3-DAY FOOD DIARY

Patient Name: _____ **DOB:** _____

Please complete your diary as soon as possible and send it via e-mail (Jacqueline.sullivan@stvincent.org) or fax (317-583-2480) to Jacquie Sullivan, RD. It must be received 1-2 weeks prior to your feedback appointment to allow time for processing.

If you need to be contacted at any point in time, what is the best way to reach you? _____

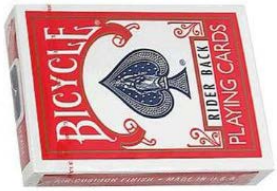
Directions:

1. Choose three days (preferably **two weekdays and a Saturday or Sunday**) to record in your food diary. They do not have to be consecutive days.
2. Record **ALL** the foods and beverages that you consume, including water and dietary supplements.
3. Be as **specific** and **detailed** as possible. Please include the following:
   - **Time** of day and **location** (i.e. at home, in the car, restaurant name, etc.)
   - **Type** of food (i.e. *cheddar* cheese, *2%* milk, *diet* Coke, *sirloin* steak, *pinto* beans)
   - **Brand** names (i.e. *Nature Valley* granola bar)
   - **Flavors** (i.e. Nature Valley *Oats and Honey* granola bar)
   - Method of **preparation** (i.e. fried, grilled, baked, broiled, raw/fresh)
   - **Amount** of food eaten in household measures (i.e. ounces, tablespoons, cups, slices, etc.)
   - **Blood sugar readings** if you are diabetic
4. Foods/beverages should be **broken down into their different parts**. For example, instead of writing "1 turkey sandwich," it would be better to say "2 slices white bread, 1 ounce slice American cheese, 2 ounces sliced deli turkey breast, 1 tablespoon mayonnaise."
5. Please remember to **include commonly forgotten foods** like salad dressings, coffee creamer, condiments, handfuls of snack foods, etc.
6. Log the food/beverages you eat/drink **throughout the day** instead of trying to recall everything later. It may be helpful to record everything in your cell phone and transfer it to this sheet at the end of the day.
7. Try not to change your diet during this time period. It is important to understand your usual eating habits, so **eat as you normally would**.

Questions? Contact Jacquie Sullivan, RD at 317-338-8067 or Jacqueline.sullivan@stvincent.org.

8333 Naab Road Suite 301, Indianapolis, IN 46260
Phone: (317) 338-WELL (9355) Fax: (317) 583-2480

PORTION SIZE GUIDE:

OBJECT	AMOUNT
BASEBALL	1 cup
LIGHTBULB	½ cup
GOLFBALL	2 tablespoons, 1 ounce
 DECK OF CARDS	3 ounces of meat
CD	1 ounce of lunch meat

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3-DAY FOOD DIARY: DAY #1

Patient Name: _____ **DOB:** _____ **Date:** _____ **Day of the Week:** _____

Time	Location	Food	Preparation	Amount/Size

Blood Sugar Readings (for Diabetic Patients)						
Time						
Reading						

3-DAY FOOD DIARY: DAY #2

Patient Name: _____ **DOB:** _____ **Date:** _____ **Day of the Week:** _____

Time	Location	Food	Preparation	Amount/Size

Blood Sugar Readings (for Diabetic Patients)						
Time						
Reading						

3-DAY FOOD DIARY: DAY #3

Patient Name: _____ **DOB:** _____ **Date:** _____ **Day of the Week:** _____

Time	Location	Food	Preparation	Amount/Size

Blood Sugar Readings (for Diabetic Patients)						
Time						
Reading						