Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3-Day Food Record

To get the most from your appointment with the dietitian, please record what you eat on 3 typical days. These should not be “perfect” days or a record of how you think you should eat, but rather an accurate record of your actual food and beverage intake. **Please return the completed forms before your appointment with the dietitian.**

**1.** Please record everything that you eat or drink for 3 days on the attached forms. Write food eaten in one day only on each page. Write one food or beverage only on each line.

**2.** Write down what you eat at the time that you eat it. Trying to recall what you ate hours or days ago can be very inaccurate. Include as much detail as possible.

* + Instead of listing “sandwich,” list on separate lines, the kind and size of bread, the kind of filling and anything spread on the bread.
  + Instead of listing “chicken,” write the part of the chicken: breast, leg, etc. or light or dark meat & how it was prepared: fried, baked, BBQ, etc, and any sauce or breading on it.
  + If you eat a standardized food such as a fast food sandwich write the restaurant and the menu item, rather than listing each ingredient of the sandwich.

**3.** Measure amounts of foods using a liquid measuring cup for liquids and a dry measuring cup for other foods such as cereal, rice, pasta, etc.

**4.** Record the time (including AM or PM) that a meal or snack is eaten.

**5.** Indicate where the food is prepared: from home, in a restaurant, friend’s home, etc.

**7.** Indicate your hunger level at time of the meal or snack using a 1-5 scale where “1” is full and “5” is very hungry.

**6.** After each meal or snack, draw a line across the page to indicate the end of each meal.

**Day and Date**: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time & Meal/ Snack | **Food Or Beverage Item** | **Amount** | **Where Prepared** | **Hunger Level (1-5)**  **1=Full, 5=Very Hungry** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Day and Date**: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time & Meal/ Snack | **Food Or Beverage Item** | **Amount** | **Where Prepared** | **Hunger Level (1-5)**  **1=Full, 5=Very Hungry** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Day and Date**: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time & Meal/ Snack | **Food Or Beverage Item** | **Amount** | **Where**  **Prepared** | **Hunger Level (1-5)**  **1=Full, 5=Very Hungry** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |