







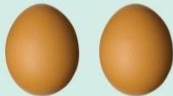







Completing your 3-Day Food Journal

As part of your Dietitian visit, we ask that you keep a record of everything you eat and drink for 3 days. Having an accurate record of your intake and eating habits will assist the Dietitian in making specific dietary recommendations for you. A sample journal has been provided for you on page 3. **The journal may be completed at any time as long as it is prior to your Dietitian visit. Please bring pages 4-6 with you to your appointment.**

To complete your food journal, please follow the guidelines below.

- Select days that you will be making **typical** food choices and try *not* to change your eating habits. Holidays and special days may not represent usual eating behaviors.
- **Be honest.** The purpose of this journal is to help you and the Dietitian develop an awareness of your eating habits so that nutrition goals can be individualized.
- Try to include 2 weekdays (Monday-Friday) and 1 weekend day (Saturday/Sunday) for a **total of 3 days** (they do not have to be consecutive). If you are unable to record all 3 days, please do as many days as possible.
- Carry the food journal with you during the day so that items can be recorded *immediately* after they are eaten. Make sure to record the time an item/meal/snack was consumed.
- Record **EVERYTHING** you eat and drink. Please be as specific as possible.
 - List the type of food you ate including all condiments and extras (sauces, gravy, butter, ketchup, mayo, etc.)
 - Describe combination foods, such as what toppings came on the pizza or what was included in the sandwich.
 - Mention how the food was prepared (grilled, baked, fried, steamed, roasted, etc.)
 - List a brand name or restaurant name when possible.
- Include portion sizes for all items, estimating to the best of your ability. For help, please refer to the serving size guide provided on the next page.
- **Don't stress!** If you are not able to complete the food journal, still come to your appointment with the Dietitian.

Object	Hand Symbol	Equivalent	Foods
		Fist 1 Cup (baseball)	Rice, Pasta Fruit Veggies
		Palm 1/2 cup (tennis ball)	Medium Fruit, Ice Cream
		Palm 3 ounces (deck of cards)	Meat Fish Poultry
		Handful 1 ounce (1 large egg)	Nuts Raisins
		2 Handfuls 1 ounce (2 large eggs)	Chips Popcorn Pretzels
		Thumb 1 ounce (ping pong ball)	Peanut Butter Hard Cheese
		Thumb Tip 1 teaspoon (marble)	Cooking Oil Mayonnaise, Butter Sugar



Sample Food Journal

Date: 12/1/2013

CIRCLE ONE: Weekday Weekend

Breakfast		Time of day: <u>8:00</u> <u>am</u> /pm
Food/Beverage items	Amount/Serving size	
Scrambled eggs with salt and pepper	2 eggs	
Whole wheat toast with margarine	1 slice/1 tablespoon	
Coffee with non-dairy creamer	1 cup (8 oz)/ 2 tablespoons	
Minute Maid® Orange Juice	½ cup (4 oz)	
Lunch		Time of day: <u>12:30</u> am/ <u>pm</u>
Food/Beverage items	Amount/Serving size	
Subway® sandwich: Italian bread, turkey, American cheese, lettuce, tomato, pickles, and mayonnaise.	6 inch sub	
Baked potato chips (plain)	1 small bag	
Diet coke	16 oz	
Dinner		Time of day: <u>6:00</u> am/ <u>pm</u>
Food/Beverage items	Amount/Serving size	
Grilled chicken breast	3 oz (deck of cards)	
Baked potato (with skin) topped with sour cream	1 medium/2 tablespoons	
Lettuce salad – mixed greens with carrots and red cabbage (Dole® brand), tomato, cucumber	2 cups	
Light ranch dressing (Kraft)	2 tablespoons	
Snacks		
Time of day	Food/Beverage items	Amount/Serving size
<u>10:00</u> <u>am</u> /pm	Yoplait® lite strawberry yogurt	6 oz
<u>4:00</u> am/ <u>pm</u>	Apple	1 small
<u>9:00</u> am/ <u>pm</u>	Ben & Jerry's Vanilla ice cream with fresh raspberries	½ cup 1 handful (1 oz)
Estimated Daily Water Intake: <u>64</u> <u>ounces</u> /cups		



Food Journal Day 1

Date: _____

CIRCLE ONE: **Weekday** **Weekend**

Breakfast		Time of day: _____ am/pm
Food/Beverage items		Amount/Serving size
Lunch		Time of day: _____ am/pm
Food/Beverage items		Amount/Serving size
Dinner		Time of day: _____ am/pm
Food/Beverage items		Amount/Serving size
Snacks		
Time of day	Food/Beverage items	Amount/Serving size
_____ am/pm		
_____ am/pm		
_____ am/pm		
Estimated Daily Water Intake: _____ ounces/cups		

Was this a typical day's intake? yes no

Comments: _____

Patient name: _____

Date of Birth: _____



Food Journal Day 2

Date: _____

CIRCLE ONE: **Weekday** **Weekend**

Breakfast		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Lunch		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Dinner		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Snacks		
Time of day	Food/Beverage items	Amount/Serving size
_____ am/pm		
_____ am/pm		
_____ am/pm		
Estimated Daily Water Intake: _____ ounces/cups		

Was this a typical day's intake? yes no

Comments: _____

Patient name: _____

Date of Birth: _____



Food Journal Day 3

Date: _____

CIRCLE ONE: **Weekday** **Weekend**

Breakfast		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Lunch		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Dinner		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Snacks		
Time of day	Food/Beverage items	Amount/Serving size
_____ am/pm		
_____ am/pm		
_____ am/pm		
Estimated Daily Water Intake: _____ ounces/cups		

Was this a typical day's intake? yes no

Comments: _____

Patient name: _____

Date of Birth: _____