

Completing your 3-Day Food Journal

As part of your nutrition visit, we ask that you keep a record of everything you eat and drink for 3 days. Your 3 day food journal will help the dietitian with making specific nutrition recommendations for you. The journal may be completed at any time as long it is prior to your nutrition visit. **Please bring the completed journal with you to your nutrition appointment.**

The following guidelines will help you complete your food journal.

- Select days that you will be making **typical** food choices and try not to change your eating habits during your 3 days of food journaling.
- 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 as possible.
- Carry the food journal with you during the days that you are recording your intake so that items can be recorded *immediately* after they are eaten.
- Record everything you eat and drink. Please be as specific as possible.
 - Include condiments and extras such as sauces, gravy, butter, mustard, etc.)
 - Describe combination foods such as what toppings were on a pizza.
 - Mention how food was prepared (grilled, fried, steamed, roasted, etc.)
 - List brand names or restaurant names when possible.
- Include portion sizes for all items, estimating to the best of your ability.
- If you prefer to complete your 3 day food journal on-line you can use the following free apps/websites. Please bring your login information so you can access your food journal during your nutrition appointment:
 - www.MyFitnessPal.com
 - www.Cronometer.com

Name:
Date of Birth:
Date: **CIRCLE ONE:** Weekday Weekend

Breakfast **Time:**

Food/Beverage Items	Amount/Serving Size

Lunch **Time:**

Food/Beverage Items	Amount/Serving Size

Dinner **Time:**

Food/Beverage Items	Amount/Serving Size

Snacks

Time	Food/Beverage Items	Amount/Serving Size

Estimated Water Intake: _____ ounces OR cups

Was this a typical day's intake? YES NO

Comments:

Name:
Date of Birth:
Date: **CIRCLE ONE:** Weekday Weekend

Breakfast **Time:**

Food/Beverage Items	Amount/Serving Size

Lunch **Time:**

Food/Beverage Items	Amount/Serving Size

Dinner **Time:**

Food/Beverage Items	Amount/Serving Size

Snacks

Time	Food/Beverage Items	Amount/Serving Size

Estimated Water Intake: _____ ounces OR cups

Was this a typical day's intake? YES NO

Comments:

Name:
Date of Birth:
Date: **CIRCLE ONE:** Weekday Weekend

Breakfast **Time:**

Food/Beverage Items	Amount/Serving Size

Lunch **Time:**

Food/Beverage Items	Amount/Serving Size

Dinner **Time:**

Food/Beverage Items	Amount/Serving Size

Snacks

Time	Food/Beverage Items	Amount/Serving Size

Estimated Water Intake: _____ ounces OR cups

Was this a typical day's intake? YES NO

Comments: