



3-Day Food Record Instruction Sheet

1. Choose **“typical”** days to keep your food record—not special occasions or holidays!
2. Keep food records for **three** complete days. Journal **two weekdays** and **one weekend day**. Write foods down as soon you eat them. We typically can only recall about 70-75% of the food we eat at the end of the day!
3. Record **all** foods and beverages consumed—from bites to binges!
4. Include **portion sizes** for all foods and beverages, and please, use **standard serving sizes** or the portion control guide at the bottom of each food record page to describe amounts. Avoid subjective terms like “bowl”, “serving”, “plateful” or “helping”.
5. List all ingredients in dishes, sandwiches, soups, ect. whenever possible. Feel free to send along a recipe or food label to improve the accuracy of your analysis.

The more details you can provide the more accurate your analysis will be!

Thank you!!

Sample Food Record

Name: Pat Smith _____ Weight: 155 _____ Height: 58" _____ Birthdate: 01/01/50 _____

Office Use Only—REE _____ Calories of Exercise/Day _____ Trainer _____ Location _____

| Date: | Location | Food | Portion | Condiment | Portion | Beverages | Portion |
|------------------------------|--|---|--|---|--------------------------------|---|------------------------|
| Breakfast Time: 6:00 a.m. | Home | <ul style="list-style-type: none"> • 1 bowl Grapenuts cereal • 1 slice toast | 2/3 cup | <ul style="list-style-type: none"> • sugar • peanut butter | 1 tsp. 2 tsp. | <ul style="list-style-type: none"> • Skim milk • Orange juice | 8 fl. oz. 6 fl. oz. |
| Snack Time: | | Apple | 1 small | | | <ul style="list-style-type: none"> • Water | 6 fl. oz. |
| Lunch Time: 12:30 | Home | <ul style="list-style-type: none"> • Skinless chicken breast, grilled • Green beans, steamed • Whole-grain bread • Spinach salad • Fresh tomato slices | 6 oz. 1 cup 2 slices 1 cup 5 | <ul style="list-style-type: none"> • Brown mustard • Shedd's Spread margarine • Non-fat Italian dressing | 1 Tbsp 1 Tbsp 1 Tbsp | <ul style="list-style-type: none"> • Skim milk • Orange juice | |
| Snack Time: | | | | | | | |
| Dinner Time: 6:00 p.m. | Sidneys | <ul style="list-style-type: none"> • Dinner salad (mixed greens, veggies) • Pasta with marinara sauce • Asparagus • Sourdough bread | 1½ cups 2 cups 1/3 cup 3 slices | <ul style="list-style-type: none"> • Ranch dressing • Butter | 3 Tbsp 2 foil-wrapped cubes | <ul style="list-style-type: none"> • White wine | 6 fl. oz. |
| Snack Time: 10:00 p.m. | | Banana | 1 small | | | | |
| Sample portion sizes | ¼ cup = golf ball ½ cup = tennis ball 1 tablespoon = 3 teaspoons | | 1 oz. = matchbox 3 oz. portion of cooked meat = a deck of cards | | | | |



Day 1 Food Record, Date: _____

I would like to meet with a registered dietitian to go over the results of my diet assessment. Yes No
 Please read instructions before starting.

Name: _____ Weight: _____ Height: _____ Birthdate: _____

| Office Use Only | REE: | Calories of Exercise/Day: | Body Fat %: | Lean Mass: | Trainer: | Location: | |
|-----------------------|--|---------------------------|-------------|------------|----------|-----------|--------|
| Meal | Location | FOOD | Amount | CONDIMENT | Amount | BEVERAGE | Amount |
| Breakfast Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Lunch Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Dinner Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Portion Control Guide | ¼ cup = golf ball ½ cup = tennis or racquet ball 1 cup = small fist 1 oz. = one handful or matchbox 4 oz. fish file = eyeglass case 3 oz. portion of cooked meat = a deck of playing cards or cassette tape 1 teaspoon = quarter or tip of your thumb 3 teaspoons = 1 tablespoon 8 fl. oz. = 1 cup | | | | | | |

Overall, do you feel the food choices and amounts you ate today were typical of your usual diet? Yes Somewhat No
 For the most part, when did you record food items eaten? Immediately after eating Awhile after eating At the end of the day Other



Day 2 Food Record, Date: _____

Please use standard measures such as cups, ounces, teaspoons and tablespoons when completing this form! Unsure? Use the portion control guide below to describe your serving sizes!!

Name: _____

| Office Use Only | REE: | Calories of Exercise/Day: | Body Fat %: | Lean Mass: | Trainer: | Location: | |
|------------------------------|--|---------------------------|-------------|------------|----------|-----------|--------|
| Meal | Location | FOOD | Amount | CONDIMENT | Amount | BEVERAGE | Amount |
| Breakfast Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Lunch Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Dinner Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Portion Control Guide | <small> ¼ cup = golf ball ½ cup = tennis or racquet ball 1 cup = small fist 1 oz. = one handful or matchbox 4 oz. fish filet = eyeglass case 3 oz. portion of cooked meat = a deck of playing cards or cassette tape 1 teaspoon = quarter or tip of your thumb 3 teaspoons = 1 tablespoon 8 fl. oz. = 1 cup </small> | | | | | | |

Overall, do you feel the food choices and amounts you ate today were typical of your usual diet? Yes Somewhat No
 For the most part, when did you record food items eaten? Immediately after eating Awhile after eating At the end of the day Other _____



Day 3 Food Record, Date: _____

Please use standard measures such as cups, ounces, teaspoons and tablespoons when completing this form! Unsure? Use the portion control guide below to describe your serving sizes!!

Name: _____

| Office Use Only | REE: | Calories of Exercise/Day: | Body Fat %: | Lean Mass: | Trainer: | Location: | |
|------------------------------|--|---------------------------|-------------|------------|----------|-----------|--------|
| Meal | Location | FOOD | Amount | CONDIMENT | Amount | BEVERAGE | Amount |
| Breakfast Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Lunch Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Dinner Time: | | | | | | | |
| Snack Time: | | | | | | | |
| Portion Control Guide | <small> ¼ cup = golf ball ½ cup = tennis or racquet ball 1 cup = small fist 1 oz. = one handful or matchbox 4 oz. fish filet = eyeglass case 3 oz. portion of cooked meat = a deck of playing cards or cassette tape 1 teaspoon = quarter or tip of your thumb 3 teaspoons = 1 tablespoon 8 fl. oz. = 1 cup </small> | | | | | | |

Overall, do you feel the food choices and amounts you ate today were typical of your usual diet? Yes Somewhat No
 For the most part, when did you record food items eaten? Immediately after eating Awhile after eating At the end of the day Other _____

3-Day Food Record Frequently Asked Questions

Q: Why three days? Wouldn't my diet assessment be more accurate if I kept it for a full week?

A: For most people, a three-day food record is a sufficiently accurate representation of one's overall diet so long as the three days selected are typical and not extraordinary days. In fact, some research data has shown that accuracy actually diminishes after the third day of record keeping because the journalist grows weary of writing down every morsel of food eaten. Even the most diligently kept seven day records will only marginally increase the accuracy of the diet assessment.

Q: How accurate is this method of diet assessment?

A: While a nutritional analysis of a 3-day food record is one of the most accurate methods of dietary assessment available, it does have its shortcomings. The greatest inaccuracies come from underestimation of portions. Research has shown that when "eye-balling" portion sizes, we tend to underestimate amounts by as much as 35%! Women tend to underestimate more than men, dieters tend to underestimate more than non-dieters. Therefore, the best way to insure an accurate analysis is to weigh or measure your food before eating it when possible, or use the portion control guide at the bottom of the food record sheet.

Q: I made healthier than usual food choices when I was keeping my 3-day food record. Doesn't that skew the results of my assessment?

A: Most people will make healthier food choices when logging their food intake, which is why journaling is such an effective weight loss tool. Even though your choices may be healthier than usual, you probably still selected preferred foods that are common to your diet. Thus, your diet assessment will still show how your food selections lined up with your overall health and fitness goals.

Q: How often should I have a diet assessment done?

A: For the greatest degree of accuracy, a three-day food record should be analyzed quarterly since seasons and climate have a considerable effect over the food choices we make. If you are consciously making an effort to change specific eating behaviors, you may want to have your diet assessed more frequently, particularly if you are following a weight loss plan and stop losing weight short of your goal.