3-Day Food Intake Record

Please keep a record of *everything* you **EAT** and **DRINK** for **3 days –** 2 weekdays and 1 weekend day. Include all meals, snacks, and beverages, and the time of day you are eating or drinking. **Please pick days that are TYPICAL for your current eating patterns.**

Please also record the supplements (i.e. vitamins, minerals, protein powders, sport supplements, shakes, etc.) in detail, including: the **name or supplement,** the **amount** you take, **how often** you take it, **when you started** the supplement, and **your reason for taking it.**

The purpose of filling out these food records is to help better understand **WHAT** you are eating, **WHEN** you are eating, and **HOW MUCH** you are eating. Please be as honest and accurate as you can, as the information you provide will help you better reflect on your eating habits.

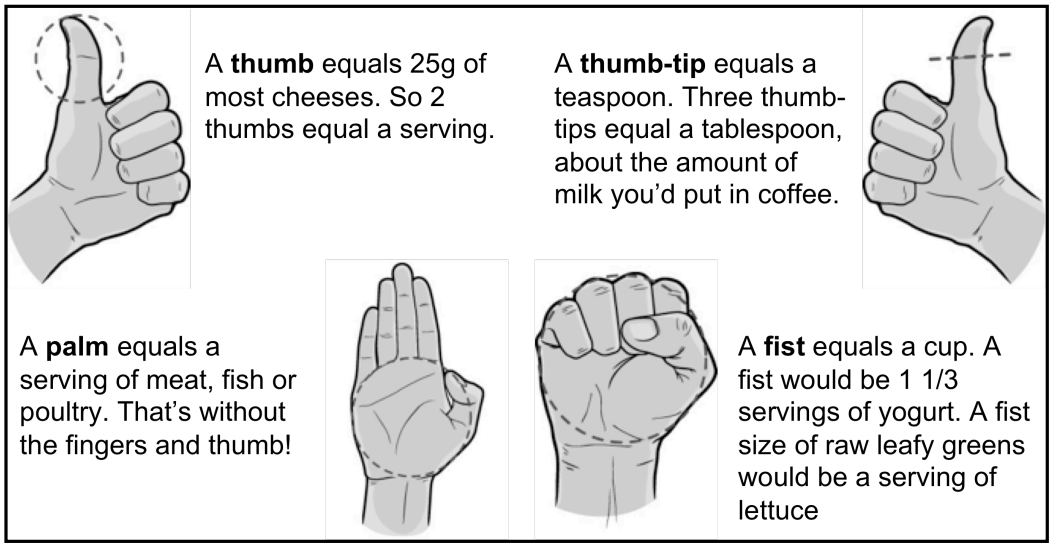
FOOD/BEVERAGE RECORDING INSTRUCTIONS:

1. **Record all food and beverages consumed during a 24 hour period. Provide the following:**
   - **Type of Food Eaten:** e.g. chicken noodle soup
   - **Brand Name:** e.g. Campbell's, Lipton, Weight Watchers
   - **Food or Beverage Characteristics:**
     - **Colour**: e.g. green vs. yellow beans; white vs. whole wheat bread
     - **Fat Content:** % fat (e.g. skim, 1%, 2% or homo milk), leanness of meat (e.g. extra lean ground beef), fat claims (e.g. "light", "low-fat"), was skin removed from poultry?
     - **Freshness**: e.g. fresh, frozen, canned, or dried?
     - **Other Details:** e.g. 25% reduced sodium, "diet" products, etc.
   - **Time of Day** you ate or drank

2. **Please MEASURE and describe the amount of food eaten as best as possible. Diet records are only reliable with accurate measurements.**
   - **Always estimate portion sizes of food after cooking.**
   - **Use household measures to specify serving sizes.**

     1 cup = 250mL = 8 fluid oz 1 tablespoon (Tbsp) = 15mL
     1 ounce (oz) = 30g 1 teaspoon (tsp) = 5mL
   - **Measuring cups (examples):** Put cooked pasta or rice into a measuring cup to record the correct amount before placing it on your plate. Measure your cereal out before pouring into a bowl, and don't forget to measure your milk as well!
   - **Teaspoons/tablespoons (examples):** Measure out butter, margarine, mayonnaise, salad dressings, ketchup, mustard, ground flaxseed, sugar, milk/cream, and other condiments, seasonings, and toppings before adding to your food or beverages.
   - **Count the number of food items if practical:** e.g.: 20 grapes, 15 baby carrots, 8 medium-sized shrimp, etc.
   - **Fluids:** Record amounts in fluid ounces (oz), milliliters (mL), or in cups. Remember 1 cup = 250mL = 8 fl. oz

- **Use food labels to estimate quantities:** Food labels can help you estimate the quantity of food eaten based on weight or volume. For example, write down a 355mL can of pop, 1⁄2 of a 60g can of tuna, a 37g granola bar, etc.
- **Use your hand to estimate portion sizes quickly:**
  Whole Thumb = 1 Tablespoon Tip of your Thumb = 1 Teaspoon
  Palm of Your Hand = 3 oz of meat Fist = 1 cup (250mL)



3. **Record if anything was ADDED when preparing the food,** such as oil (list specific kind), sauce, butter, margarine, or other condiments or seasonings.

4. **For COMBINATION DISHES such as lasagna, casseroles, chili, soups, or stews include a description of the main ingredients.** E.g. Lasagna: lean ground beef (1⁄4 cup per piece), mozzarella cheese (1 oz per piece), cottage cheese (1 oz per piece), 1⁄2 cup tomato sauce, 2 noodles, 1⁄4 cup spinach.

5. **Include SNACK FOODS eaten.** Don't forget to include candy, chips, cookies, popcorn, ice cream, and beverages such as soft drinks, juice, coffee, or tea.

6. **Use the "notes" column to record any additional PRODUCT INFORMATION** if available (e.g. 6 crackers – 80 calories, 2.5g fat, 1g fibre, 210mg sodium).

7. **Don't forget to write down any ALCOHOLIC BEVERAGES consumed and how much you drank.** This includes all wine, beer, and liquor.

When in doubt... include more details!

Current Supplement Use

Baseline Question: Are you taking any **supplements?** This includes all over-the-counter and prescribed supplements (e.g. multivitamin, iron, fish oil, etc.). ☐ Yes ☐ No
If yes, please list all supplements in the table below.

All Follow-Up Visits: Have you had any changes to your supplements since your last visit? ☐ Yes ☐ No
If yes, please indicate in the table below which supplements you have started or stopped taking, or if the dose or frequency has changed for any current supplements.

Name of Supplement	Dose	Frequency	Start Date	Stop Date	Reason for Taking Supplement
e.g. Vitamin D	1000 IU	1x / day	Oct. 2010	--	Bone health (osteoporosis)

Sample 1-Day Food Record

Below is an *EXAMPLE* of how to keep accurate records. Include a detailed description and amounts for each item. Remember to record **water,** notes on **product details,** and the **times of day** you ate.

TIME	AMOUNT	DESCRIPTION	NOTES
8am	Large	Coffee	Tim Horton's
	1 Tbsp	Cream	
	2 tsp	Sugar	
11am	2 slices	Bread, whole wheat	
	2 oz.	Turkey, lunchmeat	Oven-roasted from deli
	1 Tbsp	Mayo (Hellman's)	"light", 4.5g fat per Tbsp
	1 leaf	Romaine Lettuce	
	1 tsp	Becel Margarine	Salt-free
11:30pm	2 cups	Water, tap	
2pm	1 medium	Apply (granny smith)	
	6	Whole wheat crackers (Premium Plus)	80 cals, 2.5g fat, 210mg sodium (from label)
	1"x1" cube	Marble cheese, 35%MF	Crackerbarrel
4pm	1 large	Muffin, blueberry	Store-bought
	500mL	Water, tap	
7:30pm	1 patty	Hamburger, BBQ'd (regular ground beef)	M&M Meat Shops (~4oz.)
	1	Hamburger Bun, white bread	
	1 leaf	Iceburg Lettuce	
	2 slices	Tomato, raw	
	1 slice	Red Onion, raw	
	2 Tbsp	Ketchup, Heinz	45 calories per tsp
	1 bottle	Beer (12 oz, 5% alcohol)	Moosehead
10pm	2 cups	Chocolate ice cream	Chapman's

Was this a typical day? If not, why? Usually drink more water (forgot water bottle at home)

Did you take all of your usual medications and supplements as prescribed? ☑ Yes ☐ No

DAILY FOOD RECORD

Subject Code: _____ Date: _____ ☐ Weekday or ☐ Weekend

Please list all food/beverages/water/medications/supplements. Estimate all food/drink amounts accurately.

TIME	AMOUNT	DESCRIPTION	NOTES

Was this a typical day? If not, why? _____

Did you take all of your usual medications and supplements as prescribed? ☐ Yes ☐ No

DAILY FOOD RECORD

Subject Code: _____ Date: _____ ☐ Weekday or ☐ Weekend

Please list all food/beverages/water/medications/supplements. Estimate all food/drink amounts accurately.

TIME	AMOUNT	DESCRIPTION	NOTES

Was this a typical day? If not, why? _____

Did you take all of your usual medications and supplements as prescribed? ☐ Yes ☐ No

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TIME	AMOUNT	DESCRIPTION	NOTES

Was this a typical day? If not, why? _____

Did you take all of your usual medications and supplements as prescribed? ☐ Yes ☐ No