VANCOUVER GENERAL HOSPITAL
Adult Metabolic Clinic
3-DAY FOOD INTAKE RECORD

Name:		**Date:**
Height:	**Weight:**	**Age:**

INSTRUCTIONS:

- Record what you have eaten for three consecutive days, using two weekdays and one weekend day i.e. Thursday, Friday and Saturday.
- Record all food and beverages consumed each day, e.g. coffee, water.
- Include all snacks taken throughout the day.
- Include the amount of oil, margarine, salad dressing, etc., you have used in preparing and cooking the food.
- Estimate food portion sizes as accurately as possible using household measurement i.e. 1 cup (8 oz), 1 tablespoon, 1 teaspoon.

  To describe cooked meat, fish or poultry a 3-4 oz portion is about the size of a deck of cards box.
- Include all vitamin or mineral or herbal supplements you take.
- Please call your dietitian at (604) 875-4111 local 66963 or 68605 with any questions or concerns.
- Send completed food intake record to: taryn.bosdet@vch.ca; jennifer.branov@vch.ca; or annie.heath@vch.ca

Sample:

Time of Day	**Amount Consumed**	**Type of Food** (include preparation method i.e. baked skinless chicken breast)
12:30 p.m.	1 turkey sandwich	2 slices whole wheat bread, 3 oz sliced turkey breast, 1 Tbsp.
		Mayonnaise, 2 tsp. soft margarine, 1 lettuce leaf, 2 slices tomato
	1 small	Apple
	1 cup tea	Green tea, 1 tsp. sugar, 1 Tbsp. 1% milk

DAY 1: Date: _____

Time of Day	Amount Consumed	Type of Food (include preparation method i.e. baked skinless chicken breast)

DAY 2: Date _____

Time of Day	Amount Consumed	Type of Food (include preparation method i.e. baked skinless chicken breast)

DAY 3: Date _____

Time of Day	Amount Consumed	Type of Food (include preparation method i.e. baked skinless chicken breast)