

Last	First	MI
ID#		
(Place patient label here)		

THREE DAY FOOD RECORD

Patient Printed Name _____

Instructions: Document everything you eat and drink for 3 days. Bring this record to your first appointment with the dietitian. For more information, please refer to the Three Day Food Record Instructions form.

Date and Time	Food and Beverage Eaten	Amount Eaten	Hunger Level Before Eating*	Fullness Level After Eating*	Location/Prepared/Mood
*Hunger/Fullness Scale: 1 = starving; 3 = stomach grumble; 5 = neither hungry nor full; 7 = comfortably full, 10 = painfully full					
<i>EXAMPLE</i> 1/18/18 5pm	<i>EXAMPLE</i> Burger Soda	<i>EXAMPLE</i> 1 sandwich 1 can	<i>EXAMPLE</i> 1	<i>EXAMPLE</i> 7	<i>EXAMPLE</i> Dining hall/fun with friends
1/18/18 9pm	Gatorade – blue Mini-Twist Pretzels	16 oz 14	5	7	Dorm room/vending/stressed about exams
Day 1					

Continue on next page

Date and Time	Food and Beverage Eaten	Amount Eaten	Hunger Level Before Eating*	Fullness Level After Eating*	Location/Prepared/Mood
*Hunger/Fullness Scale: 1 = starving; 3 = stomach grumble; 5 = neither hungry nor full; 7 = comfortably full, 10 = painfully full					
DAY 2					
DAY 3					

Dietitian Comments _____

Dietitian Signature _____ Date _____