

3-Day Food Journal

Please complete this form prior to your visit with the Dietitian and bring with you to your appointment. Please keep a detailed log of everything you eat and drink for 3 days. Keeping an accurate record will assist the Dietitian in making specific dietary recommendations for you.























Please follow these guidelines when completing your food journal:

- **Be honest.** Keeping an accurate journal will only help you and the Dietitian come up with individualized goals.
- Try and choose **2 weekdays (Monday-Friday) and 1 weekend day (Saturday/Sunday)**. Make sure these are days that you are making **typical** food choices. The days do not have to be consecutive.
- Recording items immediately after eating will ensure accuracy and prevent forgetfulness. Be sure to record the time of what was eaten or drank.
- Record **EVERYTHING** you eat and drink. **Be as specific as possible.** Try to include brand or restaurant names, preparation of food (ie grilled, fried, baked), condiments used and how much (mayo, ketchup, mustard).
- Include portion sizes for all foods and beverages. Estimate to the best of your ability. Use the attached serving size guide provided on the next page.
- **Don't panic.** If you did not complete your food journal, still come to your appointment with the Dietitian.



ROCKY MOUNTAIN
GASTROENTEROLOGY

Serving-Size Comparison Chart

FOOD	SYMBOL	COMPARISON	SERVING SIZE
Milk & Milk Products			
Cheese (string cheese)			Pointer finger 1 1/2 ounces
Milk and yogurt (glass of milk)			One fist 1 cup
Vegetables			
Cooked carrots			One fist 1 cup
Salad (bowl of salad)			Two fists 2 cups
Fruits			
Apple			One fist 1 medium
Canned peaches			One fist 1 cup
Grains, Breads & Cereals			
Dry cereal (bowl of cereal)			One fist 1 cup
Noodles, rice, oatmeal (bowl of noodles)			Handful 1/2 cup
Slice of whole wheat bread			Flat hand 1 slice
Meat, Beans & Nuts			
Chicken, beef, fish, pork (chicken breast)			Palm 3 ounces
Peanut butter (spoon of peanut butter)			Thumb 1 tablespoon

Sample Food Journal

Date: 10/5/15

Weekday / Weekend

Breakfast		Time of day: <u>8:00</u> <u>am</u> /pm
Food / Beverage	Amount / Serving size	
Whole grain toast with butter Egg with salt and pepper Banana Coffee with half and half	1 slice/ 1 tbsp 1 egg 1 (large) 16 oz/2 tbsp	
Lunch		Time of day: <u>12:00</u> am/ <u>pm</u>
Food / Beverage	Amount / Serving size	
Taco Salad <ul style="list-style-type: none"> Lettuce (mixed greens) Tortilla chips (plain) onion Chicken Cheese (cheddar, shredded) Carrot Kidney beans Tomato Salsa/sour cream Diet Coke	2 cups 15 (crushed) ½ cup 2 oz ½ cup 1 whole ½ cup 1 whole ½ cup/2 tbsp 24 ounces	
Dinner		Time of day: <u>7:00</u> am/ <u>pm</u>
Food / Beverage	Amount / Serving size	
Salmon (baked) with olive oil, salt, pepper, Cajun seasoning Baked potato with butter Brussel sprouts (steamed) with salt and pepper Milk, 2%	4 ounces/ 2 tbsp Large (3 ounces)/ 1 tbsp 2 cups 2 cups	
Snacks		
Time of day	Food / Beverage	Amount / Serving Size
<u>4:00</u> am/ <u>pm</u>	Apple with peanut butter	1 medium/ 2 tbsp
<u>10:00</u> am/ <u>pm</u>	Ice cream (Ben and Jerry, Phish Food)	1 cup
<u> </u> am/pm		

Estimated Daily Water Intake: 3 cups / ounces



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Date: _____

Weekday/Weekend

Breakfast		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Lunch		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Dinner		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Snacks		
Time of day	Food / Beverage	Amount / Serving Size
_____ am/pm		
_____ am/pm		
_____ am/pm		

Estimated Daily Water Intake: _____ cups / ounces



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Date: _____

Weekday/Weekend

Breakfast		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Lunch		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Dinner		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Snacks		
Time of day	Food / Beverage	Amount / Serving Size
_____ am/pm		
_____ am/pm		
_____ am/pm		

Estimated Daily Water Intake: _____ cups / ounces



ROCKY MOUNTAIN
GASTROENTEROLOGY

Date: _____

Weekday/Weekend

Breakfast		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Lunch		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Dinner		Time of day: _____ am/pm
Food / Beverage	Amount / Serving size	
Snacks		
Time of day	Food / Beverage	Amount / Serving Size
_____ am/pm		
_____ am/pm		
_____ am/pm		

Estimated Daily Water Intake: _____ cups / ounces