



## **Sports Nutrition**

### **Daily food & activity diary**

- **Information you should bring to your appointment**

- Recent blood test results
- Full list of current medication
- Results of investigations

- **Pre-appointment tasks to be completed**

We encourage you to ensure that these are forwarded to us least 5 working days before your appointment so that we can make sure that you get the most benefit from it. Ideally, send them by email (allow extra time for delivery if you are sending hard copies by post)

### **General guidelines when completing food & activities diary**

- **Food Intake**

- Record what you eat in approximate portions or ideally weighed on digital scales
- If using approximate portions describe as number of tablespoons of pasta, how many potatoes & size (e.g. large egg, fist), meat in slices or number of chops or look at the weight on packaging
- Bread portions as rolls or slices
- Cereal in bowls, large or small & how many

- **Drinks**

- Measure the size of the mugs or glasses, drinks bottle you most commonly drink from so that you can record closely what you have
- Name any isotonic drinks you use during training and the amount used
- Include any recovery drinks used



**Name**

**DOB**

**Weight** (current)

**Height** (current)

**Primary sport/activity**

**Targets event(s)**

**Current training phase**

Recovery

Base

Overload  
Development

Competition

**List any sports nutrition or supplements that you are using**

<b>Drinks</b> (isotonic, recovery, carbo/protein loading)	
<b>Protein or amino acid supplements</b>	
<b>Vitamin/Minerals</b>	
<b>Other supplements</b>	



## Do you experience any of the following?

Symptom score; 0 No symptoms, 1 Slight, 2 Mild, 3 Moderate, 4 Severe, 5 Debilitating

	0	1	2	3	4	5
Flatus						
bloating						
Belching						
Reflux						
Nausea						
Sensation of food not emptying from stomach						
Constipation						
Sensation of Incomplete evacuation of bowel						
Diarrhoea						
Gurgling/Noisy stomach						
Spasming						
Pain in abdomen						
Energy Levels						

Are there any foods you find upset you in terms of mood, energy, digestion, or skin reactions?	
Did you have any allergies in childhood (including hayfever)?	
Have you been diagnosed with asthma?	



## Training record (for 1 week)

Start Date:	Time of day	Exercise type, duration, & intensity	What did you spend the rest of the day doing, working, resting, sedentary job.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
How did this training week go?			



## Rest Day

Date:	Time & location of any Activity (e.g. 6am home )	Food/Drink (type & portion)
Pre-breakfast		
Breakfast		
Mid-morning snack		
Lunch		
Mid-afternoon Snack		
Evening meal		
Supper		
Evening snack		
Pre- Exercise/training		
During Exercise/training		
Post- Exercise/training		



## Light training/exercise day

Date:	Time & location of any Activity (e.g. 6am home )	Food/Drink (type & portion)
Pre-breakfast		
Breakfast		
Mid-morning snack		
Lunch		
Mid-afternoon Snack		
Evening meal		
Supper		
Evening snack		
Pre- Exercise/training		
During Exercise/training		
Post- Exercise/training		



## Moderate training/exercise day

Date:	Time & location of any Activity (e.g. 6am home )	Food/Drink (type & portion)
Pre-breakfast		
Breakfast		
Mid-morning snack		
Lunch		
Mid-afternoon Snack		
Evening meal		
Supper		
Evening snack		
Pre- Exercise/training		
During Exercise/training		
Post- Exercise/training		



## Heavy training/exercise day

Date:	Time & location of any Activity (e.g. 6am home )	Food/Drink (type & portion)
Pre-breakfast		
Breakfast		
Mid-morning snack		
Lunch		
Mid-afternoon Snack		
Evening meal		
Supper		
Evening snack		
Pre- Exercise/training		
During Exercise/training		
Post- Exercise/training		