## 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):

| $\frac{\text { Names/doses of Your }}{\text { Medications }}$ |  |  |
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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).

