



Daily Food Diary

Instructions

To assist you in reaching your goals and to customize a nutrition plan for you, it is important to know your current eating habits. On the following pages, please write down everything you eat and drink for 3 days. Try to pick 3 days that are “typical” of the way you eat. If possible, choose 2 weekdays and 1 weekend day. Do not try to change your eating habits during the 3 days of record keeping. If you have any questions about completing this form, please contact your registered and licensed dietitian.

Helpful Hints

Record what you have eaten as soon as possible after meals. This makes it much easier to remember what and how much you eat. Remember the following:

- **Preparation:** How was the food cooked? Was it baked, grilled, fried, steamed, or baked? Was it fresh, frozen or canned?
- **Portion size:** Indicate how much of each food you eat by using cups, ounces, teaspoons, or tablespoons, or a “handful” where possible. For meats, estimate the ounces you eat. (A deck of cards or a computer mouse is about a 3-ounce portion.)
- **Include the fluids that you drink.** List the amounts and the types, and the times that you drink them.
- **Include the “extras” or condiments you eat:** Do you put cream or sugar in coffee? Is your tea sweetened or unsweetened? Do you use ketchup, mustard, mayonnaise, steak sauce, or salsa on foods?
- **Be specific:** If you eat bread, is it white, wheat, whole wheat, rye, honey wheat or multigrain? If you drink milk, it is whole, 2%, 1%, skim, soy, or rice milk?
- **Hunger Scale:** 1 = not hungry 2 = somewhat hungry 3 = moderately hungry 4 = very hungry 5 = starving
- **Fullness Scale:** 1 = still hungry 2 = slightly full 3 = satisfied/comfortably full 4 = very full 5 = uncomfortably full/stuffed
- **Additional Comments:** record the circumstances under which the eating occurred. For example, were you eating while watching TV, bored, stressed, grabbing something in a hurry, having a food craving, or at a social event?



Urban Nutrition, LLC

Life is hectic, eating healthy shouldn't be.

Name: _____

Date: _____

Meal/ Time	Food/Beverage Item	Method of Preparation	Serving Size	Number of Servings	Hunger Level	Fullness Level	Comments (mood, location, etc.)



Name: _____

Date: _____

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