Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like to know everything that you eat and drink over **3 days total.**

* Complete the diary over **TWO WEEKDAYS** (Monday-Friday) and **ONE WEEKEND** (Saturday or Sunday) starting with your first food or drink AFTER midnight, 12:00 AM and ending at 11:59 PM of the same day.
* Eat and drink as you **USUALLY** do.
* Bring your food diary with you **EVERYWHERE** you go. Use a **NEW LINE** for every food and drink that you eat.
* Write down **EVERYTHING** you eat and drink, **HOW MUCH** of it you had and the **TIME** you ate or drank it. Take **PHOTOS** of your food throughout the day to help you remember.
* List foods such as sandwiches as **SEPARATE** food items. For example, a ham sandwich is written as: 2 slices of Hellman’s white bread, yellow mustard and 1 thin slice of honey glazed ham.
* Include  **DETAILS** like brand names, fat content and salt of food items that you ate during the day. For example:
  + Cereal: Honey Nut Cheerios, Cinnamon Toast Crunch, Twix, etc.
  + Chips: Lay’s Wavy Potato Chips, etc.
  + Soda: Mountain Dew, Diet Coke, Pepsi, and Regular vs. Diet.
* Don’t forget all those **LITTLE EXTRAS** that you eat with your meals. Some examples are salt, sugar, butter, ketchup, and mayo.
* Don’t forget to include all **SNACKS AND DRINKS** that you have in before, after and between meals. Some examples are candy, chips, fruit and drinks such as tea, water, soda.
* For any **FAST FOOD,** write down the **NAME** of the restaurant such as McDonald’s or Burger King. You can write this in the **“Food Source”** area.
* For all cooked foods, tell us **HOW** it was **COOKED** and include additions such as oil and seasonings. Different cooking methods include frying, boiling, roasting, baking, and grilling.
* Include all **SUPPLEMENTS** you take at the bottom of the log for each day.

**Here are some easy ways to estimate portion size:**

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| **Amount of food** | **Portion size** |
| **Meat =** the size of a deck of cards or the palm of your hand | 3 oz |
| **Cheese** = the size of your thumb or a small matchbox | 1 oz |
| **Rice, cereal or pasta** = size of your fist | 1 cup |
| A piece of **fruit** = the size of a tennis ball | Medium sized |
| **Butter, ketchup, or mayonnaise** = size of one thumb tip | 1 teaspoon |
| **Salad dressing, peanut butter** = size of one thumb | 1 Tablespoon |



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| **DAY 1: \_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **12:00 AM TO BREAKFAST TIME: \_***6:50\_ AM*  **WHERE: \_***Home\_\_\_***\_\_\_\_\_ FOOD SOURCE:\_\_\_***Market\_***\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☒ Yes ☐ No** | | |
| Oatmeal: |  |  |
| Steel cut Oats, cooked | 1.25c | cooked with water |
| Peanut Butter, organic | 1tsp |  |
| Blackberries, fresh | 4 individual |  |
| Blueberries, frozen | .25c |  |
| Strawberries, fresh | 2 individual small |  |
| Banana, large | .25 banana |  |
| Honey | 1tsp |  |
| water from tap | 6oz |  |
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| **MORNING SNACK TIME: 8:30\_\_ AM WHERE: \_\_\_\_***home***\_\_ FOOD SOURCE:\_\_***Market***\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☒ No** | | |
| Coffee, black | 16 oz |  |
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| **DAY 1: \_\_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **LUNCH TIME: \_11:35\_ AM WHERE: \_***Home\_***\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_***Market***\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☒ No** | | |
| **Rice, asparagus, salad** |  |  |
| Brown rice, plain | Half cup | Cooked in rice cooker |
| Lemon juice on rice | 1 wedge |  |
| asparagus, added salt and pepper | One third cup | Steamed |
| Almond flour crackers, original | .25 cup |  |
| spinach, raw | 1/4 cup |  |
| Cherry tomato | 3 ea |  |
| Feta cheese, reg fat | .5oz |  |
| Goat cheese | 1.5oz |  |
| parsley | 1 T |  |
| Cooked beet, oo & salt | ½ c | roasted |
| Bell pepper, avocado, raw | ¼ c, ¼ c |  |
| Balsamic vinegar | 1 T |  |
| water from tap | 6 oz |  |
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| **AFTERNOON SNACK TIME: \_\_\_\_***3:15* **\_\_\_\_\_\_\_\_\_ PM WHERE: \_\_\_\_\_\_***home***\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_***Market***\_\_\_\_\_ ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
| Dried figs | 3 ea |  |
| Skinny pop, plain | 1.34 c |  |
| water from tap | 12 oz |  |
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| **DAY 1: \_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_EXAMPLE\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **DINNER TIME: \_\_7\_\_\_ PM WHERE: \_\_\_***Home\_***\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_***Market***\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☒ Yes ☐ No** | | |
| **Green enchiladas:** | 4 ea (1 ½ cup) | baked |
| Corn tortillas | 2 ea | fried in vegetable oil |
| Ground beef 80/20 cooked | ½ c |  |
| Green enchilada sauce, canned | On enchiladas |  |
| Cheddar cheese, reg fat | On enchiladas |  |
| Shredded iceburg lettuce | ½ c |  |
| Diced tomatoes, raw | 1/3 c |  |
| Red salsa, Herdez | ¼ c |  |
| Refried beans, canned, pinto, reg | ½ c | Stove top |
| Iced tea w/ sugar, homemade | 12 oz | Includes 2 t sugar, reg caffeine black tea |
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| **EVENING SNACK TIME (AFTER DINNER UNTIL 11:59 PM): \_10\_ PM WHERE: \_***\_Home***\_\_ FOOD SOURCE:\_\_***Market\_***\_\_\_ ATE WITH BABY PRESENT? ☐ Yes ☒ No** | | |
| Ice cream, ben & jerry’s strawberry choc | ¾ c |  |
| Red wine, merlot | 4 oz |  |
| water from tap | 8 oz |  |
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| **Supplements/Vitamins:** women’s multi-vitamin, 1 ea 250 mg, Vit C 1000mg | | |
| **MOTHER DAY 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **12:00 AM TO BREAKFAST TIME: \_\_\_\_\_\_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MORNING SNACK TIME: \_\_\_\_\_\_\_\_ AM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MOTHER DAY 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **LUNCH TIME: \_\_\_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **AFTERNOON SNACK TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MOTHER DAY 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **DINNER TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **EVENING SNACK TIME (AFTER DINNER UNTIL 11:59 PM): \_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_ ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **Supplements/Vitamins:** | | |
| **MOTHER DAY 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **12:00 AM TO BREAKFAST TIME: \_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MORNING SNACK TIME: \_\_\_\_\_ AM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MOTHER DAY 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **LUNCH TIME: \_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **AFTERNOON SNACK TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MOTHER DAY 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **DINNER TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **EVENING SNACK (AFTER DINNER UNTIL 11:59 PM) TIME: \_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_ ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **Supplements/Vitamins:** | | |
| **MOTHER DAY 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **12:00 AM TO BREAKFAST TIME: \_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MORNING SNACK TIME: \_\_\_\_\_ AM WHERE: \_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MOTHER DAY 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **LUNCH TIME: \_\_\_\_\_ AM/PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **AFTERNOON SNACK TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **MOTHER DAY 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **What type of food and drink did you have?** | **How much did you EAT or DRINK?** | **How was your food cooked?** |
| **DINNER TIME: \_\_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **EVENING SNACK (AFTER DINNER UNTIL 11:59 PM) TIME: \_\_\_\_ PM WHERE: \_\_\_\_\_\_\_\_\_\_\_ FOOD SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_ ATE WITH BABY PRESENT? ☐ Yes ☐ No** | | |
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| **Supplements/Vitamins:** | | |