwich and then everything else*	*Asked for another bag of crisps*

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