## 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 including snacks, 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 | Correct |
| :--- | :--- |
| 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: |  |  |
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| Day 2: |  |  |
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| Day 3: |  |  |
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Please write down the names / doses / frequency taken of your medications (or bring the bottles to clinic with you)(see next page):

| Names/doses of Your <br> Medications |  |  |
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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) $\overline{\text { Controlling current symptoms (eg angina): }}$ $\qquad$
d) Minimise dose of current drugs: $\qquad$
e) Prevention of cancer:
f) Control of weight: $\qquad$
g) General level of function (eg energy): $\qquad$
h) Control of blood sugars / diabetes: $\qquad$
2) Please rate your degree of confidence (on a scale of 0 to 10 where ' 0 ' means you don't think you can do it, ' 5 ' means you are moderately sure, and '10' means you are certain) how confident you are that you can stick to a healthy whole food plant based diet on a regular basis (Bandura 2006):
a) 0 - Cannot do at all
b) 50 - Moderately can do
c) 100 Highly certain can do

To learn more about a healthy diet please visit foodasprevention.com and see the DVD 'Forks Over Knives' (in public library, on Netflix + iTunes, can be viewed directly on the web).
*** Please bring this sheet with you to your appointment ***

