

Appendix E. Diary documents

MRC Human Nutrition Research

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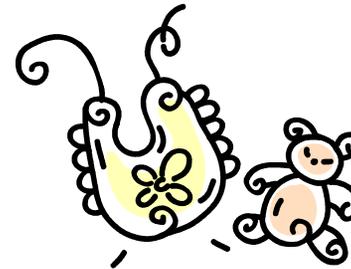
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National Infant Diet and Health Study

Food and Drink Diary

Children aged 4 to 8 months



Diary start date: _____

SERIAL NUMBER (7 digits)

CKL

RESPONDENT No

First name: _____

Sex: M / F

Date of birth:

INTERVIEWER NUMBER:

INTERVIEWER NAME:

National Infant Diet and Health Study

Food and Drink Diary

Children aged 4 to 8 months

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If you have any queries about how to complete the diary please contact a member of the Blue Team at NatCen on freephone **0800 652 4572** between 8.30am-5.30pm

PLEASE READ THESE PAGES BEFORE STARTING THE FOOD DIARY

We would like you to record in this diary **everything your child eats and drinks**, at meal times and in between, day and night for **4 days**. Please include all food and drink consumed **at home and outside the home**.

Time spent in the care of others

If your child spends time in the care of others during the recording period then we would really appreciate if those carers (e.g. childminder, friend) would provide details of the food and drink consumed. For this purpose you have been given a letter to pass on to carers. Wherever possible, carers should record in the diary and only use the separate food and drink recording sheets where you feel it is necessary. Please keep all separate sheets safe and return them with the diary.

Please provide the following information for each day of recording:

Day and Date

Please record the day and date at the top of the page in the space provided each time you start a new day.

Time Slots

Please note the time of each eating occasion in the space provided.

Where and who else is eating with your child?

Please tell us what room or **part of the house** your child was in when eating or drinking, e.g. kitchen, and tell us whether s/he **ate at a table or not** and with the **television on or off**. If s/he was sitting in a high chair, tell us whether the high chair was at the table or not. If s/he ate outside the home please write that location down. We would also like to know **who your child shared meals with**, e.g. whether s/he ate alone, with parents or siblings.

What does your child eat and drink?

Please describe the food and drink your child ate in as much detail as possible. Include all meals and all snacks. Be as specific as you can. Pages 26-31 in the instruction booklet will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces etc).

Recipes/Homemade dishes

If your child has eaten any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe is for, and the cooking method. Write this down in the recipe section for each food record day. Record the quantity of the recipe you served your child in the quantity served column and the quantity leftover in the leftover column.

Take-aways and eating out

If your child has eaten **take-aways** or **made up dishes not prepared at home** such as at a cafe or friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

Brand name

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Cow & Gate Baby Balance Fisherman's Bake or ASDA own brand.

- ❑ **Labels/Wrappers** Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready prepared meals**, labels from **foods of lesser known brands** and also from any **supplements** your child takes.

Portion sizes

We would like to know the quantity or portion size you **served** your child and the quantity of food or drink **leftover**. Please record in the quantity served and quantity leftover columns. For example, mashed banana: 2 tablespoons (served); 1 teaspoon (leftover). **If there are no leftovers, please enter 'NONE' in the quantity leftover column.** See diary examples on pages 5-14.

For drinks, quantity can be described using:

- the **volume** (e.g. 150ml) or **size of cup** (e.g. large). Specific questions about your child's drinking habits are asked on pages 15-17.
- **volumes from labels** (e.g. 200ml Aptamil Extra Readymade milk).

For foods, quantity can be described using:

- **household measure** e.g. one level teaspoon of sugar, two thick slices of bread, 4 heaped tbsps of peas, ¼ pint of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size photos on page 48.
- **weights from labels** - use the weight marked on canned or packet foods, e.g. quarter of a 420g tin of baked beans, one 60g pot of yoghurt.
- **number of items**, e.g. 1 baby rice cake, 2 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut, 10 peas.
- **fruit** - indicate whether the piece of fruit is small, medium or large and portion size of the fruit eaten e.g. 1 segment of a large orange, ½ a medium banana.

For breast milk, quantity can be described as:

- the **duration** in minutes (see example on page 6 of the instruction booklet) or the **volume** if the milk has been expressed (see example on page 8 of the instruction booklet). Where breast milk has been expressed please record 'E' at the side of the volume.

Examples and advice about how to describe the **quantity** or **portion size** your child had of a particular food or drink are shown on pages 25-30 of the instruction booklet.

Was it a typical day?

After each day of recording you will be prompted to tell us if this was a typical day and if there were any reasons why your child consumed more or less than usual.

Supplements

Please record brand name, full name of supplement, strength and the amount taken for each day in the food diary.

When to fill in the diary

Please record what your child ate, at the time of eating, rather than from memory at the end of the day. Use written notes on a pad if you forget to take the diary with you.

Overleaf you can see 2 days that have already been filled in. These examples show you how we would like you to record your child's food and drink.

It only takes a few minutes for each eating occasion!

Thank you for your time – we really appreciate it!

Day 1 Thurs		Date 31 March			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
6.00	<i>Bedroom, no TV alone, not at table</i>	<i>Breast feed</i>		<i>12 minutes</i>	<i>none</i>
		<i>Healthy Start Vitamin Drops</i>		<i>5 drops</i>	<i>none</i>
<i>9am to 12 noon</i>					
9.30	<i>Lounge, TV on, not at table alone</i>	<i>First milk</i>	<i>Aptamil</i>	<i>6 fl oz</i>	<i>1 fl oz</i>
11.00	<i>Kitchen, alone, No TV, not at table</i>	<i>Cooled boiled water</i>		<i>30ml</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
12.35	<i>Lounge, TV on, not at table alone</i>	<i>First Milk</i>	<i>Aptamil</i>	<i>7 fl oz</i>	<i>2 fl oz</i>
<i>2pm to 5pm</i>					
4.00	<i>Lounge, no TV alone, not at table</i>	<i>First milk</i>	<i>Aptamil</i>	<i>7 fl oz</i>	<i>none</i>
4.30	<i>Lounge, no TV, alone, not at table</i>	<i>Calpol infant suspension</i>		<i>5ml</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
7.15	<i>Bedroom, no TV alone, not at table</i>	<i>Breast feed</i>		<i>15 minutes</i>	<i>none</i>
<i>8pm to 10pm</i>					
		<i>Nothing Eaten</i>			
<i>10pm to 6am</i>					
10.30	<i>Bedroom, no TV, alone, not at table</i>	<i>Breast feed</i>		<i>17 minutes</i>	<i>none</i>

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes No Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

She was teething so had less than usual.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Day <i>Friday</i>		Date <i>04 Sept 2009</i>			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
<i>6.30</i>	<i>Bedroom, no TV alone, not at table</i>	<i>Breast feed</i>		<i>17 mins</i>	<i>none</i>
<i>8.00</i>	<i>Mother, Father Sister, highchair at table, no TV</i>	<i>Pure orange juice from concentrate diluted 50% water (in plastic trainer cup with lid)</i>	<i>Tesco</i>	<i>150ml (drinking cup)</i>	<i>½</i>
		<i>Healthy start vitamin drops</i>		<i>5 drops</i>	<i>none</i>
		<i>Organic creamy rice breakfast jar 125g</i>	<i>HiPP</i>	<i>125g</i>	<i>1 teaspoon</i>
9am to 12 noon					
<i>10.45</i>	<i>In front TV in lounge, grandma, not at table</i>	<i>First milk</i>	<i>Aptamil</i>	<i>7 fl oz</i>	<i>1 fl oz</i>
		<i>Aero chocolate mousse – from grandma's pot!</i>	<i>Aero</i>	<i>2 tsp</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	<i>Dining room, no TV, highchair at the table, mother</i>	<i>Pureed vegetables 50% swede + 50% carrot (see recipe)</i> <i>Mashed banana</i> <i>Bottled water</i>	<i>Evian</i>	<i>4 tbsp</i> <i>½ medium</i> <i>85ml</i>	<i>2 tbsp</i> <i>1 tbsp</i> <i>none</i>
2pm to 5pm					
4.30	<i>Lounge, no TV, alone, not at table</i>	<i>Breast feed</i>		<i>8 minutes</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
7.00	<i>Dining room, high chair at table, no TV, mother, father and sister</i>	<i>1 ice-cube pureed broccoli diluted with 1 tbsp breast milk Fromage frais apricot flavour</i>	<i>Petit Filous</i>	<i>Served all 60g</i>	<i>1 tsp none</i>
8pm to 10pm					
8.15 pm	<i>Living room, alone, TV on, not at table</i>	<i>First milk</i>	<i>Aptamil</i>	<i>5 fl oz</i>	<i>1 fl oz</i>
10pm to 6am					
11.15	<i>In bed, alone</i>	<i>Breast feed</i>		<i>20 minutes</i>	<i>none</i>

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes No Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: *Pureed vegetables*

SERVES:2

Ingredients	Amount	Ingredients	Amount
<i>Carrot, fresh, diced</i>	<i>2 Large</i>		
<i>Swede, fresh, peeled</i>	<i>¼ large</i>		
<i>Butter, Lurpak spreadable</i>	<i>1 tsp</i>		
<i>Dried basil</i>	<i>pinch</i>		

Brief description of cooking method

Boil the vegetables until tender. Roughly mash them together and stir in butter and dried basil. Mixture then cooled and frozen. Micro-wave to re-heat.

General questions about your child's food and drink.

Please add as much detail as you need.

What drinks does your child consume?

1a. What type of milk does your child most often drink? *Tick only one*

- | | | | | | | | |
|---------------------------|--------------------------|-----------------------------------|--------------------------|------------------------------|--------------------------|-------------|--------------------------|
| Breast milk | <input type="checkbox"/> | Infant formula | <input type="checkbox"/> | Follow-on formula | <input type="checkbox"/> | Soya milk | <input type="checkbox"/> |
| Whole milk (cow's milk) | <input type="checkbox"/> | Soya milk with calcium & vitamins | <input type="checkbox"/> | S/ skimmed milk (cow's milk) | <input type="checkbox"/> | Goat's milk | <input type="checkbox"/> |
| Skimmed milk (cow's milk) | <input type="checkbox"/> | Soya formula | <input type="checkbox"/> | Other | <input type="checkbox"/> | | <input type="checkbox"/> |

Please specify the brand/type if not cow's milk _____

1b. To help us decide on the correct amount of fluids for drinks, please fill your child's cup with water to the usual level, then empty into a measuring jug and record here.

Fluid ounces(fl.oz) Millilitres(ml)

2. If using formula, please describe how you make the feed. Are scoops usually flat?

Flat Rounded Ready to use formula

3. For 1 scoop of milk powder, how much water do you add?

Fluid ounces(fl.oz) Millilitres(ml)

4. If using formula milk powder to make up your child's feeds do you put the water or powder in the bottle first?

Water first Powder first

Cordial/ squash/ diluting juice

5. Which type of soft drinks (e.g. squash, ready to drink, carbonated) does your child usually drink?

At Home:	Standard	<input type="checkbox"/>	No added sugar/ low calorie	<input type="checkbox"/>	Does not drink	<input type="checkbox"/>
At other carers:	Standard	<input type="checkbox"/>	No added sugar/ low calorie	<input type="checkbox"/>	Does not drink	<input type="checkbox"/>

6. How much do you usually dilute your child's squash (e.g. 1 part squash with 10 parts water)?

Please tell us: _____

Water

7. Which type of water does your child usually drink?

Tap	<input type="checkbox"/>	Filtered	<input type="checkbox"/>	Bottled	<input type="checkbox"/>	Brand	<input type="text"/>
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Special diet

8. Does your child follow a special diet e.g. vegetarian, milk-free, other?

Yes	<input type="checkbox"/>	Please specify	<input type="text"/>	No	<input type="checkbox"/>
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Breakfast cereals

9. How much milk does your child usually have on breakfast cereal?

Drowned	<input type="checkbox"/>	Average	<input type="checkbox"/>	Damp	<input type="checkbox"/>	None/does not eat	<input type="checkbox"/>
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Fats for spreading and cooking

10. Which type of butter or other fat spread do you usually use for your child? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated* _____

11. How thickly do you spread butter, margarine on bread, crackers for your child?

Thick	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Thin	<input type="checkbox"/>	None	<input type="checkbox"/>
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12. Which type of cooking fat/oil does your household usually use? Please record the full product name. e.g. *Sainsbury's sunflower oil* _____

Bread

13. Which type of bread does your child usually eat? *Tick only one*

White

Granary

Wholemeal

Brown

50/50 bread e.g. Hovis Best of Both

Other *Type* _____

Does not eat

14. Does your child usually eat bread from a large loaf or a small loaf?

Large

Small

15. If the bread was shop bought, how was it sliced?

Thick

Medium

Thin

Un sliced

Fruit + Vegetables

16. Does your child eat the skin on apples?

Always

Sometimes

Never

17. Does your child eat the skin on pears?

Always

Sometimes

Never

18. Does your child eat the skin on jacket (baked) potatoes?

Always

Sometimes

Never

Feeding Spoon

19. Which type of spoon do you usually use for feeding? (e.g. Tommee Tippee weaning spoon 4 month +)

When you record the food and drinks your child has over the next 4 days you can refer back to this page rather than repeating all the information each time – except for those occasions where your child drank or ate something else or from a different container.

Food & Drink Diary – DAY 1

When recording your child's food and drink, please give as much detail as possible:

- the ingredients used, cooking method, and any added sauces (including weights)
- for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish
- the brand name, flavour and weights of all other food and drink
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- dilutions of drinks
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

No

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 1		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or the food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 2

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

No

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 2		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 3

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

No

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 3		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 4

When recording your child's food and drink, please give as much detail as possible:

- the ingredients used, cooking method, and any added sauces (including weights)
- for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish
- the brand name, flavour and weights of all other food and drink
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- dilutions of drinks
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

No

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 4		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet</i>					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

PLEASE complete the questions over the page

Please could you answer a few questions about how old your child was when you started giving him or her the following foods:

	Months	Weeks	Not applicable
1. At what age did you introduce smooth pureed foods to your child's diet e.g. baby rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At what age did you start giving your child fruit or vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At what age did you start giving foods with a lumpier texture e.g. noodles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At what age did your child start eating finger foods e.g. toast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you breastfed:			
a. How old was your child when you introduced infant formula or other milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What age was your child when you stopped breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Still breastfeeding? (<i>If 'Yes', please tick</i>)			<input type="checkbox"/>
6. At what age did you introduce:			
Whole (full fat) cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi skimmed milk cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skimmed milk cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write any notes, comments or questions here

Thank you for completing this diary.

MEASURING UP

Children are completely individual and have their own food likes and dislikes. In order for us to get an accurate representation of what your child eats and drinks we are making some suggestions of ways to record your child's food and drink. **Please compare your spoons with those in the photographs.**

Weaning spoon 2.5ml



Tea spoon 5ml



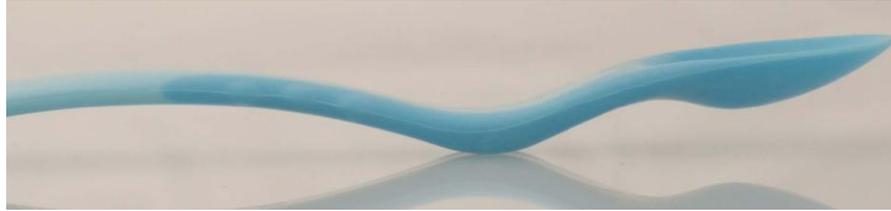
Dessert spoon 10ml



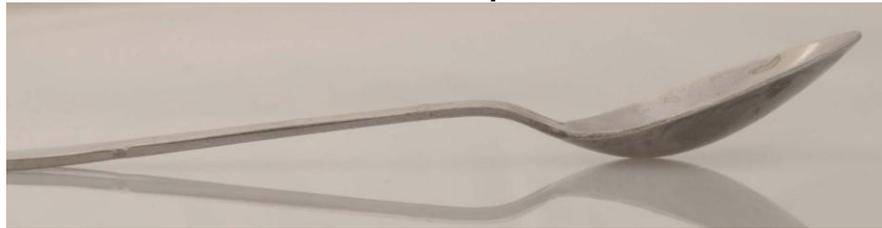
Table spoon 15ml



Weaning spoon 2.5mls



Tea spoon 5mls



Dessert spoon 10mls



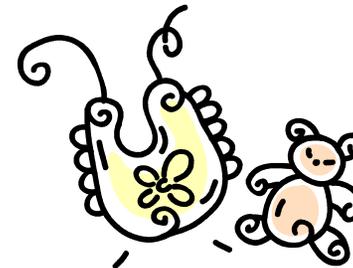
Table spoon 15mls



National Infant Diet and Health Study

Food and Drink Diary

Children aged 9 to 18 months



Diary start date: _____

SERIAL NUMBER (7 digits)

CKL

RESPONDENT No

First name: _____

Sex: M / F

Date of birth:

INTERVIEWER NUMBER:

INTERVIEWER NAME: _____

National Infant Diet and Health Study

Food and Drink Diary

Children aged 9 to 18 months

	Pages
Instructions.....	53-55
Diary examples.....	56-65
General questions about your child’s food and drink	66-68
“The 4-day diary”	69-96
Questions about introduction of foods.....	97-98
Photo of household spoons.....	99-100

If you have any queries about how to complete the diary please contact a member of the Blue Team at NatCen on freephone **0800 652 4572** between 8.30am-5.30pm

PLEASE READ THESE PAGES BEFORE STARTING THE FOOD DIARY

We would like you to record in this diary **everything your child eats and drinks**, at meal times and in between, day and night for **4 days**. Please include all food and drink consumed **at home and outside the home**.

Time spent in the care of others

If your child spends time in the care of others during the recording period then we would really appreciate if those carers (e.g. childminder, friend) would provide details of the food and drink consumed. For this purpose you have been given a letter to pass on to carers. Wherever possible, carers should record in the diary and only use the separate food and drink recording sheets where you feel it is necessary. Please keep all separate sheets safe and return them with the diary.

Please provide the following information for each day of recording:

Day and Date

Please record the day and date at the top of the page in the space provided each time you start a new day.

Time Slots

Please note the time of each eating occasion in the space provided.

Where and who else is eating with your child?

Please tell us what room or **part of the house** your child was in when eating or drinking, e.g. kitchen, and tell us whether s/he **ate at a table or not** and with the **television on or off**. If s/he was sitting in a high chair, tell us whether the high chair was at the table or not. If s/he ate outside the home please write that location down. We would also like to know **who your child shared meals with**, e.g. whether s/he ate alone, with parents or siblings.

What does your child eat and drink?

Please describe the food and drink your child ate in as much detail as possible. Include all meals and all snacks. Be as specific as you can. Pages 25-30 in the instruction booklet will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces etc).

Recipes/Homemade dishes

If your child has served any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe is for, and the cooking method. Write this down in the recipe section for each food record day. Record the quantity of the recipe you served your child in the quantity served column and the quantity leftover in the leftover column.

Take-aways and eating out

If your child has served **take-aways** or **made up dishes not prepared at home** such as at a cafe or friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

Brand name

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Cow & Gate Baby Balance Fisherman's Bake or ASDA own brand.

- ❑ **Labels/Wrappers** Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready prepared meals**, labels from **foods of lesser known brands** and also from any **supplements** your child takes.

Portion sizes

We would like to know the quantity or portion size you **served** your child and the quantity of food or drink **leftover**. Please record in the quantity served and quantity leftover columns. For example, mashed banana: 2 tablespoons (served); 1 teaspoon (leftover). **If there are no leftovers, please enter 'NONE' in the quantity leftover column.** See diary examples on pages 5-14.

For drinks, quantity can be described using:

- the **volume** (e.g. 150ml) or **size of cup** (e.g. large). Specific questions about your child's drinking habits are asked on 15-17.
- **volumes from labels** (e.g. 200ml Aptamil Extra Readymade milk).

For foods, quantity can be described using:

- **household measure** e.g. one level teaspoon of sugar, two thick slices of bread, 4 heaped tbsp of peas, ¼ pint of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size photos on page 48.
- **weights from labels** - use the weight marked on canned or packet foods, e.g. quarter of a 420g tin of baked beans, one 60g pot of yoghurt.
- **number of items**, e.g. 1 baby rice cake, 2 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut, 10 peas.
- **fruit** - indicate whether the piece of fruit is small, medium or large and portion size of the fruit served e.g. 1 segment of a large orange, ½ a medium banana.

For breast milk, quantity can be described as:

- the **duration** in minutes (see example on page 6 of the instruction booklet) or the **volume** if the milk has been expressed (see example on page 8 of the instruction booklet). Where breast milk has been expressed please record 'E' at the side of the volume.

Examples and advice about how to describe the **quantity** or **portion size** your child had of a particular food or drink are shown on pages 25-30 of the instruction booklet.

Was it a typical day?

After each day of recording you will be prompted to tell us if this was a typical day and if there were any reasons why your child consumed more or less than usual.

Supplements

Please record brand name, full name of supplement, strength and the amount taken for each day in the food diary.

When to fill in the diary

Please record what your child ate, at the time of eating, rather than from memory at the end of the day. Use written notes on a pad if you forget to take the diary with you.

Overleaf you can see 2 days that have already been filled in. These examples show you how we would like you to record your child's food and drink.

It only takes a few minutes for each eating occasion!

Thank you for your time – we really appreciate it!

Day 1 Thurs		Date 31 March			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
6.00	<i>In front TV in lounge, twin brother, not at table</i>	<i>SMA progress follow on milk</i>	<i>SMA</i>	<i>6 fl oz</i>	<i>none</i>
		<i>Porridge (porridge = 75ml SMA follow on milk and 5 x 5ml Quaker porridge oats)</i>	<i>Quaker</i>	<i>5 tbsp</i>	<i>none</i>
		<i>chopped dried apricots</i>	<i>Tesco own brand</i>	<i>3</i>	<i>none</i>
9am to 12 noon					
10.15	<i>Nursery, play room no TV, on carpet with other children, not at table</i>	<i>Organic Biscotti baby biscuit</i>	<i>Heinz</i>	<i>1 biscuit</i>	<i>none</i>
		<i>Apple & Blackcurrant squash (1 part squash to 10 parts water)</i>	<i>Robinsons 'no added sugar'</i>	<i>200ml</i>	<i>50ml</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.00	<i>Nursery dining room no TV, in high chair at table, with other children</i>	<i>Shepherds pie (see recipe)</i> <i>Boiled carrots and peas</i> <i>Custard ready made carton – not chilled</i> <i>Mashed banana</i> <i>Water</i>	<i>Home-made</i> <i>Ambrosia</i> <i>Tap</i>	<i>5 tbsp</i> <i>1 tbsp each</i> <i>1 tbsp</i> <i>1 tbsp</i> <i>80ml</i>	<i>1 tbsp</i> <i>none</i> <i>none</i> <i>none</i> <i>10ml</i>
2pm to 5pm					
3.45	<i>Nursery dining room, no TV, highchair at table, with other children</i>	<i>Edam cheese</i> <i>Seedless green grapes</i> <i>Unsweetened 100% apple juice from concentrate (½ juice, ½ water)</i>	 <i>Tesco own brand</i>	<i>6 small cubes (1cm)</i> <i>8</i> <i>100ml</i>	<i>none</i> <i>2</i> <i>20ml</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
5.00	<i>In front TV in lounge with Mother and twin brother, not at table</i>	<i>Dairy milk chocolate</i>	<i>Cadbury's</i>	<i>2 squares</i>	<i>none</i>
7.00	<i>Dining room, highchair at table, no TV, Mother, twin brother</i>	<i>Chicken and carrots in Chicken tonight creamy mushroom sauce (approx 50% chicken, 30% sauce, 20% carrots) with wilted spinach and garlic bread</i>	<i>Chicken tonight Tesco own brand garlic baguette</i>	<i>4 tbsp 1 tbsp spinach 1 piece from baguette</i>	<i>1 tsp 1 tbsp none</i>
		<i>Water</i>	<i>Tap</i>	<i>Few sips</i>	<i>none</i>
8pm to 10pm					
8.45	<i>Bedroom, no TV, twin brother, not at table</i>	<i>SMA progress follow on milk</i>		<i>6 fl oz</i>	<i>2 fl oz</i>
10pm to 6am					
		<i>Nothing eaten</i>			

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: *Shepherd's Pie*

SERVES: *4*

Ingredients	Amount	Ingredients	Amount
<i>Stewed Minced Lamb</i>	<i>1.5kg</i>		
<i>Red Onion</i>	<i>2</i>		
<i>Beef oxo cube</i>	<i>3</i>		
<i>Carrots</i>	<i>2 Large</i>		
<i>Potatoes, boiled, mashed</i>	<i>1.5kg</i>		
<i>Milk, semi-skimmed</i>	<i>150ml</i>		
<i>Spread, flora, original</i>	<i>60g</i>		
<i>Water</i>	<i>1litre</i>		

Brief description of cooking method

Minced lamb cooked in water, beef stock cubes, onions and carrots for approx. 1 hour. Mash the potatoes with milk and spread. Pile potatoes on top of the meat and vegetables and bake for 30 minutes.

Day <i>Thurs</i>		Date 28 August 2009			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
6.30	<i>Bedroom, no TV alone, not at table</i>	<i>Biscuit for babies & toddlers</i>	<i>Cow & gate</i>	<i>1</i>	<i>none</i>
7.00	<i>Mother, Father Sister, highchair at table, no TV</i>	<i>Rice Krispies Whole milk Frutapura, plum & apple 60ml Pure apple & blackcurrant juice diluted with 240ml water</i>	<i>Kelloggs Asda Cow & gate Heinz</i>	<i>8 tbsp Damp 100g pot 300ml</i>	<i>½ tbsp (milk and cereal) ½ 150ml</i>
9am to 12 noon					
9.30	<i>Childminder's playroom, no TV, 3 other children, not at table</i>	<i>Banana Great stuff mini raisins</i>	<i>Asda</i>	<i>½ Medium 14g pack</i>	<i>none 4 raisins</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	Childminder's playroom, no TV, at table, 3 other children	<p><i>Prepared packed lunch:</i> White bread, thick cut Butter, unsalted</p> <p>Cheese triangle Ham, honey roast Cheese curls</p> <p>Green seedless grapes Fromage frais with layer of peach puree</p> <p>Semi-skimmed milk Fruit tea, orange & mango Sugar</p>	<p>Kingsmill Lurpak</p> <p>Dairylea Asda Quaver</p> <p>Yoplait</p> <p>Sainsbury's Twinings SILVER SPOON</p>	<p>2 slices Thin spread</p> <p>17.5g triangle 1 slice 8 pieces</p> <p>8 grapes 60g</p> <p>160ml 1 small cup ½ tsp</p>	<p>Left the crusts none</p> <p>½ none none</p> <p>none 1 tsp</p> <p>20ml ½ cup</p>
2pm to 5pm					
3.15 pm	Childminder Playroom, no TV, 3 other children, not at table	<p>Apple, peeled</p> <p>Milky way</p> <p>Water</p>	Granny smith	<p>2 quarters</p> <p>1 fun size</p> <p>Few sips</p>	<p>1 quarter</p> <p>none</p> <p>none</p>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
6.00	<i>Mother, sister, highchair at dining room table, no TV</i>	<i>Homemade sausage casserole (see recipe)</i> <i>Penne pasta, white, cooked</i>	<i>Sainsbury's</i>	<i>4 tbsp</i> <i>2 tbsp</i>	<i>½</i> <i>½</i>
8pm to 10pm					
8.15 pm	<i>Living room, alone, TV on, not at table</i>	<i>Whole milk</i>	<i>Asda</i>	<i>200ml</i>	<i>none</i>
10pm to 6am					
		<i>Nothing eaten</i>			

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: *Sausage Casserole*

SERVES: *4*

Ingredients	Amount	Ingredients	Amount
<i>Butchers Choice pork sausages</i>	<i>4 sausages</i>	<i>Mixed herbs</i>	<i>½ tsp</i>
<i>Onion</i>	<i>1 medium size</i>	<i>Vegetable oil</i>	<i>1 ½ tbsp</i>
<i>Mushrooms, Champignons</i>	<i>1/4 of 500g pack</i>		
<i>Tinned chopped tomatoes</i>	<i>1 x 400g tin</i>		
<i>Tin of mixed salad beans</i>	<i>1 x 125g tin</i>		
<i>Oxo gravy</i>	<i>1 cube in ½ pint of water</i>		
<i>Tomato sauce</i>	<i>1 tbsp</i>		
<i>Cornflour</i>	<i>2 tsp</i>		

Brief description of cooking method

Brown onions and sausages in vegetable oil. Add mushrooms, tomatoes, beans and gravy and simmer. Thicken with cornflour and add herbs.

General questions about your child's food and drink. Please add as much detail as you need.

What drinks does your child consume?

1a. What type of milk does your child most often drink? *Tick only one*

- | | | | | | | | |
|---------------------------|--------------------------|-----------------------------------|--------------------------|------------------------------|--------------------------|-------------|--------------------------|
| Breast milk | <input type="checkbox"/> | Infant formula | <input type="checkbox"/> | Follow-on formula | <input type="checkbox"/> | Soya milk | <input type="checkbox"/> |
| Whole milk (cow's milk) | <input type="checkbox"/> | Soya milk with calcium & vitamins | <input type="checkbox"/> | S/ skimmed milk (cow's milk) | <input type="checkbox"/> | Goat's milk | <input type="checkbox"/> |
| Skimmed milk (cow's milk) | <input type="checkbox"/> | Soya formula | <input type="checkbox"/> | Other | <input type="checkbox"/> | | <input type="checkbox"/> |

Please specify the brand/type if not cow's milk _____

1b. To help us decide on the correct amount of fluids for drinks, please fill your child's cup with water to the usual level, then empty into a measuring jug and record here.

Fluid ounces(fl.oz) Millilitres(ml)

2. If using formula, please describe how you make the feed. Are scoops usually flat?

Flat Rounded Ready to use formula

3. For 1 scoop of milk powder, how much water do you add?

Fluid ounces(fl.oz) Millilitres(ml)

4. If using formula milk powder to make up your child's feeds do you put the water or powder in the bottle first?

Water first Powder first

Cordial/ squash/ diluting juice at home, at other carers.

5. Which type of soft drinks (e.g. squash, ready to drink, carbonated) does your child usually drink?

At Home:	Standard	<input type="checkbox"/>	No added sugar/ low calorie	<input type="checkbox"/>	Does not drink	<input type="checkbox"/>
At other carers:	Standard	<input type="checkbox"/>	No added sugar/ low calorie	<input type="checkbox"/>	Does not drink	<input type="checkbox"/>

6. How much do you usually dilute your child's squash (e.g. 1 part squash with 10 parts water)?

Please tell us: _____

Water

7. Which type of water does your child usually drink?

Tap	<input type="checkbox"/>	Filtered	<input type="checkbox"/>	Bottled	<input type="checkbox"/>	Brand	<input type="text"/>
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Special diet

8. Does your child follow a special diet e.g. vegetarian, milk-free, other?

Yes	<input type="checkbox"/>	Please specify	<input type="text"/>	No	<input type="checkbox"/>
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Breakfast cereals

9. How much milk does your child usually have on breakfast cereal?

Drowned	<input type="checkbox"/>	Average	<input type="checkbox"/>	Damp	<input type="checkbox"/>	None/does not eat	<input type="checkbox"/>
---------	--------------------------	---------	--------------------------	------	--------------------------	-------------------	--------------------------

Fats for spreading and cooking

10. Which type of butter or other fat spread do you usually use for your child? Please record the full product name and fat content.

e.g. *Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated* _____

11. How thickly do you spread butter, margarine on bread, crackers for your child?

Thick	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Thin	<input type="checkbox"/>	None	<input type="checkbox"/>
-------	--------------------------	--------	--------------------------	------	--------------------------	------	--------------------------

12. Which type of cooking fat/oil does your household usually use? Please record the full product name. e.g. *Sainsbury's sunflower oil* _____

Bread

13. Which type of bread does your child usually eat? *Tick only one*

White

Granary

Wholemeal

Brown

50/50 bread e.g. Hovis Best of Both

Other *Type* _____

Does not eat

14. Does your child usually eat bread from a large loaf or a small loaf?

Large

Small

15. If the bread was shop bought, how was it sliced?

Thick

Medium

Thin

Un sliced

Fruit + Vegetables

16. Does your child eat the skin on apples?

Always

Sometimes

Never

17. Does your child eat the skin on pears?

Always

Sometimes

Never

18. Does your child eat the skin jacket (baked) potatoes?

Always

Sometimes

Never

Feeding Spoon

19. Which type of spoon do you usually use for feeding? (e.g. Tommee Tippee weaning spoon 4 month +)

When you record the food and drinks your child has over the next 4 days you can refer back to this page rather than repeating all the information each time – except for those occasions where your child drank or ate something else or from a different container.

Food & Drink Diary – DAY 1

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

No

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 1		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 2

When recording your child's food and drink, please give as much detail as possible:

- the ingredients used, cooking method, and any added sauces (including weights)
- for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish
- the brand name, flavour and weights of all other food and drink
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- dilutions of drinks
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

No

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 2		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Food & Drink Diary – DAY 3

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

No

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 3		Date			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount s/he took**

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

<i>Ingredients</i>	<i>Amount</i>	<i>Ingredients</i>	<i>Amount</i>

Brief description of cooking method

Food & Drink Diary – DAY 4

When recording your child's food and drink, please give as much detail as possible:

- *the ingredients used, cooking method, and any added sauces (including weights)*
- *for take-away food or eating out, please note the name of the café/ restaurant and briefly describe the main ingredients of the dish*
- *the brand name, flavour and weights of all other food and drink*
- **portion size or quantity: PLEASE REMEMBER TO RECORD 'NONE' IF THERE ARE NO LEFTOVERS**
- *dilutions of drinks*
- **vitamins and other supplements**

Please keep any food labels in the plastic bag.

Will anyone else look after your child today?

Yes

No

If yes, please ensure that when you collect your child from any other carer that the food and drink has been recorded for that time period, either in the diary or on the food and drink recording sheet.

Day 4		Date			
.....				
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
<i>How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet</i>					
<i>6am to 9am</i>					
<i>9am to 12 noon</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>12 noon to 2pm</i>					
<i>2pm to 5pm</i>					

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
<i>5pm to 8pm</i>					
<i>8pm to 10pm</i>					
<i>10pm to 6am</i>					

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

PLEASE complete the questions over the page

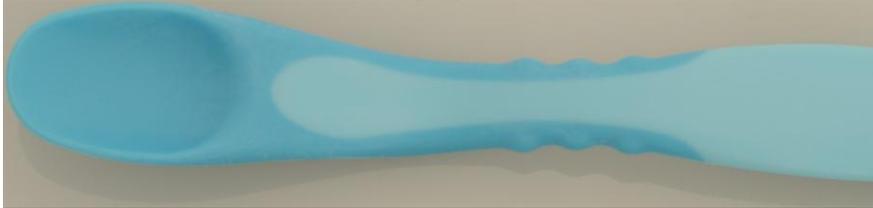
Please could you answer a few questions about how old your child was when you started giving him or her the following foods:

	Months	Weeks	Not applicable
1. At what age did you introduce smooth pureed foods to your child's diet e.g. baby rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At what age did you start giving your child fruit or vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At what age did you start giving foods with a lumpier texture e.g. noodles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At what age did your child start eating finger foods e.g. toast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you breastfed:			
a. How old was your child when you introduced infant formula or other milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What age was your child when you stopped breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Still breastfeeding? (<i>If 'Yes', please tick</i>)			<input type="checkbox"/>
6. At what age did you introduce:			
Whole (full fat) cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi skimmed milk cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skimmed milk cows milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEASURING UP

Children are completely individual and have their own food likes and dislikes. In order for us to get an accurate representation of what your child eats and drinks we are making some suggestions of ways to record your child's food and drink. **Please compare your spoons with those in the photographs.**

Weaning spoon 2.5mls



Tea spoon 5mls



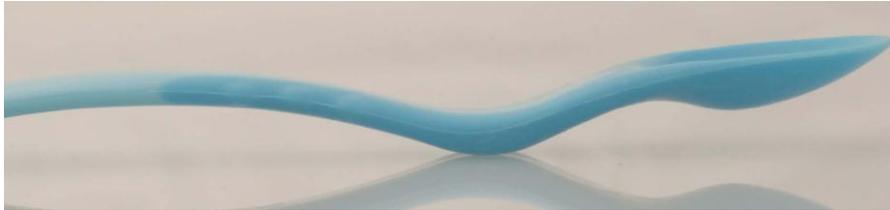
Dessert spoon 10mls



Table spoon 15mls



Weaning spoon 2.5mls



Tea spoon 5mls



Dessert spoon 10mls

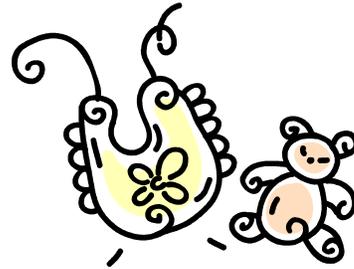


Table spoon 15mls



National Infant Diet and Health Study

Food and Drink Diary Instructions



National Infant Diet and Health Study

Food and Drink Diary Instructions

	Pages
Instructions.....	103-104
Diary examples.....	105-124
Examples and advice on food descriptions.....	125-130
Photo of household spoons.....	131-132

If you have any queries about how to complete the diary please contact a member of the Blue Team at NatCen on freephone **0800 652 4572** between 8.30am-5.30pm.

PLEASE READ THESE PAGES BEFORE STARTING THE FOOD DIARY

We would like you to record in this diary **everything your child eats and drinks**, at meal times and in between, day and night for **4 days**. Please include all food and drink consumed **at home and outside the home**.

Time spent in the care of others

If your child spends time in the care of others during the recording period then we would really appreciate if those carers (e.g. childminder, friend) would provide details of the food and drink consumed. For this purpose you have been given a letter to pass on to carers. Wherever possible, carers should record in the diary and only use the separate food and drink recording sheets where you feel it is necessary. Please keep all separate sheets safe and return them with the diary.

Please provide the following information for each day of recording:

Day and Date

Please record the day and date at the top of the page in the space provided each time you start a new day.

Time Slots

Please note the time of each eating occasion in the space provided.

Where and who else is eating with your child?

Please tell us what room or **part of the house** your child was in when eating or drinking, e.g. kitchen, and tell us whether s/he **ate at a table or not** and with the **television on or off**. If s/he was sitting in a high chair, tell us whether the high chair was at the table or not. If s/he ate outside the home please write that location down. We would also like to know **who your child shared meals with**, e.g. whether s/he ate alone, with parents or siblings.

What does your child eat and drink?

Please describe the food and drink your child ate in as much detail as possible. Include all meals and all snacks. Be as specific as you can. Pages 26-31 will help with the sort of detail we need, like **cooking methods** (fried, grilled, baked etc) and any **additions** (fats, sugar/sweeteners, sauces etc).

Recipes/Homemade dishes

If your child has served any **homemade dishes** e.g. chicken casserole, please record the name of the recipe, ingredients with amounts (including water or other fluids) for the whole recipe, the number of people the recipe is for, and the cooking method. Write this down in the recipe section for each food record day. Record the quantity of the recipe you served your child in the quantity served column and the quantity leftover in the leftover column.

Take-aways and eating out

If your child has eaten **take-aways** or **made up dishes not prepared at home** such as at a cafe or friend's house, please record as much detail about the ingredients as you can e.g. spaghetti with mince, onion and tomato sauce.

Brand name

Please note the **brand name** (if known). Most packed foods will list a brand name, e.g. Cow & Gate Baby Balance Fisherman's Bake or ASDA own brand.

- **Labels/Wrappers** Labels are an important source of information for us. It helps us a great deal if you enclose, in the plastic bag provided, labels from all **ready prepared meals**, labels from **foods of lesser known brands** and also from any **supplements** your child takes.

Portion sizes

We would like to know the quantity or portion size you **served** your child and the quantity of food or drink **leftover**. Please record in the quantity served and quantity leftover columns. For example, mashed banana: 2 tablespoons (served); 1 teaspoon (leftover). **If there are no leftovers, please enter 'NONE' in the quantity leftover column.** See diary examples on pages 6-25.

For drinks, quantity can be described using:

- the **volume** (e.g. 150ml) or **size of cup** (e.g. large). Specific questions about your child's drinking habits are asked on diary pages 15-16.
- **volumes from labels** (e.g. 200ml Aptamil Extra Readymade milk).

For foods, quantity can be described using:

- **household measure** e.g. one level teaspoon of sugar, two thick slices of bread, 4 heaped tbsp of peas, ¼ pint of gravy. Be careful when describing amounts in spoons that you are referring to the correct spoon size. Compare the spoons you use with the life size photos on pages 32-33.
- **weights from labels** - use the weight marked on canned or packet foods, e.g. quarter of a 420g tin of baked beans, one 60g pot of yoghurt.
- **number of items**, e.g. 1 baby rice cake, 2 fish fingers, 2 pieces of chicken nuggets, 1 regular size jam filled doughnut, 10 peas.
- **fruit** - indicate whether the piece of fruit is small, medium or large and portion size of the fruit served e.g. 1 segment of a large orange, ½ a medium banana.

For breast milk, quantity can be described as:

- the **duration** in minutes (see example on page 6) or the **volume** if the milk has been expressed (see example on page 8). Where breast milk has been expressed please record 'E' at the side of the volume.

Examples and advice about how to describe the **quantity** or **portion size** your child had of a particular food or drink are shown on pages 26-31.

Was it a typical day?

After each day of recording you will be prompted to tell us if this was a typical day and if there were any reasons why your child consumed more or less than usual.

Supplements

Please record brand name, full name of supplement, strength and the amount taken for each day in the food diary.

When to fill in the diary

Please record what your child ate, at the time of eating, rather than from memory at the end of the day. Use written notes on a pad if you forget to take the diary with you.

Overleaf you can see 4 days that have already been filled in. These examples show you how we would like you to record your child's food and drink.

It only takes a few minutes for each eating occasion!

Thank you for your time – we really appreciate it!

Day 1 Thurs		Date 31 March			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31 in the Instruction Booklet					
6am to 9am					
6.00	Bedroom, no TV alone, not at table	Breast feed		12 minutes	none
		Healthy Start Vitamin Drops		5 drops	none
9am to 12 noon					
9.30	Lounge, TV on, not at table alone	First milk	Aptamil	6 fl oz	1 fl oz
11.00	Kitchen, alone, No TV, not at table	Cooled boiled water		30ml	none

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
<i>12 noon to 2pm</i>					
12.35	<i>Lounge, TV on, not at table alone</i>	<i>First Milk</i>	<i>Aptamil</i>	<i>7 fl oz</i>	<i>2 fl oz</i>
<i>2pm to 5pm</i>					
4.00	<i>Lounge, no TV alone, not at table</i>	<i>First milk</i>	<i>Aptamil</i>	<i>7 fl oz</i>	<i>none</i>
4.30		<i>Calpol infant suspension</i>		<i>5ml</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
<i>5pm to 8pm</i>					
7.15	<i>Bedroom, no TV alone, not at table</i>	<i>Breast feed</i>		100ml (E)	<i>none</i>
<i>8pm to 10pm</i>					
		<i>Nothing Eaten</i>			
<i>10pm to 6am</i>					
10.30	<i>Bedroom, no TV, alone, not at table</i>	<i>Breast feed</i>		17 mins	<i>none</i>

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

She is teething so had less than usual.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH:

SERVES:

Ingredients

Amount

Ingredients

Amount

Brief description of cooking method

Day <i>Friday</i>		Date <i>04 Sept 2009</i>			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31					
6am to 9am					
6.30	<i>Bedroom, no TV alone, not at table</i>	<i>Breast feed</i>		<i>17 mins</i>	<i>none</i>
8.00	<i>Mother, Father Sister, highchair at table, no TV</i>	<i>Pure orange juice from concentrate diluted 50% water (in plastic trainer cup with lid)</i>	<i>Tesco</i>	<i>150ml (drinking cup)</i>	<i>½</i>
		<i>Healthy start vitamin drops</i>		<i>5 drops</i>	<i>none</i>
		<i>Organic creamy rice breakfast jar 125g</i>	<i>HiPP</i>	<i>125g</i>	<i>1 teaspoon</i>
9am to 12 noon					
10.45	<i>In front TV in lounge, grandma, not at table</i>	<i>First milk</i>	<i>Aptamil</i>	<i>7 fl oz</i>	<i>1 fl oz</i>
		<i>Aero chocolate mousse – from grandma's pot!</i>	<i>Aero</i>	<i>2 tsp</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	<i>Dining room, no TV, highchair at the table, mother</i>	<i>Pureed vegetables 50% swede + 50% carrot (see recipe)</i> <i>Mashed banana</i> <i>Bottled water</i>	<i>Evian</i>	<i>4 tbsp</i> <i>½ medium</i> <i>85ml</i>	<i>2 tbsp</i> <i>1 tbsp</i> <i>none</i>
2pm to 5pm					
4.30	<i>Lounge, no TV, alone, not at table</i>	<i>Breast feed</i>		<i>8 minutes</i>	<i>none</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
7.00	<i>Dining room, high chair at table, no TV, mother, father and sister</i>	<i>1 ice-cube pureed broccoli diluted with 1 tbsp breast milk Fromage frais apricot flavour</i>	<i>Petit Filous</i>	<i>Served all 60g</i>	<i>1 tsp none</i>
8pm to 10pm					
8.15 pm	<i>Living room, alone, TV on, not at table</i>	<i>First milk</i>	<i>Aptamil</i>	<i>5 fl oz</i>	<i>1 fl oz</i>
10pm to 6am					
11.15	<i>In bed, alone</i>	<i>Breast feed</i>		<i>20 minutes</i>	<i>none</i>

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: *Pureed vegetables*

SERVES:2

Ingredients	Amount	Ingredients	Amount
<i>Carrot, fresh, diced</i>	<i>2 Large</i>		
<i>Swede, fresh, peeled</i>	<i>¼ large</i>		
<i>Butter, Lurpak spreadable</i>	<i>1 tsp</i>		
<i>Dried basil</i>	<i>pinch</i>		

Brief description of cooking method

Boil the vegetables until tender. Roughly mash them together and stir in butter and dried basil. Mixture then cooled and frozen. Micro-wave to re-heat.

Day 1 Thurs		Date 31 March			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
How to describe what your child had and how much can be found on pages 26-31					
6am to 9am					
6.00	<i>In front TV in lounge, twin brother, not at table</i>	<i>SMA progress follow on milk</i>	<i>SMA</i>	<i>6 fl oz</i>	<i>none</i>
		<i>Porridge (porridge = 75ml SMA follow on milk and 5 x 5ml Quaker porridge oats)</i>	<i>Quaker</i>	<i>5 tbsp</i>	<i>none</i>
		<i>chopped dried apricots</i>	<i>Tesco own brand</i>	<i>3</i>	<i>none</i>
9am to 12 noon					
10.15	<i>Nursery, play room no TV, on carpet with other children, not at table</i>	<i>Organic Biscotti baby biscuit</i>	<i>Heinz</i>	<i>1 biscuit</i>	<i>none</i>
		<i>Apple & Blackcurrant squash (1 part squash to 10 parts water)</i>	<i>Robinsons 'no added sugar'</i>	<i>200ml</i>	<i>50ml</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.00	<i>Nursery dining room no TV, in high chair at table, with other children,</i>	<i>Shepherds pie (see recipe)</i> <i>Boiled carrots and peas</i> <i>Custard ready made carton – not chilled</i> <i>Mashed banana</i> <i>Water</i>	<i>Home-made</i> <i>Ambrosia</i> <i>Tap</i>	<i>5 tbsp</i> <i>1 tbsp each</i> <i>1 tbsp</i> <i>1 tbsp</i> <i>80ml</i>	<i>1 tbsp</i> <i>none</i> <i>none</i> <i>none</i> <i>10ml</i>
2pm to 5pm					
3.45	<i>Nursery dining room, no TV, highchair at table, with other children.</i>	<i>Edam cheese</i> <i>Seedless green grapes</i> <i>Unsweetened 100% apple juice from concentrate (½ juice, ½ water)</i>	 <i>Tesco own brand</i>	<i>6 small cubes (1cm)</i> <i>8</i> <i>100ml</i>	<i>none</i> <i>2</i> <i>20ml</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
5.00	<i>In front TV in lounge with Mother and twin brother, not at table</i>	<i>Dairy milk chocolate</i>	<i>Cadbury's</i>	<i>2 squares</i>	<i>none</i>
7.00	<i>Dining room, highchair at table, no TV, Mother, twin brother</i>	<i>Chicken and carrots in Chicken tonight creamy mushroom sauce (approx 50% chicken, 30% sauce, 20% carrots) with wilted spinach and garlic bread</i>	<i>Chicken tonight Tesco own brand garlic baguette</i>	<i>4 tbsp 1 tbsp spinach 1 piece from baguette</i>	<i>1 tsp 1 tbsp none</i>
		<i>Water</i>	<i>Tap</i>	<i>Few sips</i>	<i>none</i>
8pm to 10pm					
8.45	<i>Bedroom, no TV, twin brother, not at table</i>	<i>SMA progress follow on milk</i>		<i>6 fl oz</i>	<i>2 fl oz</i>
10pm to 6am					
		<i>Nothing eaten</i>			

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: Shepherd's Pie

SERVES:4

Ingredients	Amount	Ingredients	Amount
<i>Stewed Minced Lamb</i>	<i>1.5kg</i>		
<i>Red Onion</i>	<i>2</i>		
<i>Beef oxo cube</i>	<i>3</i>		
<i>Carrots</i>	<i>2 Large</i>		
<i>Potatoes, boiled, mashed</i>	<i>1.5kg</i>		
<i>Milk, semi-skimmed</i>	<i>150ml</i>		
<i>Spread, flora, original</i>	<i>60g</i>		
<i>Water</i>	<i>1 litre</i>		

Brief description of cooking method

Minced lamb cooked in water, beef stock cubes, onions and carrots for approx. 1 hour. Mash the potatoes with milk and spread. Pile potatoes on top of the meat and vegetables and bake for 30 minutes.

Day <i>Thurs</i>		Date 28 August 2009			
Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity <u>leftover</u> If no leftovers enter 'NONE'
How to describe what your child had and how much can be found on pages 26-31					
6am to 9am					
6.30	<i>Bedroom, no TV alone, not at table</i>	<i>Biscuit for babies & toddlers</i>	<i>Cow & gate</i>	<i>1</i>	<i>none</i>
7.00	<i>Mother, Father Sister, highchair at table, no TV</i>	<i>Rice Krispies Whole milk Frutapura, plum & apple 60ml Pure apple & blackcurrant juice diluted with 240ml water</i>	<i>Kelloggs Asda Cow & gate Heinz</i>	<i>8 tbsp Damp 100g pot 300ml</i>	<i>½ tbsp (milk and cereal) ½ 150ml</i>
9am to 12 noon					
9.30	<i>Childminder's playroom, no TV, 3 other children, not at table</i>	<i>Banana Great stuff mini raisins</i>	<i>Asda</i>	<i>½ Medium 14g pack</i>	<i>none 4 raisins</i>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
12 noon to 2pm					
12.35	Childminder's playroom, no TV, at table, 3 other children	<p><i>Prepared packed lunch:</i> White bread, thick cut Butter, unsalted</p> <p>Cheese triangle Ham, honey roast Cheese curls</p> <p>Green seedless grapes Fromage frais with layer of peach puree</p> <p>Semi-skimmed milk Fruit tea, orange & mango Sugar</p>	<p>Kingsmill Lurpak</p> <p>Dairylea Asda Quaver</p> <p>Yoplait</p> <p>Sainsbury's Twinings Silverspoon</p>	<p>2 slices Thin spread</p> <p>17.5g triangle 1 slice 8 pieces</p> <p>8 grapes 60g</p> <p>160ml 1 small cup ½ tsp</p>	<p>Left the crusts none</p> <p>½ none none</p> <p>none 1 tsp</p> <p>20ml ½ cup</p>
2pm to 5pm					
3.15 pm	Childminder Playroom, no TV, 3 other children, not at table	<p>Apple, peeled</p> <p>Milky way</p> <p>Water</p>	Granny smith	<p>2 quarters</p> <p>1 fun size</p> <p>Few sips</p>	<p>1 quarter</p> <p>none</p> <p>none</p>

Time	Where? Who else eating? TV on? At table?	Food/Drink description & preparation	Brand Name	Quantity served	Quantity leftover <small>If no leftovers enter 'NONE'</small>
5pm to 8pm					
6.00	<i>Mother, sister, highchair at dining room table, no TV</i>	<i>Homemade sausage casserole (see recipe)</i> <i>Penne pasta, white, cooked</i>	<i>Sainsbury's</i>	<i>4 tbsp</i> <i>2 tbsp</i>	<i>½</i> <i>½</i>
8pm to 10pm					
8.15 pm	<i>Living room, alone, TV on, not at table</i>	<i>Whole milk</i>	<i>Asda</i>	<i>200ml</i>	<i>none</i>
10pm to 6am					
		<i>Nothing eaten</i>			

As far as you know was all the **food and drink** taken by your child during this 24 hours recorded?

Yes

No

Not Sure

Was the **food and drink** for this 24 hours fairly typical for your child?

Yes

No

If 'No', please describe how it differed from normal and if your child was unwell during this 24-hour period.

Did your child take any **vitamins, minerals or other food supplements** today?

Yes

No

If yes, please **go back to the diary and make a note of brand, name (including strength) and amount** s/he took

Has anyone else looked after your child today?

Yes

No

If yes, please ensure that the diary or food and drink recording sheet has been completed for the time period that your child was cared for by another carer.

Please record over the page details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes

NAME OF DISH: *Sausage Casserole*

SERVES: 4

Ingredients	Amount	Ingredients	Amount
<i>Butchers Choice pork sausages</i>	<i>4 sausages</i>	<i>Mixed herbs</i>	<i>½ tsp</i>
<i>Onion</i>	<i>1 medium size</i>	<i>Vegetable oil</i>	<i>1 ½ tbsp</i>
<i>Mushrooms, Champignons</i>	<i>1/4 of 500g pack</i>		
<i>Tinned chopped tomatoes</i>	<i>1 x 400g tin</i>		
<i>Tin of mixed salad beans</i>	<i>1 x 125g tin</i>		
<i>Oxo gravy</i>	<i>1 cube in ½ pint of water</i>		
<i>Tomato sauce</i>	<i>1 tbsp</i>		
<i>Cornflour</i>	<i>2 tsp</i>		

Brief description of cooking method

Brown onions and sausages in vegetable oil. Add mushrooms, tomatoes, beans and gravy and simmer. Thicken with cornflour and add herbs.

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Bacon	Back, middle, streaky; smoked or un-smoked; fat eaten; dry-fried or fried in oil/fat (type used) or grilled rashers	Number of rashers
Baked beans	Standard, reduced salt or reduced sugar	Number of spoons or weight of tin
Beefburger (hamburger)	Home-made (ingredients), from a packet or take-away; fried (type of oil/fat), microwaved or grilled; economy; with or without bread roll, with or without salad e.g. lettuce, tomato	Large or small, ounces or in grams if info on package
Biscuits	What sort e.g. cheese, wafer, crispbread, sweet, chocolate (fully or half coated), shortbread, home-made	Number, size (standard or mini variety)
Bread (see also sandwiches)	Wholemeal, granary, 50:50, white or brown; currant, fruit, malt; large or small loaf; sliced or unsliced loaf	Number of slices; thick, medium or thin slices. Crusts on or off
Bread rolls	Wholemeal, white or brown; alone or with filling; crusty or soft	Size, number of rolls
Breakfast cereal (see also porridge)	What sort e.g. Kellogg's cornflakes; any added fruit and/or nuts; Muesli – with added fruit, no added sugar/salt variety; Infant cereals – dried or made up; proportion of liquid to cereal.	Number of spoons or size of bowl
Buns and pastries	What sort e.g. iced, currant or plain, jam, custard, fruit, cream; type of pastry; homemade or bought	Size, number
Butter, margarine & fat spreads	Give full product name	Thick/average/thin spread; number of spoons
Cake	What sort: fruit (rich), sponge, fresh cream, iced, chocolate coated; type of filling e.g. buttercream, jam	Individual or size of slice, packet weight

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Cereal bars	What sort; with fruit/nuts, coated with chocolate/yoghurt; fortified with vitamins/minerals	Weight/size of bar; from multipack
Cheese	Type e.g. cheddar, cream, cottage, soft; low fat	Number of slices or spoons. Dimensions if finger food
Chips	Fresh, frozen, oven, microwave, take-away (where from); thick/straight/crinkle/fine cut; type of oil/fat used for cooking	Number of spoons or number of chips
Chocolate(s)	What sort e.g. plain, milk, white, fancy, diabetic; type of filling	Weight, size of bar or number of individual pieces
Cook-in sauces	What sort; pasta, Indian, Chinese, Mexican; tomato, white or cheese based; does meat or veg come in sauce; jar or can	Number of spoons, size of can or jar
Cream	Single, whipped, double or clotted; dairy or non-dairy; low-fat; fresh, UHT/Longlife; imitation cream e.g. Elmlea	Number of spoons
Crisps (see also savoury snacks)	What sort e.g. potato, corn, wheat, maize, vegetable etc; low-fat or low-salt; premium variety e.g. Walker's French Fries	Packet weight or number of individual crisps
Custard	Pouring custard or egg custard; made with powder and milk/sugar, instant, ready to serve (tinned or carton); low fat, sugar free	Number of spoons
Egg	Boiled, poached, fried, scrambled, omelette (with or without filling); type of oil/fat, milk added	Number of eggs, large, medium or small
Fish (including canned)	What sort e.g. cod, tuna; fried (type of oil/fat), grilled, poached (water or milk) or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	Can size, number of spoons (for canned fish) or size of fillet

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Fish cakes & fish fingers	Type of fish; plain or battered or in breadcrumbs; fried, grilled, baked or microwaved; economy	Size, number, packet weight
Fruit - fresh	What sort; eaten with or without skin	Small, medium or large
Fruit - puree/canned	What sort; canned - sweetened or unsweetened; in fruit juice or syrup; juice or syrup eaten. Homemade puree – added water, sugar	Number of spoons, weight of can
Fruit – juice (pure)	What sort e.g. apple, orange; sweetened or unsweetened; pasteurised or UHT/Longlife; freshly squeezed; added vitamins/minerals, omega 3	Cup (size or volume) or carton size
Ice cream	Flavour; dairy or non-dairy alternatives e.g. soya; luxury/premium	Number of spoons or ice-cream scoops
Jam, honey	What sort; low-sugar/diabetic; shop bought/brand or homemade	Number of spoons, heaped or level, or thin or thick spread
Marmalade	Type; low-sugar; thick cut; shop bought/brand or homemade	Number of spoons, heaped or level, or thin or thick spread
Meat (see also bacon, burgers & sausages)	What sort; cut of meat e.g. chop, breast, minced; lean or fatty; fat removed or eaten; skin removed or eaten; how cooked; with or without gravy	Large/small/medium, number of spoons or weight from pack
Milkshake	Fresh or long life/UHT; dairy or non-dairy alternative e.g. soya; if powder, made up with whole, semi-skimmed, skimmed milk; flavour; fortified with vitamins and/or minerals	Cup (size or volume) or volume on bottle/carton

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Milk (including infant formula)	Type (whole, semi-skimmed, skimmed, 1% fat); fresh, sterilized, UHT, dried; soya milk (sweetened/unsweetened), goats' milk, rice milk; flavoured; fortified with added vitamins and/or minerals; Infant formula milks – proportion of formula to water; made as per instructions	Cup or bottle (size or volume). On cereal: <i>damp/normal/drowned or fluid ounces/ml.</i>
Nuts	What sort; dry roasted, ordinary salted, honey roasted; unsalted	Packet weight, handful
Pie (sweet or savoury)	What sort/filling; one pastry crust or two; type of pastry	Individual or slice
Pizza	Thin base/deep pan or French bread; topping e.g. meat, fish, veg; stuffed crust	Individual, slice, fraction of large pizza e.g. $\frac{1}{4}$
Porridge	Made with oats or cornmeal or instant oat cereal; made with milk and/or water; added sugar, honey, syrup or salt; with milk or cream	Number of spoons or size of bowl
Potatoes (see also chips)	Old or new; baked, boiled, roast (type of oil/fat); skin eaten; mashed (with butter/spread and with or without milk); fried/chips (type of oil/fat); instant; any additions e.g. butter	Mash – number of spoons; number of half or whole potatoes, small or large potatoes
Pudding	What sort; e.g. steamed sponge; with fruit; mousse; instant desserts; milk puddings	Number of spoons
Rice	What sort; e.g. basmati, easy cook, long or short grain; white or brown; boiled or fried (type of oil/fat)	Number of spoons
Salad	Ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	Amount of each component

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Sandwiches and rolls	Type of bread/roll (see Bread & Rolls); butter or margarine; type of filling; including salad, mayonnaise, pickle etc. If shop-bought, where from? Cut into quarters/ fingers; dimensions; crusts on or off	Number of rolls or slices of bread; amount of butter/margarine (on both slices?); amount of filling
Sauce – cold (including mayonnaise)	Tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise; low fat;	Number of spoons
Sauce – hot (see also cook-in sauces)	What sort; savoury or sweet; thick or thin; for gravy - made with granules, stock cube, dripping or meat juices	Number of spoons
Sausages	What sort; e.g. beef, pork; fried (type of oil/fat) or grilled; low fat	Large or small, number
Sausage rolls	Type of pastry	Size; jumbo, standard, mini
Scone	Fruit, sweet, plain, cheese; type of flour; homemade	Small, medium or large
Savoury snacks - in packet	What sort: e.g. Cheddars, Organix Carrot Stix, Mini Rice Cakes	Size (standard or mini variety), packet weight or number of snacks
Smoothies	If homemade give recipe. If shop-bought, what does it contain e.g. fruit, milk/yoghurt, fruit juice	Cup or bottle (size or volume)
Soft drinks – squash/ concentrate/cordial	Flavour; standard or no added sugar/low calorie/sugar free; “high” juice; fortified with added vitamins and/or minerals; dilution	Cup (size or volume)
Soft drinks – carbonated/fizzy	Flavour; standard or diet/low-calorie; canned or bottled; cola – caffeine free	Cup, can or bottle (size or volume)
Soft drinks – ready to drink	Flavour; standard or no added sugar/low calorie/sugar free; real fruit juice? If so, how much?; fortified with added vitamins and/or minerals	Cup, carton or bottle (size or volume)

Spoon size does matter! When describing quantity of food and drink, check the spoon you use with the life size pictures at the back of this booklet.

Food/Drink	Description & Preparation	Portion size or quantity
Soup	What sort; cream or clear; fresh/chilled, canned, instant or vending machine. If home-made, give recipe	Number of spoons or size of bowl
Spaghetti, other pasta	What sort; fresh/chilled or dried; white, wholemeal; canned in sauce; type of filling if ravioli, cannelloni etc	Number of spoons (or how much dry pasta)
Toddler foods	Food in jars: description and ingredients (e.g. vegetable risotto, fruit puree); Dry Foods: description (e.g. baby rice, cauliflower cheese); made up with milk and/or water; volume of water/milk used to mix with cereal or powder	Size of jar or packet, number of spoons
Vegetables (not including potatoes)	What sort; how cooked/raw; additions e.g. butter, other fat or sauce	Number of spoons, number of florets or sprouts, weight from tins or packet. Dimensions if finger food
Yoghurt (inc drinking yoghurt), fromage frais	What sort: e.g. natural/plain or flavoured; creamy, Greek, low-fat, very low fat/diet, soya; with fruit pieces or fruit flavoured; twinpot; fortified with added vitamins and/or minerals; longlife/UHT; probiotic	Pot size or number of spoons
Home-made dishes	Please say what the dish is called (record recipe or details of dish if you can in the section provided) and how many people it serves	Number of spoons – heaped or level, number, size
Ready-made meals	Full description of product; does it contain any accompaniments e.g. rice, vegetables, sauces; chilled or frozen; microwaved, oven cooked, boil-in-the-bag; low fat, healthy eating range. Enclose label and ingredients list if possible in your plastic bag	Packet weight (if didn't eat whole packet describe portion consumed); number of spoons
Take-away food or food eaten out	Please say what the dish is called and give main ingredients if you can. Give name of a chain restaurant e.g. McDonalds	Number of spoons, portion size e.g. small/medium/large

Photo of spoons

MEASURING UP

Children are completely individual and have their own food likes and dislikes. In order for us to get an accurate representation of what your child eats and drinks we are making some suggestions of ways to record your child's food and drink. **Please compare your spoons with those in the photograph.**

Weaning spoon 2.5mls



Tea spoon 5mls



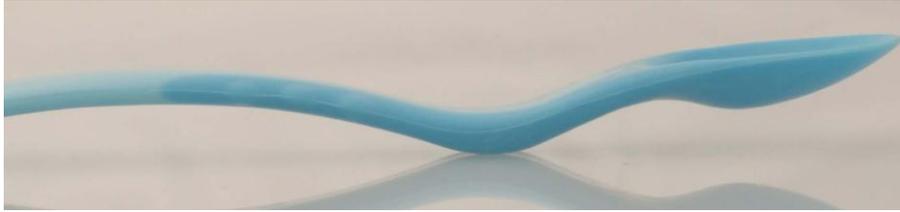
Dessert spoon 10mls



Table spoon 15mls



Weaning spoon 2.5mls



Tea spoon 5mls



Dessert spoon 10mls



Table spoon 15mls



NATIONAL INFANT DIET AND HEALTH STUDY

To whom it may concern



..... is taking part in the National Infant Diet and Health Study funded by the Department of Health (DH) and the Food Standards Agency (FSA). The survey involves collecting information on the eating habits and nutritional status of children aged 4-18 months in the UK. As part of the study, parents of the participants are keeping a diary of ALL food and drink consumed over a period of 4 days without changing their typical diet.

We would be very grateful if you could find time to help record in the diary, on behalf of the child named above, details of any food or drink consumed whilst s/he is in your care. There are instructions at the front of the diary, an instruction booklet as well as examples of the sort of detail required and help with describing amounts. The most important thing, however, is that every item of food or drink gets written down along with how much was eaten. Remember to take into account any leftovers or spillages.

Thank you so much for assisting us by recording this information and, by doing so, you will be contributing to the study's success.

If you have any questions, please do not hesitate to contact me on the telephone number below.

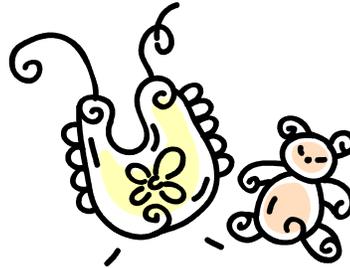
Dr Jill Sommerville
Survey Coordinator
01223 426356

Jill.Sommerville@mrc-hnr.cam.ac.uk

For more information on the National Infant Diet and Health Study visit
(<http://www.food.gov.uk/science/dietarysurveys/>)

National Infant Diet and Health Study

Breast Milk Diary



Diary start day and date: _____

--	--	--	--	--	--	--

SERIAL NUMBER (7 digits)

Respondent's first name:

Sex: Male / Female

Date of birth:

--	--	--	--	--	--

Annex 39_Breast Milk Diary_V1.0_14 September 2010_REC Ref: 09/H0305/101

National Infant Diet and Health Study

Breast Milk Diary

	Pages
Instructions.....	136
Breast milk diary day example.....	137
The 14 day Breast milk diary.....	138-151

If you have any queries about how to complete the diary please contact a member of the Dietary Assessment team on 01223 426356

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE BREAST MILK DIARY

We would like you to record in this diary **every breast milk feed** you give your child. Please note: this diary is for **breast milk only**. You do not need to record other milks or feeds given to your child.

Please provide the following information for each day of recording:

Day and Date

Please record the day and date at the top of the page in the space provided each time you start a new day.

Time Slots

Please note the time of each breast milk feed in the space provided.

Where

Please provide detail of where you were at each breast milk feed.

Duration or volume

- If you are feeding your child **directly from the breast** please record the duration of each breast feed in minutes in the space provided.
- If you have **expressed breast milk** to feed your child then please record the volume (in fluid ounces or millilitres) of breast milk taken by your child, followed by '(E)', in the space provided. See example on page 5.

On page 5 you can see an example of a day that has already been filled in.

When to fill in the diary:

Please record each breast milk feed, at the time, rather than from memory at the end of each day. Use written notes on a pad if you forget to take the diary with you. **If for any reason you miss a breast milk feed(s), please continue with the diary and record as a partial day of recording at the end of the diary day.**

This data is important for us to interpret the results from the breast milk intake part of the survey. **It is important that you continue recording until the end of the 14 day period.**

Thank you for your time, we really appreciate it!

Breast Milk Diary EXAMPLE		
Day 1 <i>Monday</i>	Date <i>03/08/10</i>	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
<i>8.30</i>	<i>Kitchen</i>	<i>10 minutes</i>
9am to 12 noon		
<i>11.30</i>	<i>Toddler group</i>	<i>5 fl oz (E)</i>
12 noon to 2pm		
	<i>Nap time</i>	<i>No feed</i>
2pm to 5pm		
		<i>No feed</i>
5pm to 8pm		
<i>6.30</i>	<i>Lounge</i>	<i>140 ml (E)</i>
8pm to 10pm		
		<i>No feed</i>
10pm to 6am		
<i>11.30</i>	<i>Bedroom</i>	<i>15 minutes</i>
<i>5.30</i>	<i>Bedroom</i>	<i>10 minutes</i>

Has this been a full or partial day of recording? Please tick

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 1	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record 'E' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 2	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record 'E' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 3	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record 'E' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 4	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 5	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 6	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME ((if expressed record 'E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 7	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? Please tick

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 8	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 9	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 10	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record 'E' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 11	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record 'E' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 12	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 13	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record '(E)' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.

Breast Milk Diary		
Day 14	Date	
TIME	WHERE	DURATION (in minutes) or VOLUME (if expressed record 'E' at the side)
6am to 9am		
9am to 12 noon		
12 noon to 2pm		
2pm to 5pm		
5pm to 8pm		
8pm to 10pm		
10pm to 6am		

Has this been a full or partial day of recording? *Please tick*

Full

Partial

If for any reason you have been unable to complete a full day, please record as a partial day and continue recording tomorrow as normal.