

Eclipse Wellness Three-Day Food Journal

Name: _____

Dates of recorded intake: _____

Instructions for Keeping Your Three-Day Food Journal

- Please keep your three-day food journal for three consecutive days.
- The days should include two weekdays and one weekend day.
- Select days that closely resemble your usual eating habits.
- Each time you eat or drink anything (meals, snacks, etc.) during the three days, write down what and how much was served, and what and how much was eaten.
- To measure how much was eaten, use a set of measuring cups and spoons to help estimate amounts. Also see the examples below to estimate portion sizes.
- Note if food choices are homemade or purchased. Please include brand names whenever possible.
- You don't have to fill in all the meals each day, just record what was eaten.

Amounts and Conversions

1/4 cup = 50 ml or 4 Tablespoons

1/3 cup = 75 ml or 5 1/2 Tablespoons

1/2 cup = 125 ml or 8 Tablespoons

2/3 cup = 150 ml or 10 1/2 Tablespoons

3/4 cup = 175 ml or 12 Tablespoons

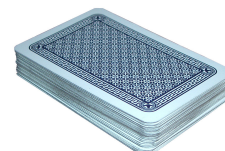
1 cup = 250 ml or 16 Tablespoons

1 oz = 1 slice of processed cheese or lunchmeat

How to Estimate Your Portion Size

Meat

Three (3) ounces of meat are about the size and thickness of a deck of playing cards or an audiotape cassette.



Fruit

A medium apple or peach is about the size of a tennis ball.



Grains

One cup of rice or pasta is about the size of your fist.



Cheese

One ounce of cheese is about the size of four dice.



Three-Day Food Journal “Things to Think about” Checklist

Beverages	What kind of milk? Whole, 2%, 1%, skim, other. Was it fruit juice or fruit beverage or drink?
Breads	Did you spread on butter or margarine?
Cereal	Did you add milk? Did you add sugar or fruit?
Dairy	What brand or kind of yogurt? What brand or kind of cheese?
Vegetables	Was it raw or cooked? Was it fresh, frozen or canned? Did you add any butter, margarine or sauce?
Fruit	Was it a small, medium or large fruit? Was it fresh, frozen or canned?
Grains	Did you add any butter, margarine, peanut butter, jam or honey? Was it a half or whole sandwich? Was it a small or large muffin or bagel?
Fish	Was your canned fish packed in water or oil How did you cook your fish?
Meats	How did you cook your meat? What kind of cut was it e.g. chicken leg or chicken breast?
Soups	Was your soup prepared with milk, water or cream?
Restaurants	What restaurant was it?
Packaged Food	What brand was it?

Sample Menu

Day 1: Tuesday, May 14, 2017

Time of Meal or Snack	Type of Food or Beverage Offered	Amount Eaten	Method of Preparation or Brand	Comments (e.g. amount of food served, too tired to eat)
Breakfast	Cereal	½ cup	Honey Nut Cheerios	
	Milk 2%	½ cup		On cereal
	Banana	1 med		
AM Snack	Crackers	8	Saltine	
	Peanut Butter	1 tbsp	JIF Naturals	
Lunch	Grilled turkey & cheese sandwich			
	Whole wheat bread	1 slice	Sara Lee light	
	Cheese slice	1 slice	Kraft slices	
	Butter on bread	1 tbsp		
	Turkey breast sliced	3 oz	Boars Head Deli	
	Milk	½ cup	2%	
PM Snack	Granola bar	1 bar - 35 g	Quaker Chewy, Trail Mix - Tropical fruit	Ate half of it
Dinner	Grilled chicken breast	4 oz	Marinade w/ 1 tbsp EVOO and seasoning	
	Grilled asparagus	3	Salt/pepper/EVOO	
	Wild Rice	1/3 cup	Salt/pepper	
	Olive Oil	2 Tbsp	EVOO	For chicken & veggie marinade
	Grilled cherry tomatoes	10 small	Salt/pepper/EVOO	
	Wine	6 oz	Chardonnay	
Evening Snack	Ice cream	½ cup	Chocolate Nestle	

Was this day's intake considered: [] Poor [] Average [] Good



Day 1 Date:

Time of Meal or Snack	Type of Food or Beverage Offered	Amount Eaten	Method of Preparation or Brand	Comments (e.g. amount of food served, too tired to eat)
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Evening Snack				

Was this day's intake considered: [] Poor [] Average [] Good



Day 2 Date:

Time of Meal or Snack	Type of Food or Beverage Offered	Amount Eaten	Method of Preparation or Brand	Comments (e.g. amount of food served, too tired to eat)
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Evening Snack				

Was this day's intake considered: [] Poor [] Average [] Good



Day 3 Date:

Time of Meal or Snack	Type of Food or Beverage Offered	Amount Eaten	Method of Preparation or Brand	Comments (e.g. amount of food served, too tired to eat)
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Evening Snack				

Was this day's intake considered: [] Poor [] Average [] Good