

Your 3-Day Food Diary

This food record will help the dietitian assess your daily food choices and provide you with individual recommendations that are suited to your likes and lifestyle.

Use 1 food record page for each day and use one-line for each food item eaten. Bring this Food Record with you for your appointment with the dietitian.

Before you start, here are some things to keep in mind:



1. ***There's nothing to be gained by trying to look good on these forms!***

We can only help if you record what you really eat

2. **Write everything down:**

Keep your form with you all day, and write down everything you eat or drink. A piece of candy, a handful of pretzels, a can of soda pop or a small donut may not seem like much at the time, but over a week these calories add up!

3. **Do it as you eat it, not at the end of the day (unless you forget, than something is better than nothing):**

Don't depend on your memory at the end of the day. Record your eating as you go.

4. **Be specific:**

Little calories here and there add up in a big way, which your dietitian can help point out. Make sure you **include "extras,"** such as gravy on your meat or cheese on your vegetables. Do not generalize. For example, record French fries as French fries, not as potatoes.

5. **Estimate amounts:**

If you had a piece of cake, estimate the size (2" x 1" x 2") or the weight (3 ounces). If you had a vegetable, record how much you ate (1/4 cup). When eating meat, remember that a 3-ounce cooked portion is about the size of a deck of cards.

6. **Do not change your eating habits while you are keeping your food record:**

The food record is supposed to show your regular food habits. The dietitian will help you make your food changes.

7. **Please complete the brief background information on the next page.**

Please complete this brief background information prior to your visit:

Health

Do you eat out (breakfast/lunch/dinner/coffee/snacks etc)? No Yes

How frequently: _____

Who does the cooking/food preparation in your home?

Salt added to the cooking/plate? Yes No

Who does the **grocery shopping** for your household?

Do you consume **dairy products**? Yes No

Do you take **vitamins, minerals, or herbal** supplements? Yes No

If yes, please list: _____

Do you have any **food allergies or intolerances**? Yes No

GI/Bowel concerns? Diarrhea Constipation Other:

What is your **fluid intake**?: *Coffee*_____/d *Tea*_____/d *Milk*_____/d 1%, 2%, 3.25%
Alcohol (wine, liquor, beer) _____ / day or week (circle one) *Water*_____/d

*Juice*_____/d *Pop* (diet/reg) _____cans/d *Iced tea* _____ *Other*_____

What's in your coffee or tea(with quantity)? Cream _____ Milk _____ Sugar _____

Physical Activity

Are you currently doing any **walking**? Yes No

Are you doing any other **physical activity**? Yes No

Do you have any **barriers** to physical activity? Yes No

If yes, please specify: _____

Do you have any **recreational activities/work/hobbies**? Yes No

Please specify type and frequency: _____

Thank you!

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Please use one line per food item. e.g. A meal may take up multiple lines on the chart.

Day(s): **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**

Time	Food	How Much?	Where?	Mood

Add additional pages if needed.