Completing a 3-day Food Record

In order to get an idea of what you are currently eating and so we can individualize a plan for you, please keep a food log for 3 days.

- Try to include 2 weekdays and 1 weekend day.

- Carry the food record with you during the day to help remember what you are eating.

- Record everything that goes in your mouth: beverages (including water), meals, snacks, condiments, and even those free samples at the grocery store.

- Describe combination foods, such as what toppings came on the pizza or what was included in the sandwich or burrito.

- Estimate serving sizes to the best of your ability. You can use familiar objects, such as a baseball or fist, to describe serving sizes.

- Record the approximate time each meal or snack is eaten.

- At the bottom of the record, feel free to add details, such as what was going on that day, feelings/ moods, or other factors that may have affected your food choices.

- Don't stress! If you are not able to complete the food record, please still come to your appointment with the Dietitian.

Questions?

Contact the Health Promotion Department at:
706-542-8690
www.uhs.uga.edu/nutrition
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Food Record Day 1

Date: _____

| Breakfast | Time of Day:_____ am/pm |
| | Mood:_____ |

| Lunch | Time of Day:_____ am/pm |
| | Mood:_____ |

| Dinner | Time of Day:_____ am/pm |
| | Mood:_____ |

Snacks	
	Time of Day:_____ am/pm
	Time of Day:_____ am/pm
	Time of Day:_____ am/pm

Estimated Daily Water Intake: _____ ounces/cups

Additional Details: _____

Food Record Day 2

Date: _____

| Breakfast | Time of Day:_____ am/pm |
| | Mood:_____ |

| Lunch | Time of Day:_____ am/pm |
| | Mood:_____ |

| Dinner | Time of Day:_____ am/pm |
| | Mood:_____ |

Snacks	
	Time of Day:_____ am/pm
	Time of Day:_____ am/pm
	Time of Day:_____ am/pm

Estimated Daily Water Intake: _____ ounces/cups

Additional Details: _____

_____

Food Record Day 3

Date: _____

| Breakfast | Time of Day:_____ am/pm |
| | Mood:_____ |

| Lunch | Time of Day:_____ am/pm |
| | Mood:_____ |

| Dinner | Time of Day:_____ am/pm |
| | Mood:_____ |

Snacks	
	Time of Day:_____ am/pm
	Time of Day:_____ am/pm
	Time of Day:_____ am/pm

Estimated Daily Water Intake: _____ ounces/cups

Additional Details: _____

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