Three Day Dietary Record - Please Bring with you to your Appointment

The purpose of this document is to get a clear picture of what you eat. This is not a test, and there are no 'right' answers. Please write down EVERYTHING which you eat and drink <u>including snacks</u>, fast food, drinks (eg Latte), chips. **On the second page please also write the names of your current medications.**

While quantities are optional, please be clear about the particulars of what you are eating - see the example below. A good guide would be that it should be specific enough that the reader could buy it in a supermarket or order it in a restaurant:

Too Vague	<u>Correct</u>
Breakfast cereal	Corn flakes with 2% milk
Sandwich	White bread sandwich with ham, lettuce, butter
Burger & fries	Big Mac, large fries, diet coke (McDonalds)
Meat & potato	Pork chop & teriyaki sauce, corn, mashed potato

Please report below everything which you have eaten **for three days**. If you have the same meal (eg breakfast) each day, you don't need to repeat it. If the meal is at a restaurant please make that clear (eg write 'out' after the food item).

Breakfast	Lunch & Snacks	Dinner / Snacks
Day 1:		
Day 2:		
Day 3:		

Please write down the names / doses / frequency taken of your medications (or bring the bottles to clinic with you)(see next page):

 1) When it comes to goals for nutrition in your health, please rate from 1 to 10 (where 0 is not important and 10 is very very important) the following goals: a) Reversal of atherosclerosis / heart disease: b) Prevention of future vascular events (eg heart attack, stroke) or progression of disease: c) Controlling current symptoms (eg angina): 						
d) Minimise dose of current drugs:						
e) Prevention of cancer:						
f) Control of weight:						
g) General level of function (eg energy):						
h) Control of blood sugars / diabetes:2) Please rate your degree of confidence (on a scale of 0 to 10 where '0' means you don't think						
		are moderately sure, and '10'				
		an stick to a healthy whole food				
•	lura 2006):					
•	0 - Cannot do at all	4.5				
,	50 - Moderately can					
C)	100 Highly certain ca	an uu				
To learn more	about a healthy diet ple	ease visit foodasprevention.com	and see the DVD 'Forks Ov	er Knives'		

*** Please bring this sheet with you to your appointment ***

(in public library, on Netflix + iTunes, can be viewed directly on the web).

Names/doses of Your Medications