## Date: CIRCLE ONE: Weekday Weekend

|  |  |  |
| --- | --- | --- |
| **Breakfast** |  | **Time of day: am/pm** |
| Food/Beverage items | | Amount/Serving size |
|  | |  |
| **Lunch** |  | **Time of day: am/pm** |
| Food/Beverage items | | Amount/Serving size |
|  | |  |
| **Dinner** |  | **Time of day: am/pm** |
| Food/Beverage items | | Amount/Serving size |
|  | |  |
| **Snacks** | | |
| Time of day | Food/Beverage items | Amount/Serving size |
| am/pm  am/pm  am/pm |  |  |
| **Estimated Daily Water Intake: ounces/cups** | | |

Was this a typical day’s intake? □ yes □ no

Comments:

|  |  |  |
| --- | --- | --- |
| **Breakfast** |  | **Time of day: am/pm** |
| Food/Beverage items | | Amount/Serving size |
|  | |  |
| **Lunch** |  | **Time of day: am/pm** |
| Food/Beverage items | | Amount/Serving size |
|  | |  |
| **Dinner** |  | **Time of day: am/pm** |
| Food/Beverage items | | Amount/Serving size |
|  | |  |
| **Snacks** | | |
| Time of day | Food/Beverage items | Amount/Serving size |
| am/pm  am/pm  am/pm |  |  |
| **Estimated Daily Water Intake: ounces/cups** | | |

Was this a typical day’s intake? □ yes □ no

Comments:

|  |  |  |
| --- | --- | --- |
| **Breakfast** |  | **Time of day: am/pm** |
| Food/Beverage items | | Amount/Serving size |
|  | |  |
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| Food/Beverage items | | Amount/Serving size |
|  | |  |
| **Dinner** |  | **Time of day: am/pm** |
| Food/Beverage items | | Amount/Serving size |
|  | |  |
| **Snacks** | | |
| Time of day | Food/Beverage items | Amount/Serving size |
| am/pm  am/pm  am/pm |  |  |
| **Estimated Daily Water Intake: ounces/cups** | | |

Was this a typical day’s intake? □ yes □ no

Comments:

Completing your 3-Day Food Journal

To complete your food journal, please follow the guidelines below.

* Select days that you will be making **typical** food choices and try *not* to change your eating habits. Holidays and special days may not represent usual eating behaviors.
* **Be honest.** The purpose of this journal is to help you develop an awareness of your eating habits so that nutrition goals can be individualized.
* Try to include 2 weekdays (Monday-Friday) and 1 weekend day (Saturday/Sunday) for a **total of 3 days** (they do not have to be consecutive). If you are unable to record all 3 days, please do as many days as possible.
* Carry the food journal with you during the day so that items can be recorded *immediately* after they are eaten. Make sure to record the time an item/meal/snack was consumed.
* Record **EVERYTHING** you eat and drink. Please be as specific as possible.
  + List the type of food you ate including all condiments and extras (sauces, gravy, butter, ketchup, mayo, etc.)
  + Describe combination foods, such as what toppings came on the pizza or what was included in the sandwich.
  + Mention how the food was prepared (grilled, baked, fried, steamed, roasted, etc.)
  + List a brand name or restaurant name when possible.
* Include portion sizes for all items, estimating to the best of your ability. For help, please refer to the serving size guide provided on the next page.

## Don’t stress!

**Object Hand Symbol Equivalent Foods**

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Fist Rice,Pasta

' -="::": \ , *I*'

(baseball) Veggies

- -' \_...-(

***1'--"***

1Cup Fruit

Palm Medium Fruit,

V2cup (tennis ball)

/

Ice Cream

Palm Meat

I

3ounces Fish

(deck of cards) Poultry

Handful Nuts



1 ounce Raisins

large egg)

# 2 Handfuls

1ounce

(2 large eggs)

Chips Popcorn Pretzels

**,-1**

' '*t)j)*

# Thumb

1 ounce (ping pong ball)

Peanut Butter Hartl Cheese

,-,

f

Thumb Tip Cooking Oil 1teaspoon Mayonnaise,Butter (marble) Sugar

**Sample Food Journal**

Date: 12/1/2013 CIRCLE ONE:

Weekend

Weekday

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Breakfast** | | |  |  | Time of day: | 8:00 | am/pm |
| Food/Beverage items | | | | | Amount/Serving size | | |
| Scrambled eggs with salt and pepper | | | | | 2 eggs | | |
| Whole wheat toast with margarine | | | | | 1 slice/1 tablespoon | | |
| Coffee with non-dairy creamer | | | | | 1 cup (8 oz)/ 2 tablespoons | | |
| Minute Maid® Orange Juice | | | | | □ cup (4 oz) | | |
| **Lunch** | | |  |  | Time of day: 12:30 | | am/pm |
| Food/Beverage items | | | | | Amount/Serving size | | |
| Subway® sandwich: Italian bread, turkey, American cheese, lettuce, tomato, pickles, and mayonnaise.  Baked potato chips (plain) Diet coke | | | | | 6 inch sub  1 small bag  16 oz | | |
| **Dinner** | | |  |  | Time of day: 6:00 | | am/pm |
| Food/Beverage items | | | | | Amount/Serving size | | |
| Grilled chicken breast  Baked potato (with skin) topped with sour cream | | | | | 3 oz (deck of cards)  1 medium/2 tablespoons | | |
| Lettuce salad – mixed greens with carrots and red cabbage (Dole® brand), tomato, cucumber  Light ranch dressing (Kraft) | | | | | 2 cups  2 tablespoons | | |
| **Snacks** | | | | | | | |
| Time of day | | Food/Beverage items | | | Amount/Serving size | | |
| 10:00 | am/pm | Yoplait® lite strawberry yogurt | | | 6 oz | | |
|  | | |  | | |
| 4:00 | am/pm | Apple | | | 1 small | | |
| 9:00 | am/pm | Ben & Jerry’s Vanilla ice cream with fresh raspberries | | | □ cup  1 handful (1 oz) | | |
| Estimated Daily Water Intake: | | | 64 | ounces/cups |  | |  |

