

Instructions for Completing 3-Day Food Records

As part of your nutrition visit, you are requested to keep a record of everything that you eat or drink for 3 days. It is helpful if you can include two weekdays and one weekend day. If you are unable to fill out the record for everyday, please do as many days as possible. Please follow the directions carefully. Having an accurate record of your intake will assist the dietitian in making specific dietary recommendations for you. For the best accuracy, record all items at the time of ingestion. **Please bring your completed record to your first Nutrition visit.**

1. In the column "Time" record the time the food was consumed
2. In the column "Food/Drink" write down everything that you eat or drink. Include any margarine, butter, oil, salad dressing, sugar, condiments, etc.
3. In the column "Amount" carefully measure what you eat or drink and record the amount. Measure amounts in measuring cups, teaspoons, tablespoons, slices, fluid ounces or inches. If you prefer, a food scale may be used to weigh portions. If you do not have a food scale or measuring cups readily available, refer to the portions below to estimate.
4. In the column "Place Eaten" record where the food was eaten or purchased (i.e. a restaurant, at home, as a take out meal from a supermarket, etc). Also include what you were doing and who you were with (ie: having dinner with family, tv watching with spouse, driving alone, out with friends, etc).
5. There is space for you to record any comments (such as your hunger or energy level, emotions or observations) as well as your daily physical activity.



Hand Symbol	Equivalent	Foods
	Fist 1 cup	Rice, pasta Fruit Veggies
	Palm 3 ounces	Meat Fish Poultry
	Handful 1 ounce	Nuts Raisins
	2 Handfuls 1 ounce	Chips Popcorn Pretzels
	Thumb 1 ounce	Peanut butter Hard cheese
	Thumb tip 1 teaspoon	Cooking oil Mayonnaise, butter Sugar

Daily Food Record

Name:
Date: _____
Day of the Week: _____

Time	Food / Drink	Amount	Place Eaten? What was I doing? Who was I with?	Comments / Observations:
:				
:				
:				
:				
:				
:				
:				
Water	() () () () () () () ()			

Activity / Exercise:
(type and duration)

Daily Food Record

Name:
Date: _____
Day of the Week: _____

Time	Food / Drink	Amount	Place Eaten? What was I doing? Who was I with?	Comments / Observations:
:				
:				
:				
:				
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Water	() () () () () () () () ()			

Activity / Exercise:
(type and duration)

Daily Food Record

Name:
Date: _____
Day of the Week: _____

Time	Food / Drink	Amount	Place Eaten? What was I doing? Who was I with?	Comments / Observations:
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Activity / Exercise:
(type and duration)