Rules to help you fill out food form:

Try to be exact on portion sizes.

- 3 ounces of meat is about the size of a deck of cards.
- The palm of your hand cupped holds about ½ cup.

Try to list all items that are part of your meals.

- Write down any gravies, sauces or dressings you use.
- If you have a sandwich, list what extras you added.

List everything you eat.

- If you have a handful of popcorn in the middle of the morning, list it.
- If you have an extra bite of food as you are doing the dishes, list it.
- If you grab a quick bite on a break, please write it down.

Remember to include all drinks.

- Write down all drinks with meals.
- Include everything you drink between meals.

Try to write it down as you go.

Choose a week day and a weekend day that are typical of your eating habits and then commit to writing everything down as you go through the day. Do not wait until the last thing in the evening. It will provide a more accurate record for us to work on a new nutrition plan.











FOOD JOURNAL FOR

Please fill out this form and bring it back with you when you have your next appointment. Keeping eating records will help us come up with a plan that will help you be healthier. Fill out two days, one week day and one weekend day. Start with the first time you eat during the day and try to write down the time you ate each food item and about how much you ate. You do not have to worry about trying to change your diet during these two days, but eat as you normally do so we can create a nutrition plan that works just right for YOU!

Thank you,

Your appointment is scheduled for:

Please call us if you need to change or cancel your appointment.

We look forward to seeing you soon.

| FOOD JOURNAL | |
|--------------|--|
| Name | |
| Day of Week | |

| Time | Food | Amount | Where Eaten |
|------|------|--------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FOOD JOURNAL Name Day of Week

| Time | Food | Amount | Where Eaten |
|------|------|--------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |