

# THREE-DAY FOOD DIARY RECORD



*MAD WEIGHT LOSS,LLC*

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

## INSTRUCTIONS

- Please write down all foods and beverages consumed for three 24-hour time periods. Each day starting at 12:00 am and ending at 11:59 pm. Choose three consecutive days, including two weekdays and one weekend.
- You will be asked to record all vitamin, mineral, and herbal supplements you took at the end of each record.
- List the approximate **Time** the meal was consumed, **Place** where it was consumed (home, work, name of restaurant, church, etc.), and the type of eating occasion or **Meal** (breakfast, lunch, dinner, snack, or other).
- List each **Food/Beverage Item** you consumed, including foods eaten between meals and all drinks, even if it is a non-caloric item like water, coffee, tea, or sugar free gum.
- Specify **Details/Ingredients/Preparation** of each food or beverage consumed. See the “Three-Day Food Record Checklist” form for details on what to include.
- Record the **Amount** of each food or beverage consumed. Portion sizes can be recorded in a variety of ways, please use the method that works best for you. You can use the “Food Amounts Booklet” to help you document portion sizes. Portion sizes can be recorded using the following standard measurements:
  - Weight in grams or ounces (Not fluid ounces)
  - Solid foods – use volume in cups, tablespoons or teaspoons
  - Liquids – use volume in fluid ounces
  - Fraction of the whole (e.g. 1/8 of 9” pie)
  - Dimensions for the following shapes:

Example	Shape	Measurement Needed
Meatball	Sphere	Diameter
Meat Patty	Cylinder or disk	Diameter x thickness
Lasagna	Rectangle or cube	Length x height x width
Pie	Wedge	Length x height x width of arc

## Example

Time	Place	Meal	Food/Beverage Item	Details/Ingredients/Preparation	Amount	
8:00am	Home	Breakfast	Brown Sugar Instant Oatmeal	Made with water, nothing else added	2 packets	
			Milk	Skim	8 fluid oz.	
			Coffee	Brewed, caffeinated	16 fluid oz.	
			Coffee Creamer	Fat Free, liquid hazelnut Coffee Mate	1 Tbsp.	
12:00pm	Home	Lunch	Pizza	Frozen, thin crust, supreme pizza (Tony’s Brand) (See pg. 3 of Food Amounts Booklet to estimate wedge measurement)	2 slices Size D-4 each	
			Water	Tap, with ice	16 fluid oz.	
<b>Type/Brand of Supplement</b>			<b>Reason for Taking</b>		<b>Amount Taken (dosage)</b>	<b>Frequency of Dose (times/day)</b>
One A Day Multi-Vitamin for Women			General Health		1 Tablet	Once per day
Fish Oil - CVS Brand			Lower Triglycerides		1 softgel (1200mg)	3 softgels per day

**DAY ONE – DATE OF RECORD \_\_\_\_\_**

<b>Time</b>	<b>Place</b>	<b>Meal</b>	<b>Food/Beverage Item</b>	<b>Details/Ingredients/Preparation</b>	<b>Amount</b>

Time	Place	Meal	Food/Beverage Item	Details/Ingredients/Preparation	Amount

**Please list all vitamin, mineral, and herbal supplements you took today.**

Type/Brand of Supplement	Reason for Taking	Amount Taken (dosage)	Frequency of Dose (times/day)

- **Would you consider your intake of foods and beverages today to be typical of most days or was it considerably more or less? Explain why if not typical?**

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**Please list all planned physical activity performed today.**

Activity Type	Duration (minutes or hours)	Distance (if applicable)

**DAY TWO – DATE OF RECORD \_\_\_\_\_**

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<b>Time</b>	<b>Place</b>	<b>Meal</b>	<b>Food/Beverage Item</b>	<b>Details/Ingredients/Preparation</b>	<b>Amount</b>

<b>Time</b>	<b>Place</b>	<b>Meal</b>	<b>Food/Beverage Item</b>	<b>Details/Ingredients/Preparation</b>	<b>Amount</b>

**Please list all vitamin, mineral, and herbal supplements you took today.**

<b>Type/Brand of Supplement</b>	<b>Reason for Taking</b>	<b>Amount Taken (dosage)</b>	<b>Frequency of Dose (times/day)</b>

- Would you consider your intake of foods and beverages today to be typical of most days or was it considerably more or less? Explain why if not typical?**

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**Please list all planned physical activity performed today.**

<b>Activity Type</b>	<b>Duration (minutes or hours)</b>	<b>Distance (if applicable)</b>

# DAY THREE – DATE OF RECORD \_\_\_\_\_

Time	Place	Meal	Food/Beverage Item	Details/Ingredients/Preparation	Amount

Time	Place	Meal	Food/Beverage Item	Details/Ingredients/Preparation	Amount

**Please list all vitamin, mineral, and herbal supplements you took today.**

Type/Brand of Supplement	Reason for Taking	Amount Taken (dosage)	Frequency of Dose (times/day)

• **Would you consider your intake of foods and beverages today to be typical of most days or was it considerably more or less? Explain why if not typical?**

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**Please list all planned physical activity performed today.**

Activity Type	Duration (minutes or hours)	Distance (if applicable)