

# **3-Day Food Record Instruction Sheet**

Keeping an accurate log of your daily food intake over a period of three days is one of the most effective ways for the nutritionist to complete a nutritional analysis of your current diet, evaluate it for nutritional content, and make suggestions for healthful improvements. Please return completed food records to the Nutritionist.

To ensure the most accurate assessment possible, please adhere to the following guidelines. The more detail you can provide, the better!

- 1. Select days that you will be making **typical** food choices. Food records kept on special days and holidays may not reflect the food choices you usually make.
- 2. Keep food records for three complete days. Journal two weekdays and one weekend day.
- 3. Keep the food record sheets accessible at all times. Record items immediately after they are consumed.
- 4. Include **portion sizes** for all foods. Use common measures, such as cups, tablespoons and ounces, to describe the amount consumed. Whenever possible, weigh or measure the food items consumed. If you are unable to weigh or measure food items, use the **portion control guide** as a reference for estimating portion sizes. Terms such as "small serving", "plateful", or "bowl" are ambiguous and subject to interpretation.
- 5. Completely **describe** all foods consumed, e.g., "multi-grain bread", "white turkey meat without skin", and "meatless spaghetti sauce".
- 6. Write down all **ingredients** and amounts when recording sandwiches, soups, casseroles, tacos, ect. My idea of the perfect taco, egg salad sandwich, or tuna casserole, may be totally different from yours! If the item is soup, indicate whether it is broth-based or cream-based along with your list of ingredients.
- 7. Include all **beverages** consumed. Alcohol, soda, water, juice, tea, coffee, and milk are all part of your nutrition profile. Also, please indicate whether beverages are diet and/or decaffeinated. When you drink milk, indicate skim, 1%, 2%, or whole.
- 8. Record all foods and beverages consumed as **snacks**.
- 9. Document **brand names** whenever possible, e.g., "Hershey's Milk Chocolate bar" vs. "chocolate candy bar" and "Campbell's Chicken Noodle Soup" vs. "chicken noodle soup".
- 10. Indicate how food was **prepared**, e.g., "fried chicken", "steamed broccoli", and "broiled steak".
- 11. Include all **condiments** such as ketchup, mayo, butter, margarine, sour cream, ect. and amounts consumed.
- 12. When using **convenience foods** and/or **meal replacement drinks/bars**, save the food label and return it with your completed food record.
- 13. If food is consumed at a **restaurant** include name of restaurant and a complete description of your entrée and approximate portions of each ingredient. Please give as much detail in your description as possible in case I am not familiar with the entrée or the restaurant you ordered it from.

## **Food Record Sample**



Name:	V	Weight:	Height:	Birthdate
Office Use Only—REE	Calories of Exercise/Day	Trainer	Location _	

Date:	Location	Food	Portion	Condiment	Portion	Beverages	Portion
Breakfast Time: 6:00 a.m.	Home	<ul><li>1 bowl Grapenuts cereal</li><li>1 slice toast</li></ul>	2/3 cup	sugar     peanut butter	1 tsp. 2 tsp.	Skim milk     Orange juice	8 fl. oz. 6 fl. oz.
Snack Time:		Apple	1 small			Water	6 fl. oz.
Lunch Time: 12:30	Home	<ul> <li>Skinless chicken breast, grilled</li> <li>Green beans, steamed</li> <li>Whole-gain bread</li> <li>Spinach salad</li> <li>Fresh tomato slices</li> </ul>	6 oz. 1 cup 2 slices 1 cup 5	Brown mustard     Shedd's Spread margarine     Non-fat Italian dressing	1 Tbsp 1 Tbsp 1 Tbsp	Skim milk     Orange juice	
Snack Time:							
Dinner Time: 6:00 p.m.	Sidneys	<ul> <li>Dinner salad (mixed greens, veggies)</li> <li>Pasta with marinara sauce</li> <li>Asparagus</li> <li>Sourdough bread</li> </ul>	1½ cups 2 cups ⅓ cup 3 slices	<ul><li>Ranch dressing</li><li>Butter</li></ul>	3 Tbsp 2 foil-wrapped cubes	White wine	6 fl. oz.
Snack Time: 10:00 p.m.		Banana	1 small				

## Food Record, Date:\_



#### Please read instructions before starting.

Name:		Weight:	Height:	_ Birthdate:	_			
Office Use Only	REE:	Calories of Exercise/Day:	Body Fat %:	Lean Mass:	Trainer:	Location:	Location:	
Meal	Location	FOOD	Amount	CONDIMENT	Amount	BEVERAGE	Amount	
Breakfast Time:								
Snack Time:								
Lunch Time:								
Snack Time:								
Dinner Time:								
Snack Time:								
Portion Control Guide	3	<sup>1</sup> / <sub>4</sub> cup = golf ball <sup>1</sup> / <sub>2</sub> cup = tennis or ra 3 oz. portion of cooked meat = a deck of playing car	acquet ball 1 cup = small and sor cassette tape 1 teas	fist 1 oz. = one handful or r boon = quarter or tip of your the	matchbox 4 oz. fish f humb 3 teaspoons =	ilet = eyeglass case 1 tablespoon 8 fl. oz. = 1 c	up	

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		es and amounts you ate today were typic cord food items eaten?   Immediately a					Other		