

Fixed Braces & Aligners

Appendix 1 – Sample Diet Sheet

This food diary will help us to help you look after your teeth during your treatment:

Please write/draw everything that you eat/drink over the next three days.

Make sure one of the days is a Saturday or a Sunday.

For drinks, please write down if they are low calorie, low sugar, no added sugar or ordinary.

If you have hot drinks please write down if you add sugar- and how many

My name is.....

Day 1	Date
Time :	This is what I have had to eat/drink:

Day 2	Date:
Time :	This is what I have had to eat/drink:

Etc.