

THREE DAY FOOD DIARY

NAME _____ DOB: _____ AGE: _____

Instructions for completing this food record:

1. Do not try to trust your memory! Please try to **record what was eaten immediately after each meal or snack.**
2. Report what was eaten on **consecutive days**, unless illness intervenes.
3. **Specify amount in measurable terms**, e.g. TBSPs, cups, ounces, size/portion/dimension of food serving Wordslike *bowful*, *glass*, *serving*, *swallows* are not specific enough to help us gauge quantity.
4. **Provide as much information as possible** about the *kind of food* recorded. Record brand name, food type & pertinent ingredients, method of cooking, & packaging of foods offered to add accuracy whenever possible. For example:
 - a. **Milk:** 1%, 2%, whole milk, almond, soy, evaporated, powdered, chocolate, strawberry...
 - b. **Method of Cooking:** note if boiled, fried, roasted, creamed, baked. If casserole with mixed ingredients, please describe contents or recipe.
 - c. **Products:** canned, dried, fresh, frozen...
 - d. **Bread or Cereal:** white, whole wheat, oatmeal, Cornflakes, Honey-Nut Cheerios, etc.
 - e. **For combination foods, list individual ingredients:** e.g. PBJ sandwich with 1 slice white bread, 1 TBSP smooth peanut butter, 1 TBSP grape jelly.
 - f. **Record every nibble, including condiments, candy, pop, & chips!** We will not judge your child's choices or options!

DAY ONE DATE:

MEAL PATTERN	FOODS EATEN & AMOUNT
BREAKFAST Time: Where eaten: With whom:	
Mid-morning Snack Time:	
LUNCH Time: Where eaten: With whom:	
Afternoon Snack Time:	
DINNER Time: Where: With whom:	
Evening Snack Time:	

DAY TWO DATE:

MEAL PATTERN	FOODS EATEN & AMOUNT
BREAKFAST Time: Where eaten: With whom:	
Mid-morning Snack Time:	
LUNCH Time: Where eaten: With whom:	
Afternoon Snack Time:	
DINNER Time: Where: With whom:	
Evening Snack Time:	

DAY THREE DATE:

MEAL PATTERN	FOODS EATEN & AMOUNT
BREAKFAST Time: Where eaten: With whom:	
Mid-morning Snack Time:	
LUNCH Time: Where eaten: With whom:	
Afternoon Snack Time:	
DINNER Time: Where: With whom:	
Evening Snack Time:	