

3-Day Diet Record

- The dietary record forms should be filled out for 3 days. The diet recall for the days should be an **accurate representation of your normal eating habits**.
- Send the completed forms to us so we get them at least **7-days before your appointment**. You can mail, email (KFarrell@BCH.ORG) or **fax them but please fill them out in pen not pencil**.
- Please be as thorough and detailed as possible when filling out the forms. **Include brand names, method of preparation and especially the amount of the food eaten or beverage consumed**.
- Be as **accurate as possible when recording portion sizes**. If possible, choose from the following terms – ounce, fluid ounce, cup, teaspoon, or item (e.g., as 1 apple). Please do not record the following – **BOWL OF CEREAL, PLATE OF PASTA or BOTTLE OF GATORADE..**
- Supplements**: Please also include a list of any vitamins, minerals or herbal supplements that you take.
- REMEMBER**: It takes time to process the diet records, so please be sure to get them to us **7 days before your appointment**.



Attn: Kathleen Farrell, MS, RD
Mapleton Center
311 Mapleton Avenue
Boulder, CO 80304
Phone #: 303-441-2285
Fax #: 303-544-5710

Name: _____ **Age:** _____

Phone #: _____

Email Address: _____

Height: _____

Weight: _____

% Body Fat: _____

Please feel free to add any additional information.

Physical Activity Assessment; (Please check one!)

- If you are sedentary (little or no exercise)
- If you are lightly active (light exercise/sports 1-3 days/week)
- If you are moderately active (moderate exercise/sports 3-5 days/week)
- If you are very active (hard exercise/sports 6-7 days a week)
- If you are extra active (very hard exercise/sports & physical job or 2x training)

Please describe your physical activity (PA) or training schedule.

PA	Frequency	Duration	Intensity (Low / Med / High)

Tips for Keeping Your Diet Record

Please fill out your food record for **3 days**.

2 Week Days (Training Days)

These 3 days should be an **accurate representation** of your **NORMAL** eating habits.

1 Weekend Day (Rest Day)

<u>Meal</u>	<u>Location</u> (Home, Restaurant, etc.)	<u>Description of Food & Beverage</u> (Brand / Manufacture Name) PLEASE BE SPECIFIC	<u>Portion</u> (tsp., Tbsp., Cup, Ounces, Grams, etc.)
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Please record the following:

1. Meal – Breakfast, Lunch, Dinner or Snack
2. Where you ate your meal – Home, Restaurant (**give the name of the restaurant**), Reception, etc.
3. Description of Food or Beverage (**Provide Brand or Manufacture Name**)
4. Portion Size
 - **LR's** - Smoked Honey Deli Turkey – 4 slices (50 grams)
 - **Uncle Ben's** - Whole Wheat Bread – 2 Slices (60 grams)
 - **Kraft** - Regular Mayonnaise – 4 Tbsp.
 - **Lay's** - Baked Sour Cream Potato Chips – 1 Bag (1.5 ounces)
 - **Minute Maid** – Orange Juice with Calcium & Vitamin D – 16 ounces



FOOD LABELS

Please feel free to fax, email or send in any food labels



RECIPES

Again, **eat and cook as you normally would during this 3 day period**. If you make something from a recipe, please fax, email or send with your diet record.



Recipes

Example



Include the # of **SERVINGS!**

Provide **specifics** on each ingredient.

List all ingredients.
Measure or weigh each ingredient.

Chicken Tortilla Soup (8 Servings – 1 cup)

- 2 1/2 teaspoons **vegetable oil**
- 6 (**6 inch**) **corn tortillas**, cut into 1/2 inch strips
- 3 cups **chicken broth**
- 1/2 teaspoon **ground** cumin
- 1/2 teaspoon chili **powder**
- 1/2 teaspoon **dried** oregano
- 1 (15 ounce) **can** - black beans, rinsed and **drained**
- 1 (15 ounce) **can** - whole kernel corn, **drained**
- 2 (3 ounce) **skinless**, boneless **chicken breast** halves, cut into bite size pieces
- 1/2 cup **salsa**
- 1/2 cup chopped **fresh** cilantro

Example:
Spectrum- Canola Oil
Mission – Corn Tortilla
Hains - Chicken Broth
Bush's – Black Beans
Green Giant – Corn
Amy's – Mild Salsa

Supplements

Please list vitamins, minerals, or herbal supplements you are taking. Take the time to provide the necessary specifics about your supplements. You may also provide a web site with the details about the supplements you are taking.

Manufacture	Name of Supplement	Serving Size	Amt. Per Serving	Amt. You are Taking
Walgreen	Calcium 600 + D	2 Tablets / Day	Calcium – 600 mg Vitamin D – 400 IU	2
Nordic*	Salmon Oil	2 Soft Gels/ Day	EPA – 360 DHA – 250 mg	4
Centrum	Multi-Vitamin Min.	1 Tablet / Day	Too Many to List	1

Supplement
Example

* **Nordic Naturals Web Site:** <http://www.nordicnaturals.com/>

Supplements

Please list vitamins minerals, or herbal supplements your are taking. Take the time to provide the necessary specifics about your supplements. You may also provide a web site with the details about the supplements you are taking.

Manufacture	Name of Supplement	Serving Size	Amt. Per Serving	Amt. You are Taking

* **Nordic Naturals Web Site:** <http://www.nordicnaturals.com/>

Name: _____ Date: _____

<u>Meal</u>	<u>Location</u> (Home, Restaurant, etc.)	<u>Description of Food & Beverage</u> (Brand / Manufacture Name) PLEASE BE SPECIFIC	<u>Portion</u> (tsp., Tbsp., Cup, Ounces, Grams, etc.)
Breakfast	Home Cycling	<p>Oroweat - Toasted Honey Whole Bread</p> <p>Kraft - Strawberry Jam</p> <p>Earth Balance - Whipped Spread</p> <p>Regular Coffee</p> <p>Silk - Hazelnut Creamer (Liquid)</p> <p>PowerBar Harvest Double Chocolate</p> <p>Lemon Lime Gatorade</p>	<p>3 Slices (38 gr / slice)</p> <p>3 Tbsp.</p> <p>6 Tbsp.</p> <p>16 Ounces</p> <p>¼ cup</p> <p>1 Bar (2.3 oz)</p> <p>12 ounces</p>
Breakfast	Home Cycling	<p>Bread</p> <p>Jam</p> <p>Margarine</p> <p>Coffee</p> <p>Creamer</p> <p>PowerBar</p> <p>Sport Drink</p>	<p>3 slices</p> <p>Spoonful</p> <p>1 Pat</p> <p>Tall</p> <p>1</p> <p>2</p> <p>3 Bottles</p>

Sample Portion Sizes: ¼ cup golf ball; 1 cup tennis ball; 3 oz meat deck of cards; 3 oz fish checkbook; 1 oz match box.

