

3-Day Food and Activity Journal

Please complete a 3-day food journal prior to your individual consultation with the Registered Dietitian. This information is **extremely valuable** and we sincerely thank you for taking the time to complete it!

The format is set up as a fillable form and we ask that you print your completed copy and bring it to your appointment. If you do not have access to a printer, or if you would prefer to hand write this information on a different piece of paper, please feel free to do so.

Please **include portion sizes** for each of your food and beverage recordings for greater accuracy of nutrition assessment. You will find below an example of one (1) Food Guide Serving.

In the **My Activity** section, please only record planned activities and exercise. Please do not record daily household chores or work-related activity unless your job is very physical.

Examples of One (1) Food Guide Serving

Grain Products & Starchy Vegetables	Fruit & Vegetables	Milk & Alternatives
 1 slice bread (30-35 g) ½ pita or tortilla (30-35 g) ½ bagel (30-35 g) ½ cup cooked rice ½ cup cooked pasta, corn, potato, whole grain 30 g cold or hot cereal 	 1/2 cup raw vegetables 1 cup leafy greens 1 medium fruit (size of tennis ball) ½ cup tropical fruit or grapes 1 cup berries or melon *Juice is considered an "other food" 	 1 cup milk – all types (250 ml) ¾ cup yogurt (175 g) 1.5 oz cheese (55 g) ½ cup cottage cheese
Meat & Alternatives	Added Fats	Other Foods
 3 oz. meat, poultry, fish, shellfish (90 g) 3 cup legumes (beans) or lentils (175 ml) 2 eggs or ¼ cup egg whites 2 Tbsp. peanut butter 	 1 tsp oil or butter (5 ml) 2 tsp margarine or creamy salad dressing (10 ml) ½ Tbsp. nut or seed butter 1 Tbsp. vinaigrette dressing, seeds or cream cheese (15 ml) 2 Tbsp. hummus, nuts, guacamole, avocado, creamy dips or coffee cream (30 ml) 	Beverages: pop, diet pop, juice, energy drinks, coffee, tea, specialty coffees/Frappuccino's, Slurpee's, alcohol Foods: desserts, candy, sweet breads and muffins, cookies, pastries, ice cream, sorbet, potato/vegetable chips, pretzels, tortilla chips, condiments (ketchup, BBQ sauce, oyster sauce, soy sauce, jam/jelly, etc.)



Name:

Date:

Record Food Intake with Portion Sizes Below

Day of Week (Check One)	Breakfast	
Monday Tuesday	Snack	
Wednesday Thursday	Lunch	
Friday Saturday	Snack	
Sunday	Supper	
	Snack	

Fluid Intake	(Servings per Day)
Water	
Milk	
Coffee	
Теа	
Juice	
Pop (Regular)	
Pop (Diet)	
Alcohol	

MY ACTIVITY

Heart Health (Cardio)	Each box = 15 minutes
Walking, Running, Cycling,	
Swimming, Rowing, etc.	
Strength & Stretch	
Please list activity and	
length of time.	
Steps/day (if known)	

Additional Notes/Comments:



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Saturday Sunday		
Sunday	Supper	
	Snack	

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