



# MONITORING SHEET – FOOD (to be used with the MEDS & HEALTH Monitoring Form)

Name: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

DATE/DAY	BREAKFAST/EST COST	M/TEA/EST COST	LUNCH/EST COST	A/TEA/EST COST	DINNER/EST COST	SUPPER/EST COST	DAILY TOTAL
Day 1 - day/dd/mm	Home – 2 boiled eggs, 2 slices white bread, butter, white coffee/\$\$	ROC – Banana muffin, white coffee/\$\$	Dolphins Foodcourt – Rice, Chicken Chop Suey/\$\$	ROC – Choc muffin, white coffee/\$\$	Home – Vakalolo fish, dalo, moca/\$\$	Home – 3 hard biscuits, butter, white tea/\$\$	\$\$\$.\$\$
Day 2 - day/dd/mm							
Day 3 - day/dd/mm							



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DATE/DAY	BREAKFAST/EST COST	M/TEA/EST COST	LUNCH/EST COST	A/TEA/EST COST	DINNER/EST COST	SUPPER/EST COST	DAILY TOTAL
Day 4 – day/ dd/mm							
Day 5 – day/dd/mm							
Day 6 – day/dd/mm							
Day 7 – day/dd/mm							