

Three-Day Food Record

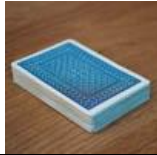


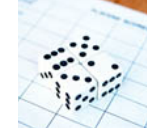
Name: _____

Dates of recorded intake: _____

Instructions

- Please record three consecutive days (include two weekdays and one weekend)
- Select days that closely resemble your usual eating habits if possible.
- Record what and how much was eaten. Try to do this right after eating so as not to miss anything (meals, snacks, nibbles).
- To measure how much was eaten, use a set of **measuring cups and spoons**. Also see the examples below to estimate portion sizes.
- Note if food choices are homemade or purchased. Please include brand/restaurant name whenever possible.

How to Estimate Your Portion Size

<p>Meat Three (3) ounces of meat are about the size and thickness of a deck of playing cards or an audiotape cassette.</p>	
<p>Fruit A medium apple or peach is about the size of a tennis ball.</p>	
<p>Grains One cup of rice or pasta is about the size of your fist.</p>	
<p>Cheese One ounce of cheese is about the size of four dice.</p>	

Sample Menu

Day 1: Tuesday, May 14, 2005				
Time of Meal or Snack	Type of Food or Beverage Offered	Amount Eaten	Method of Preparation or Brand	Comments (e.g. amount of)
Breakfast	Cereal	½ cup	Honey Nut Cheerios	On the run
	Milk 2%	½ cup		
	Banana	½ med		
AM Snack	Animal Crackers	10	Christie	
	Apple juice	4 oz	Allen's pure apple juice-canned	
Lunch	Grilled cheese sandwich			
	Whole wheat bread	1 slice	Dempsters	No crusts
	Cheese slice	1 slice	Kraft slices	
	Butter on bread	1 Tbsp		
	Yogurt – strawberry	75 ml	Mini-go	
	Milk	½ cup	2%	
PM Snack	Granola bar	1 bar – 35 g	Quaker Chewy, Trail Mix – tropical fruit	Bored
Dinner	Chicken fingers	1 ½	President's Choice	
	French fries	10	McCain regular	
	Honey	2 Tbsp		
	Ketchup	2 Tbsp	Heinz	
	Carrots	½ medium	Raw, cut in sticks	
	Milk	½ cup	2%	
Evening Snack	Ice cream	1 cup	Chocolate Nestle	stressed

Was this day's intake considered: [] Poor [X] Average [] Very Good

Day 1	Date:			
Time of Meal or Snack	Type of Food or Beverage Offered	Amount Eaten	Method of Preparation or Brand	Comments
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Evening Snack				

Was this day's intake considered: [] Poor [] Average [] Very Good

Day 2	Date:			
Time of Meal or Snack	Type of Food or Beverage Offered	Amount Eaten	Method of Preparation or Brand	Comments
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Evening Snack				

Was this day's intake considered: [] Poor [] Average [] Very Good

Day 3	Date:			
Time of Meal or Snack	Type of Food or Beverage Offered	Amount Eaten	Method of Preparation or Brand	Comments
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Evening Snack				

Was this day's intake considered: [] Poor [] Average [] Very Good