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**7 Day Diet History**

**Diet Record Card**

**Day 1**

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| --- | --- | --- |
|  | **Foods** | **Quantity** |
| **Morning Meal** |   |   |
| **Time:** |   |   |
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| **Mid-Morning Snacks** |   |   |
| **Time:** |   |   |
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| **Afternoon Meal** |   |   |
| **Time:** |   |   |
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| **Afternoon Snacks** |   |   |
| **Time:** |   |   |
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| **Evening Meal** |   |   |
| **Time:** |   |   |
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| **Evening Snacks** |   |   |
| **Time:** |   |   |
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**Day 2**

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|  | **Foods** | **Quantity** |
| **Morning Meal** |   |   |
| **Time:** |   |   |
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| **Mid-Morning Snacks** |   |   |
| **Time:** |   |   |
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| **Afternoon Meal** |   |   |
| **Time:** |   |   |
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| **Afternoon Snacks** |   |   |
| **Time:** |   |   |
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| **Evening Meal** |   |   |
| **Time:** |   |   |
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| **Evening Snacks** |   |   |
| **Time:** |   |   |
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**Day 3**

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|  | **Foods** | **Quantity** |
| **Morning Meal** |   |   |
| **Time:** |   |   |
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| **Mid-Morning Snacks** |   |   |
| **Time:** |   |   |
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| **Afternoon Meal** |   |   |
| **Time:** |   |   |
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| **Afternoon Snacks** |   |   |
| **Time:** |   |   |
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| **Evening Meal** |   |   |
| **Time:** |   |   |
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| **Evening Snacks** |   |   |
| **Time:** |   |   |
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**Day 4**

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|  | **Foods** | **Quantity** |
| **Morning Meal** |   |   |
| **Time:** |   |   |
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| **Mid-Morning Snacks** |   |   |
| **Time:** |   |   |
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| **Afternoon Meal** |   |   |
| **Time:** |   |   |
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| **Afternoon Snacks** |   |   |
| **Time:** |   |   |
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| **Evening Meal** |   |   |
| **Time:** |   |   |
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| **Evening Snacks** |   |   |
| **Time:** |   |   |
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**Day 5**

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|  | **Foods** | **Quantity** |
| **Morning Meal** |   |   |
| **Time:** |   |   |
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| **Mid-Morning Snacks** |   |   |
| **Time:** |   |   |
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| **Afternoon Meal** |   |   |
| **Time:** |   |   |
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| **Afternoon Snacks** |   |   |
| **Time:** |   |   |
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| **Evening Meal** |   |   |
| **Time:** |   |   |
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| **Evening Snacks** |   |   |
| **Time:** |   |   |
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**Day 6**

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|  | **Foods** | **Quantity** |
| **Morning Meal** |   |   |
| **Time:** |   |   |
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| **Mid-Morning Snacks** |   |   |
| **Time:** |   |   |
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| **Afternoon Meal** |   |   |
| **Time:** |   |   |
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| **Afternoon Snacks** |   |   |
| **Time:** |   |   |
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| **Evening Meal** |   |   |
| **Time:** |   |   |
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| **Evening Snacks** |   |   |
| **Time:** |   |   |
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**Day 7**

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|  | **Foods** | **Quantity** |
| **Morning Meal** |   |   |
| **Time:** |   |   |
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|  |   |   |
| **Mid-Morning Snacks** |   |   |
| **Time:** |   |   |
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| **Afternoon Meal** |   |   |
| **Time:** |   |   |
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| **Afternoon Snacks** |   |   |
| **Time:** |   |   |
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| **Evening Meal** |   |   |
| **Time:** |   |   |
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| **Evening Snacks** |   |   |
| **Time:** |   |   |
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**Dublin 6**

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Attached is a 7 day diet history for completion.

The diet history will help us to 1) identify troublesome foods, 2) allows for analysis of micro and macro nutrients and assessments of any deficiencies and 3) allows us to assess for dietary patterns.

**Guidelines for Completion of Diet History**

1. Fill out all details for 7 consecutive days

2. Include all meals and snacks

3. Describe portion sizes: This can be done through visual aid for instance 1 teaspoon , 1 cup, 1 hand full

4. Types of food for example if you have bread is it white/brown, thick/thinly sliced or if you have cereal are you using full/semi-skimmed/skimmed milk

6. It is important to record how you feel. Are you tired or do you have more energy? Are there things that you didn’t notice before?

7. Please complete this before your appointment

Kind Regards,

**Laurann O’Reilly, BSc. Nut, A. Nut.**

**Personal Nutrition & Health**