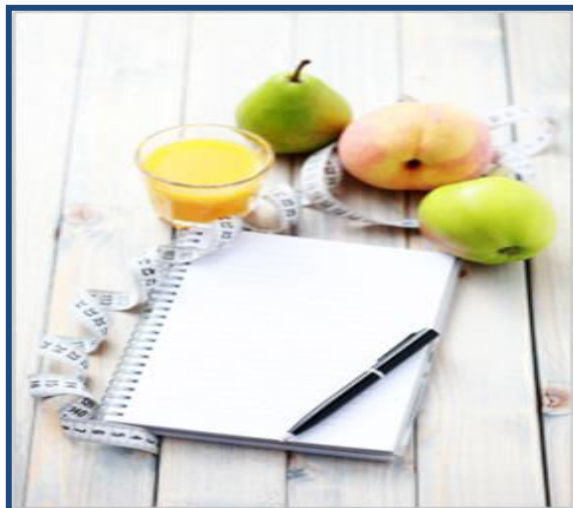


Food Journal

In order to help the dietitian get a better idea of your eating habits, please record **EVERYTHING YOU EAT AND DRINK** for 3 days. Please include as much detail as possible and be honest about what you eat and how much you are eating – this can only help you!

You may choose one of two options to record your eating habits:

1. Complete the attached 3-day food diary
2. Complete at least 3 days of an online food diary (one of the 3 listed below) and bring a printed copy with you to your appointment:
 - www.myfitnesspal.com
 - www.livestrong.com
 - www.sparkpeople.com



Patient Name: _____

3- Day Food Diary

→ Hunger Level Scale ←				
1	2	3	4	5
Not at all hungry		Somewhat hungry		Very Hungry

In order to help the dietitian get a better idea of your eating habits, please keep track of what you eat and drink for 3 days. Use the scale above to determine your hunger level. Please be as specific as possible and please draw a line after each entry. Thank You!

****EXAMPLE****

Day of the Week/Date: Monday- July 28

Day 1: Date/Day of the Week: _____

Time	Hunger Level	Food/Drink	Amount	Where (car, table, bed, etc)
8:00 am	5	Bagel – Cinnamon Raisin Cream Cheese Coffee cream sugar	1 Large 2 Tablespoons 1 cup ½ cup 2 packets	Car driving to work
10:30 am	1	Donut – chocolate Water	1 8 ounces	Bored
1:00 pm	4	Chik-fil-A Grilled Chicken Sandwich with lettuce, onion, tomato, cheese and mayo French Fries Sweet Tea Ketchup	1 Small 32 ounces 3 packets	At my desk
7:00 pm	5	Meat Lovers Pizza Tossed Salad- onions, tomatoes, cucumbers, carrots, cheese. Ranch Dressing Water	2 large slices 2 cups 2 tablespoons 16 ounces	Home at dinner table with family

Patient Name: _____

Day 1: Date/Day of the Week: _____

Time	Hunger Level	Food/Drink	Amount	Where (car, table, bed, etc)

Patient Name: _____

Day 2: Date/Day of the Week: _____

Time	Hunger Level	Food/Drink	Amount	Where (car, table, bed, etc)

Patient Name: _____

Day 3: Date/Day of the Week: _____

Time	Hunger Level	Food/Drink	Amount	Where (car, table, bed, etc)

Patient Name: _____