



**DIETARY PATTERNS AND SLEEP: EFFECTS OF ANIMAL ORIGIN AND PLANT ORIGIN DIET ON SLEEP
HEALTH IN HEALTHY ADULTS**

3-DAY FOOD RECORD

Study ID No :

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Instructions:

Please fill in this food intake record on any 2 days of the week and 1 weekend day in week 1, week 4 and week 7 during the 8 weeks of study.

- The days in which food intake is recorded do not need to be consecutive, but need to be within **the same 1-week period**.
- You should **fill in details immediately after you make and eat each meal or snack**. Please do **not** wait till the end of the day to complete.
- Directions for how to fill in the food record are at the top of each day. An example of one day is on the following page.

When you have completed the food record please return it to the researcher when you visit the sleep lab or email to mbon6918@uni.sydney.edu.au

If you have any questions about the study or how you should complete the food record please call Mitchel Bones, mobile:0490 554 145 or email: mbon6918@uni.sydney.edu.au.

Day # :

Day:

Date:

Instructions for completing the food record chart

- **Write down everything that you eat and drink over one day from waking to going to sleep. It is important that you do this straight away after you eat or drink, rather than waiting till the end of the day. This also includes any snacks, water, vitamin and mineral supplements, and thickening powders you may add to drinks.**
- Use a new line for each food, drink or supplement.
- Record the type of eating occasion in the appropriate column. For example, breakfast, lunch, dinner, morning tea, afternoon tea or snack.
- Record each food individually. For example, while you may state '*tuna sandwich*' in the first row for lunch, you should then list each of the individual foods contained in the sandwich in the rows below, together with their amounts.
- Include the amounts in quantities, household measures or natural portion sizes. For example, 100grams, 2 slices of bread, ½ cup rice, ¼ cup peas. Please use the scale, set of standard spoon and cup measures we have provided to assist in recording this information.
 - If you wish to use abbreviations for spoon measures please use the following:
 - 1 teaspoon = 1 tsp
 - 1 tablespoon = 1 TBSP
- Record the cooking method used, if applicable. For example, grilled, BBQ, deep fried, pan fried, baked, roasted, boiled, steamed, minced, pureed etc.
- Give a detailed description of the food or drink and include brand names where possible. For an example Arnott's Milk Arrowroot® biscuit; Yalla Humus; Cobram Estate Extra Virgin Olive Oil; Flavour Creations Thickened Fluid.
- Don't forget to include any sauces, mayonnaise, dressings or gravies that are used. We are interested to find out about your usual eating patterns, so please keep your food intake as usual.
- If you record a day that is not typical, please indicate in the box at the end of each food

Example of 1 day			Day: Monday	Date: 14-05-2018	
Location	Time	Meal/Eating Occasion	Foods/Drinks/Water/Supplements	Cooking Method (where applicable)	Amount/Size EATEN
Home	7am	Breakfast	Full cream milk (Dairy Farmers)	-	1/2 cup/125ml
			Weet-bix (Sanitarium)	-	2 Weet-bix/ 50 grams
			Fresh yogurt (Yoplit)	-	1 cup
			Strawberries	-	4 small fruits/20g
			Coffee powder plain decaffeinated	-	1 tsp
			Reduced fat milk	-	1 cup/250ml
At the university	10am	Morning tea	Fresh Apple		1 medium fruit
			Juice Coles Australian Orange Juice With Pulp	-	1 cup/250ml
At the university	12.30pm	Lunch	Rice,white,cooked,steamed	cooked	1/2 cup/125 ml
			Chicken,breast,without skin,uncoated,no added fat	casserole	small breast/100g
			<u>Coles Butternut Pumpkin Soup with Black Pepper</u>		Single serve microwave bowl/250mlsingle
			Water		1 cup/250ml
At the university	3pm	Snack	Arnott's arrowroot biscuit	-	2 biscuits/ 40g
			Coffee,cappuccino,decaffeinated,skim milk	-	1 cup/250 ml
Club	6:30pm	Dinner	Fish	Grilled	1 fillet /50grams
			Potato, peeled	Boiled/	1 medium/50grams
			Carrots, peeled	Boiled/	¼ cup/75ml
			Red wine, shiraz (Penfolds)	-	1 small glass (~100 mL)
			Vanilla ice cream (Dairy Farmer's)	-	2 small/100g
			Chocolate sauce (cottees)	-	2 TBSP
	9pm	Supper	Tea, black	-	1 cup/250 ml

Was your intake unusual in any way? No Yes If yes, in what way?

__had dinner at the Club, which I do only monthly__

Day # :

Day:

Date:

WEEK 1 : DAY 1: FOOD INTAKE RECORD (WEEKDAY)

Write down everything that you eat and drink over one day from waking to going to sleep. It is important that you **do this straight away after you eat or drink**, rather than waiting till the end of the day. This also includes any snacks, water, vitamin and mineral supplements, and thickening powders you may add to drinks.

Date:			Day:		
Location	Time	Meal/Eating occasion	Foods/Drinks/Water/Supplements	Cooking method (where applicable)	Amount/ Size EATEN

Day # :

Day:

Date:

Was your intake unusual in any way? No Yes

If yes, in what way? _____

Day # :

Day:

Date:

WEEK 1 : DAY 2: FOOD INTAKE RECORD (WEEKDAY)

Write down everything that you eat and drink over one day from waking to going to sleep. It is important that you **do this straight away after you eat or drink**, rather than waiting till the end of the day. This also includes any snacks, water, vitamin and mineral supplements, and thickening powders you may add to drinks.

Date:			Day:		
Location	Time	Meal/Eating occasion	Foods/Drinks/Water/Supplements	Cooking method (where applicable)	Amount/ Size EATEN

Day # :

Day:

Date:

Was your intake unusual in any way? No Yes

If yes, in what way? _____

Day # :

Day:

Date:

WEEK 1 : DAY 3: FOOD INTAKE RECORD (WEEKEND)

Write down everything that you eat and drink over one day from waking to going to sleep. It is important that you **do this straight away after you eat or drink**, rather than waiting till the end of the day. This also includes any snacks, water, vitamin and mineral supplements, and thickening powders you may add to drinks.

Date:			Day:		
Location	Time	Meal/Eating occasion	Foods/Drinks/Water/Supplements	Cooking method (where applicable)	Amount/ Size EATEN

Day # :

Day:

Date:

WEEK 4 : DAY 1: FOOD INTAKE RECORD (WEEKDAY)

Write down everything that you eat and drink over one day from waking to going to sleep. It is important that you **do this straight away after you eat or drink**, rather than waiting till the end of the day. This also includes any snacks, water, vitamin and mineral supplements, and thickening powders you may add to drinks.

Date:			Day:		
Location	Time	Meal/Eating occasion	Foods/Drinks/Water/Supplements	Cooking method (where applicable)	Amount/ Size EATEN

Day # :	Day:	Date:
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WEEK 4 : DAY 2: FOOD INTAKE RECORD (WEEKDAY)

Write down everything that you eat and drink over one day from waking to going to sleep. It is important that you **do this straight away after you eat or drink**, rather than waiting till the end of the day. This also includes any snacks, water, vitamin and mineral supplements, and thickening powders you may add to drinks.

Date:			Day:		
Location	Time	Meal/Eating occasion	Foods/Drinks/Water/Supplements	Cooking method (where applicable)	Amount/ Size EATEN

Day # :

Day:

Date:

Was your intake unusual in any way? No Yes

If yes, in what way? _____

Day # :

Day:

Date:

WEEK 7 : DAY 1: FOOD INTAKE RECORD (WEEKDAY)

Write down everything that you eat and drink over one day from waking to going to sleep. It is important that you **do this straight away after you eat or drink**, rather than waiting till the end of the day. This also includes any snacks, water, vitamin and mineral supplements, and thickening powders you may add to drinks.

Date:			Day:		
Location	Time	Meal/Eating occasion	Foods/Drinks/Water/Supplements	Cooking method (where applicable)	Amount/ Size EATEN

Day # :

Day:

Date:

Was your intake unusual in any way? No Yes

If yes, in what way? _____

Day # :	Day:	Date:
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WEEK 7: DAY 2: FOOD INTAKE RECORD (WEEKDAY)

Write down everything that you eat and drink over one day from waking to going to sleep. It is important that you **do this straight away after you eat or drink**, rather than waiting till the end of the day. This also includes any snacks, water, vitamin and mineral supplements, and thickening powders you may add to drinks.

Date:		Day:			
Location	Time	Meal/Eating occasion	Foods/Drinks/Water/Supplements	Cooking method (where applicable)	Amount/ Size EATEN

Day # :

Day:

Date:

Was your intake unusual in any way? No Yes

If yes, in what way? _____

Day # :

Day:

Date:

Was your intake unusual in any way? No Yes

If yes, in what way? _____