Tips for Completing your 3-day Food Journal

DO your best to write down everything you're eating and drinking (water, condiments, soda, alcohol, jellies/jams etc)

DO try and estimated your portions as best as possible. You can use familiar items as references (ie: baseball sized portion of pasta, meat the size of a deck of cards etc)

DO try to get at least one weekend and two weekdays

DO record your hunger level before eating; 1 being not hungry at all and 10 being starving

DO feel free to add any extra notes about how you were feeling before, during or after your meal (ex: stressed, bored, upset, happy etc)

DON'T stress too much if you cannot complete the food journal, still come to your dietitian's appointment even if you don't finish!

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NUTRITION EDUCATION

Day 1   Date:_____

Breakfast   Time:_____AM/PM

Mood:_____

Hunger Level: 1   2   3   4   5   6   7   8   9   10

Lunch   Time:_____AM/PM

Mood:_____

Hunger Level: 1   2   3   4   5   6   7   8   9   10

Dinner   Time:_____AM/PM

Mood:_____

Hunger Level: 1   2   3   4   5   6   7   8   9   10

Snack   Time:_____AM/PM

Mood:_____

Snack   Time:_____AM/PM

Mood:_____

Snack   Time:_____AM/PM

Mood:_____

Day 2 — Date:_____

Breakfast Time:_____AM/PM Mood:_____

Hunger Level: 1 2 3 4 5 6 7 8 9 10

Lunch Time:_____AM/PM Mood:_____

Hunger Level: 1 2 3 4 5 6 7 8 9 10

Dinner Time:_____AM/PM Mood:_____

Hunger Level: 1 2 3 4 5 6 7 8 9 10

Snack Time:_____AM/PM Mood:_____

Snack Time:_____AM/PM Mood:_____

Snack Time:_____AM/PM Mood:_____

Day 3 — Date:_____

Breakfast Time:_____AM/PM Mood:_____

Hunger Level: 1 2 3 4 5 6 7 8 9 10

Lunch Time:_____AM/PM Mood:_____

Hunger Level: 1 2 3 4 5 6 7 8 9 10

Dinner Time:_____AM/PM Mood:_____

Hunger Level: 1 2 3 4 5 6 7 8 9 10

Snack Time:_____AM/PM Mood:_____

Snack Time:_____AM/PM Mood:_____

Snack Time:_____AM/PM Mood:_____