## **3-Day Food Diary and Instructions**

It is important to keep an accurate record of your usual food and beverage intake as a part of your treatment plan. Please complete this Diet Diary for 3 consecutive days including one weekend day.

- Do not change your eating behavior at this time, as the purpose of this food record is to analyze your present eating habits.
- · Record information as soon as possible after the food has been consumed
- Describe the food or beverage as accurately as possible e.g., milk what kind? (whole, 2%, nonfat); toast (whole wheat, white, buttered); chicken (fried, baked, breaded); coffee (decaffeinated with sugar and 1/2 & 1/2).
- Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, 1/2 cup, 1 teaspoon, etc.
- · Include any added items. For example: tea with 1 teaspoon honey, potato with 2 teaspoons butter, etc.
- Record all beverages, including water, coffee, tea, sports drinks, sodas/diet sodas, etc.
- Include any additional comments about your eating habits on this form (ex. craving sweet, skipped meal and why, when the meal was at a restaurant, etc.)
- · Please note all bowel movements and their consistency (regular, loose, firm, etc.)

## DAY 1

	is (#, form, color)

## **3-Day Food Diary**

## DAY 2

Time	Food/Beverage/Amount	Location of meal	Mood when eating
Bowel Move	ements (#, form, color)		
Other comr	nents		
DAY	3		
Time	Food/Beverage/Amount	Location of meal	Mood when eating
	ements (#, form, color)		
	ements (#, form, color)		