



it all starts with a smile...

## DIET ANALYSIS

Write down all food and drink taken each day for **Three Days**; One day on each sheet .  
Include a Saturday or Sunday.

Please include everything taken between meals as well as at meal times.

If you write it down at the time the food or drink is taken you are less likely to forget.

At the bottom of each sheet please record the time you / your child goes to bed.

### **SUGGESTED WAYS OF MEASURING SOME OF THE FOOD AND DRINK USED -**

**Milk and other drinks** - in tablespoons, cups or tumblers

**Breakfast cereals** - in tablespoons

**Bread** - in slices, large or small loaf, brown or white bread

**Potatoes** - in tablespoons

**Sugar** - tea, dessert or tablespoons

**Milk puddings or custard** - in tablespoons

**Biscuits** - Number and type

**Jam ect** - in teaspoons

**Sweets, chocolate, ice cream** - cost size or number



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**DAY ONE**

<b>Time</b>	<b>Type of Nourishment</b>	<b>Amount</b>
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Bed time	.....	
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**Ashford Dental Practice**

8 New Rents Ashford Kent TN23 1JJ  
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**Day Two**

Time

Type or Nourishment

Amount

Bed Time.....

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**Day Three**

Time

Type of nourishment

Amount

Bed Time.....