

### Tips for Completing an Accurate Food Record

**Complete it for five days.** Your food record should be for five days of intake unless otherwise specified. Include the day and date at the top of each form. The five days can be consecutive or non-consecutive and should include at least one weekend day.

**Use a separate form.** Use a separate sheet for each day of the food record. Multiple sheets are included.

**Carry it with you.** Carry the food record with you during the day and document your meals and snacks soon after you eat. It is surprisingly difficult to recall what you ate days or hours later.

**Describe combination foods.** If you are eating combination foods, such as pizza with various toppings, make sure to record these ingredients.

**Estimate serving size.** Estimate the serving size to the best of your ability. Use the serving size on the food label if available. If you are uncertain, estimate using familiar objects. For example, you can use “palm of your hand” to estimate the size of a chicken breast or “baseball” to estimate an ice cream serving.

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

**Write down beverages.** Make sure to record all beverages that you consume in the food and beverage description. This also includes no-calorie drinks such as diet sodas and unsweetened ice tea.

**Approximate water intake.** Record your total daily estimated water intake at the bottom of each daily food record. Include other beverages (e.g. juice, soda) in the Food & Beverage Description section.

**Specify if intake is typical.** Indicate at the bottom of each daily food record if this was a typical day in terms of your food intake. If it was not a typical day, briefly explain why.

**Bring a hard copy.** Be sure to bring a completed copy of your food record when you meet with the nutritionist.



**Food Record – Day 1**

Name \_\_\_\_\_ Day/Date \_\_\_\_\_

Serving Size / Food & Beverage Description	
Breakfast	Time of Day: _____ AM/PM
Lunch	Time of Day: _____ AM/PM
Dinner	Time of Day: _____ AM/PM
Snacks	Time of Day: _____ AM/PM
Estimated Daily Water Intake = _____ ml/ounces/cups	

Was this a typical day's intake? (Y/N If no, please explain). \_\_\_\_\_

\_\_\_\_\_



**Food Record – Day 2**

Name \_\_\_\_\_ Day/Date \_\_\_\_\_

Serving Size / Food & Beverage Description	
Breakfast	Time of Day: _____ AM/PM
Lunch	Time of Day: _____ AM/PM
Dinner	Time of Day: _____ AM/PM
Snacks	Time of Day: _____ AM/PM
Estimated Daily Water Intake = _____ ml/ounces/cups	

Was this a typical day's intake? (Y/N If no, please explain). \_\_\_\_\_

\_\_\_\_\_



**Food Record – Day 3**

Name \_\_\_\_\_ Day/Date \_\_\_\_\_

Serving Size / Food & Beverage Description	
Breakfast	Time of Day: _____ AM/PM
Lunch	Time of Day: _____ AM/PM
Dinner	Time of Day: _____ AM/PM
Snacks	Time of Day: _____ AM/PM
Estimated Daily Water Intake = _____ ml/ounces/cups	

Was this a typical day's intake? (Y/N If no, please explain). \_\_\_\_\_

\_\_\_\_\_



**Food Record – Day 4**

Name \_\_\_\_\_ Day/Date \_\_\_\_\_

Serving Size / Food & Beverage Description	
Breakfast	Time of Day: _____ AM/PM
Lunch	Time of Day: _____ AM/PM
Dinner	Time of Day: _____ AM/PM
Snacks	Time of Day: _____ AM/PM
Estimated Daily Water Intake = _____ ml/ounces/cups	

Was this a typical day's intake? (Y/N If no, please explain). \_\_\_\_\_

\_\_\_\_\_



**Food Record – Day 5**

Name \_\_\_\_\_ Day/Date \_\_\_\_\_

Serving Size / Food & Beverage Description	
Breakfast	Time of Day: _____ AM/PM
Lunch	Time of Day: _____ AM/PM
Dinner	Time of Day: _____ AM/PM
Snacks	Time of Day: _____ AM/PM
Estimated Daily Water Intake = _____ ml/ounces/cups	

Was this a typical day's intake? (Y/N If no, please explain). \_\_\_\_\_

\_\_\_\_\_