

3-DAY FOOD RECORD

Patient Name: _____

Please help us to learn more about your child's typical diet by completing this 3-day food record. Please read and follow all of the instructions below. Remember, the more carefully you describe your child's food and liquid intake, the more helpful this record will be.

Instructions:

1. For 3 days in a row write down everything your child eats and drinks. Make sure to include water, all medications, and all supplements. If possible, please do this on 2 weekdays and 1 one weekend day. Indicate on the record the date and time that the food, drink, medication, or supplement is taken.
2. Record what your child has eaten immediately after each meal or snack. Do not trust your memory at the end of the day!
3. Record the amount of food eaten as accurately as possible using measurements such as teaspoons, tablespoons, cups, ounces, slices, or inches.
4. Describe how the food was prepared:
 - a. List the brand name of the food whenever possible
 - b. Type of dairy products used (e.g. whole, 2%, 1%, non-fat, etc.)
 - c. Type of bread (e.g. whole wheat, white, French, sourdough, etc.)
 - d. Method of cooking (e.g. baked, broiled, fried, creamed, roasted, etc.)
 - e. State whether food are canned, dried, fresh or frozen
 - f. Record any ingredients added to foods (e.g. margarine, mayonnaise, ketchup, salad dressing, gravy, sugar, jelly, cheese, etc.)
5. Record all foods eaten, whether in the home or outside of the home.
6. Be sure to list everything your child eats or drinks, even if the portion appears to be very small (e.g. one unsalted roasted peanut or 1 teaspoon of Motts no sugar added applesauce).

If you have any questions regarding the food record, please to not hesitate to contact your dietitian for assistance. Thank You!

Michele Kezele, RD
Email: mkezele@mednet.ucla.edu
Phone: (310) 267-9255
Fax: (310) 267-3602

Sarika Sewak MPH, RD
Email: ssewak@mednet.ucla.edu
Phone: (310) 267-9256
Fax: (310) 267-3602

Date / Time of Day	Food Item	Description (including how prepared)	Amount	Additional Information
Example:				
June 8-Sunday 7:45 am	Raisin Bran	Kellogg's Brand	1 cup	
	White sugar (in cereal)		1 teaspoon	
	Milk on cereal	Low fat milk (1%)	½ cup	
	Orange juice	Minute Maid diluted from concentrate	½ cup	
10:30am	Flour tortilla	10 inches across Mission brand	1 whole	
	Margarine	Promise Brand	1 teaspoon	

DAY #1: Food, drinks & supplements (of any kind)

Date / Time of Day	Item	Description (including how prepared)	Amount	Additional Information

Date / Time of Day	Item	Description (including how prepared)	Amount	Additional Information

Was this intake typical for your child? YES NO

DAY #2: Food, drinks & supplements (of any kind)				
Date / Time of Day	Item	Description (including how prepared)	Amount	Additional Information

Date / Time of Day	Item	Description (including how prepared)	Amount	Additional Information

Was this intake typical for your child? YES NO

DAY #3: Food, drinks & supplements (of any kind)				
Date / Time of Day	Item	Description (including how prepared)	Amount	Additional Information

Date / Time of Day	Item	Description (including how prepared)	Amount	Additional Information

Was this intake typical for your child? YES NO