



Three-Day Food Record

Please use the following tracking sheets to record three days of typical intake, using two weekdays and one weekend day. ACCURACY and HONESTY are the keys to make this a useful tool for us as we try to work through your dietary concerns. Always try to break down each food into its component parts. For example, instead of sandwich, you would list bread, type of meat, any toppings or condiments etc. For mixed dishes like casseroles, try your best to list ingredients and overall portion consumed.

If you have paid for a computerized dietary analysis, please attach any labels or food packaging to help us provide the most accurate results.

Checklist for your 3-day food record:

| | |
|---------------|---|
| Beverages | What kind of milk? Homo, 2%, 1%, skim, other. Was it fruit juice or fruit beverage or drink? |
| Breads | Did you spread on butter or margarine, jam or honey? |
| Cereal | Did you add milk? Did you add sugar or fruit? |
| Dairy | What brand or kind of yogurt? What brand or kind of cheese? |
| Vegetables | Was it raw or cooked? Was it fresh, frozen or canned? Did you add any butter, margarine or sauce? |
| Fruit | Was it a small, medium or large fruit? Was it fresh, frozen or canned? |
| Grains | Did you add any butter, margarine, peanut butter, jam or honey? Was it a half or whole sandwich? Was it a small or large muffin or bagel? |
| Fish | Was your canned fish packed in water or oil How did you cook your fish? |
| Meats | How did you cook your meat? What kind of cut was it e.g. chicken leg or chicken breast? |
| Soups | Was your soup prepared with milk, water or cream? |
| Restaurants | What restaurant was it? |
| Packaged food | What brand was it? |
| Quantities | Have you tried to measure the food using cups, teaspoons or a food weight scale? |

BLUEPRINT NUTRITION

Registered Dietitian Services



New Hamburg Office: Affinity Health Clinic
 3 Waterloo St., New Hamburg, ON
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| Day 1 | Date: | | | |
|----------------------|--|--------------|-----------------------|---|
| Meal (& time) | Food or Beverage (include brand if applicable) | Amount Eaten | Method of preparation | Comments (e.g. outside factors affecting mealtime? Symptoms?) |
| Breakfast | | | | |
| | | | | |
| | | | | |
| AM Snack | | | | |
| | | | | |
| | | | | |
| Lunch | | | | |
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| | | | | |
| PM Snack | | | | |
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| Dinner | | | | |
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| | | | | |
| Evening Snack | | | | |
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| Day 2 | Date: | | | |
|----------------------|--|--------------|-----------------------|---|
| Meal (& time) | Food or Beverage (include brand if applicable) | Amount Eaten | Method of preparation | Comments (e.g. outside factors affecting mealtime? Symptoms?) |
| Breakfast | | | | |
| | | | | |
| | | | | |
| AM Snack | | | | |
| | | | | |
| Lunch | | | | |
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| PM Snack | | | | |
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| Dinner | | | | |
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| Evening Snack | | | | |
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| Day 3 | Date: | | | |
|----------------------|--|--------------|-----------------------|---|
| Meal (& time) | Food or Beverage (include brand if applicable) | Amount Eaten | Method of preparation | Comments (e.g. outside factors affecting mealtime? Symptoms?) |
| Breakfast | | | | |
| | | | | |
| | | | | |
| AM Snack | | | | |
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| Lunch | | | | |
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| PM Snack | | | | |
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| Evening Snack | | | | |
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