3-Day Food Diary

- Please write down all food and drink, including water, gum, and mints.
- Record information as soon as possible after the food has been consumed
- Do not change your eating behavior, the purpose of this food record is to analyze your current eating habits.
- Describe the food or beverage consumed. e.g., milk - what kind? (soy, almond, whole, 2%, or nonfat, etc.); toast - (whole wheat, white, buttered); chicken - (fried, baked, breaded), etc.
- Record the amount of each food consumed using standard measurements as much as possible, such as 8 ounces, 1/2 cup, 1 teaspoon, etc.

Day 1	Day 2	Day 3
Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch	Lunch	Lunch
Snack	Snack	Snack
Dinner	Dinner	Dinner
Snack	Snack	Snack

Food Frequency:
How often do you eat or do the following? Insert a number and check day or week.

Meals per day: _____	Red Meat: _____ x □day / □week
Snacks per day: _____	Chicken/Turkey: _____ x □day / □week
Water _____ ounces per day	Deli Meat: _____ x □day / □week
Prepare meals: _____ x □day / □week	Fish: _____ x □day / □week
Nuts/Seeds: _____ x □day / □week	Shellfish: _____ x □day / □week
Lentils/Beans: _____ x □day / □week	Organ meat: _____ x □day / □week
Yogurt: _____ x □day / □week	Soy products: _____ x □day / □week
Fats and oils: _____ x □day / □week	Eggs: _____ x □day / □week
Dairy Milk/Cheese: _____ x □day / □week	All Vegetables: _____ x □day / □week
Other Milk: _____ x □day / □week	All Fruit: _____ x □day / □week
Bread: _____ x □day / □week	Coffee: _____ x □day / □week
Whole Grains: _____ x □day / □week	Tea: _____ x □day / □week
Pasta: _____ x □day / □week	Soft Drinks: _____ x □day / □week
Chips/crackers etc.: _____ x □day / □week	Frozen Dinners: _____ x □day / □week
Candy: _____ x □day / □week	Alcoholic Drinks: _____ x □day / □week
Fast Food: _____ x □day / □week	Eat fast/on the run: _____ x □day / □week