

Three-Day Food Record

PLEASE PRINT

First Name _____

Middle Initial _____

Last Name _____

Date of Day 1 _____ / _____ / _____
Month Day Year

Date of Day 2 _____ / _____ / _____
Month Day Year

Date of Day 3 _____ / _____ / _____
Month Day Year

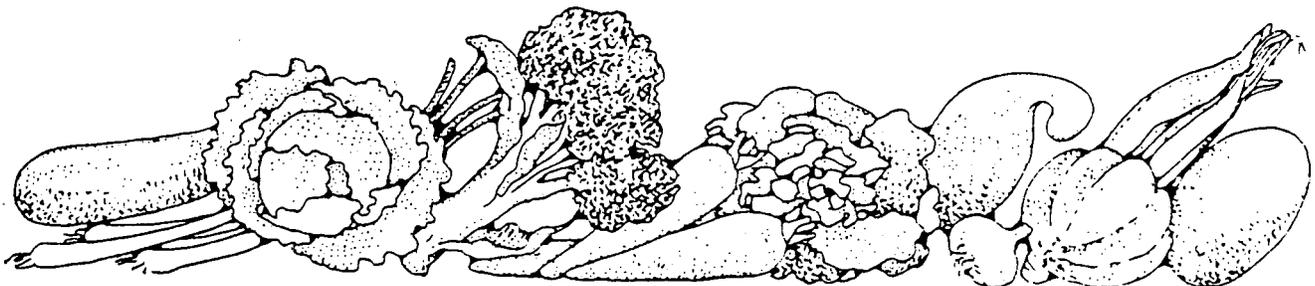
Visit Type _____

Visit Number _____ . _____

Please remember that each day is a 24-hour period
beginning at midnight and ending at 11:59 p.m.

FOR CLINICAL CENTER USE ONLY

Remember to attach the Nutrition Cover Sheet
to the front of the 3-day food record
before submitting to the NCC.



General Instructions

- 1) This is your three-day food record. It contains 8 sets (one page white and one page yellow) of food records (Form #62) and 4 sets of recipe forms (Form #63). Please **write clearly** throughout this booklet. As you complete each page, **flip the cardboard on the back cover of this booklet between the yellow page of the set you are using and the white page of the next set.** This will allow the next set of pages to remain blank until you are ready to use them. **Write only on the white pages.** By using a ball point pen and pressing down firmly, a clear copy of what you write on the white page will appear on the yellow page.
- 2) **Write down what you eat and drink immediately after you consume it.** Take this booklet with you when you eat away from home. Or take a separate sheet of paper, record what you eat and drink, then copy it into this booklet as soon as possible on the same day.
- 3) **Include everything** that you put into your mouth **beginning midnight on Day 1 through 11:59 p.m. on Day 3.** This includes all meals, snacks, beverages, medications, and supplements.
- 4) **Start each food on a separate line(s).** Use as many lines as you need for each food. For foods with several parts, write each **individual food on a separate line.** For example, to record a turkey sandwich you would record each part as a separate food (bread, turkey, mustard, etc.).