

Name-

# DIETARY ANALYSIS

Date-

It has been advised that you carry out an analysis of your diet; the reason for this is because you have tooth decay, which is caused in part by bad diet. The best way to carry out this analysis is to list everything that you eat and drink over a three-day period. This not only includes all meals but any snacks and drinks that you have. DO NOT change your dietary habits whilst you are doing this analysis otherwise it is a complete waste of time.

If you do not bother to fill this sheet in then you may as well not bother to have your fillings done! Fillings may solve the problem in the short term but they do not target the cause of the problem and therefore you will suffer with more dental decay in the future.

As well as diet you need to improve your oral hygiene and therefore you should enter a cleaning program with the hygienist to address any deficiency in your oral hygiene regime. A good start would be to invest in an electric toothbrush, make sure you are using toothpaste that contains fluoride and use a fluoride supplement, for example a fluoride mouthwash.

DAY	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK
1						
2						
3						

Now you have completed your sheet, please answer the following questions:

How do you rate your diet? Excellent  good  fair  poor

Which of the foods/drinks do you think you should cut out/down on?

Are you prepared to change? \_\_\_\_\_

**PLEASE BRING SHEET WITH YOU TO YOUR NEXT DENTAL APPOINTMENT**