

FOOD RECORD

(*Please complete and bring to your Nutrition appointment)

Why should I do this?

This information can increase your awareness of your food choices and portion sizes. Also when you meet with the dietitian, she will help you modify your diet and eating habits for successful weight loss.

How do I fill in this food log?

- Record three consecutive days including one weekend day (ex. Sunday, Monday, Tuesday).
- Keep track of your food as you eat rather than writing your diet from memory.
- If you have started making some diet changes for weight loss that is fine, just write what you are currently eating.
- Rate your mood & take notes of your thoughts.

What should I include when recording?

- Time of day, meal and place where it was eaten
- Portion sizes and brand names
- How the food was prepared (baked, grilled, etc.)

Sample Journal

Date/Day: Monday July 4th

| Time Meal Place | Food & Beverage | Hunger 1 2 3 4 5 1 = none 5 = starving | Mood Sad 1 2 3 4 5 Happy |
|---------------------------------|--|---|-----------------------------|
| 7:00 am Breakfast Kitchen | 2 egg beaters 1 whole wheat English muffin 2 T peanut butter 8 oz skim milk | 4 | 5 |
| 12:00 pm Lunch Office | 2 cups Chicken Soup: 2/3 cup steamed, brown rice, 4 oz very lean ground chicken, 1 cup 95% fat free chicken broth | 5 | 5 |
| 3:00 pm Snack Office | 4 Tbsp hummus ½ cup carrot sticks, raw 16 oz crystal light | 2 | 3 |
| 7:00 pm Dinner Home | 3 oz baked salmon 1 med baked potato 2 tsp margarine (Promise) 1 cup apple sauce, low sugar | 4 | 4 |
| 9:00 pm Snack Couch | 1 sm bag of popcorn 20 oz crystal light | 1 | 2 |

Exercise: Type- Walking Duration- 30 minutes

Fluid: Each figure = 8 oz of fluid 

Date/Day: _____

| Time Meal Place | Food & Beverage INCLUDE PORTIONS! | Hunger 1 2 3 4 5 1 = none 5 = starving | Mood  1 2 3 4 5  Sad Happy |
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Exercise: Type _____ Duration _____

Fluid: Each figure = 8 oz of fluid 

Date/Day: _____

| Time Meal Place | Food & Beverage INCLUDE PORTIONS! | Hunger 1 2 3 4 5 1 = none 5 = starving | Mood  1 2 3 4 5  Sad Happy |
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Exercise: Type _____ Duration _____

Fluid: Each figure = 8 oz of fluid 

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Exercise: Type _____ Duration _____

Fluid: Each figure = 8 oz of fluid 

Date/Day: _____

| Time Meal Place | Food & Beverage INCLUDE PORTIONS! | Hunger 1 2 3 4 5 1 = none 5 = starving | Mood  1 2 3 4 5  Sad Happy |
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Exercise: Type _____ Duration _____

Fluid: Each figure = 8 oz of fluid 