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Nutrition 3-Day Food Record

Please provide us with an idea of your usual pattern of eating. This can be done through recording what you usually eat on a weekday, weekend day or both. To help you do this, it is recommended that you record what you eat for 2-3 days prior to your visit with the dietitian.

Since this food record will be used to help you make appropriate dietary changes, it is important that you do *not* change your usual eating pattern on these days. Please try to be as accurate as possible by recording all of the foods and beverages you eat and drink on the selected days.

Directions:

1. Record the time when you eat/drink in the day.
2. Record ALL foods, beverages and condiments you consume.
3. Estimate the amount/servings (e.g. oz., cup, Tbsp., tsp., 1 serving) you consume of each food.
4. Record where the food was consumed.

Example:

Date: 3/15/2015		**Day of the week: Sunday**		**Work Day: Yes/No**
Time	**Meal/Snack**	**Food**	**Estimated Amount/ Servings**	**Location/Activity**
7:30 am	Breakfast	Ham, Egg, Cheese Sandwich on White Bread Orange Juice	2 slices white bread 1 slice Ham 1 slice cheddar cheese 1cup (8oz)	Home, sitting on couch watching morning news
10:00 Am	Snack	Blueberry Muffin	½ large muffin	Office meeting
1:00 pm	Lunch	Salad (lettuce, tomato, cucumber, cheddar cheese, bacon bits, croutons, ranch dressing) Diet Coke	2 cups lettuce ¼ cup tomato ¼ cup cucumber ¼ cup cheddar cheese 2 Tbsp. bacon bits ¼ cup croutons 2 Tbsp. ranch dressing 16oz diet coke	Ruby Tuesdays with coworkers
2:00 pm	Snack	Vanilla birthday cake with buttercream icing	3 in square	Office break room, with coworkers
5:00 pm	Snack	Apple	1 medium	Car, driving home from work
7:00 pm	Dinner	Baked chicken breast without skin Green beans Mashed potatoes with butter Water	4oz chicken breast ½ cup green beans ½ cup mashed potatoes 1 Tbsp. butter 2 cups (16oz)	Kitchen table, with family
9:00 pm	Snack	Popcorn	1 handful	Watching TV, with family

Day 1 Food/Beverage Intake:

Date:		Day of the week:		Work Day: Yes/No
Time	**Meal/Snack**	**Food**	**Amount/ Servings**	**Location/Activity**

Day 2 Food/Beverage Intake:

Date:		Day of the week:		Work Day: Yes/No
Time	**Meal/Snack**	**Food**	**Amount/ Servings**	**Location/Activity**

Day 3 Food/Beverage Intake:

Date:		Day of the week:		Work Day: Yes/No
Time	**Meal/Snack**	**Food**	**Amount/ Servings**	**Location/Activity**