

Date:

Day 3

Time of drink
meal / snack:

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To be completed by Health Professionals

	Day 1	Day 2	Day 3
Fibre score			
Fluid intake			

THREE DAY FOOD & FLUID CHART

Please read this leaflet carefully before completing as accurately as possible.

Bring the completed chart with you to your next appointment. It will help us to discuss your symptoms and plan your treatment.

Name of patient:

Address:

Unit / CHI Number:

Date of birth:

Name of Health
Care Professional

Please complete this three day food and fluid intake chart
 i.e. record everything you eat and drink,
 e.g. *Thursday, Friday, Saturday or Sunday, Monday, Tuesday.*
 Record how **much** your mug or cup holds in mls or fluid ozs and
 also the **time** of meals and snacks.

Example...

Time of drink
 meal / snack:
8.30am - Breakfast.
Medium white toast - 1 slice, butter and jam.
Tea and milk - 250ml.

Date:	Day 1	
Time of drink meal / snack:		

Date:	Day 2	
Time of drink meal / snack:		