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Instructions for Recording 3 Days of Food, Supplements & Activities

Bring to visit or fax completed form to Eat Fit Health's secure fax line: 1-888-979 9268

1. Write down everything you eat or drink for 3 days including quantities and brands when applicable. It is usually more useful if you record 2 weekdays and 1 weekend day.

Include all foods, drinks (including water), snacks, food extras (salad dressing, margarine or butter, mayonnaise, etc.), and vitamin, mineral, or herbal supplements (list supplement name and amount; e.g. Nature Made Vitamin D3, 2,000 IU/day).

Tip: Please be as specific as possible!

Examples: Apple- golden delicious – ¾ of a large

Chobani Greek Yogurt – Low Fat, Fruit on the Bottom, Banana – 6 oz.

2. List the amount of food or drink eaten in common portions such as cups, teaspoons, tablespoons, or describe size. (e.g. 1/2 large banana – 8" long)

Tip: List only the amount eaten or drank, not the whole amount served.

- 3. Indicate how the food was prepared: fried, steamed, baked, grilled, raw, etc.
- 4. Be as specific as possible. Instead of "turkey sandwich", say "turkey sandwich made with 2 slices of Nature's Way whole wheat bread, 4 slices of Sara Lee deli select turkey breast, 1 tablespoon Hellman's reduced fat mayonnaise, and two 4-inch pieces of romaine lettuce."
- 5. List brand names of all food products, for example, oatmeal might be "Quick Quaker Oats".
- 6. Be sure to measure and record all of those little extras: gravies, salad dressings, taco sauce, pickles, jelly, sugar, ketchup, margarine, etc. and "tastes or samples". Indicate the amounts.
- 7. Include recipes for any unusual or unique items that you prepare at home.
- 8. If food is from a restaurant, please include the name of the restaurant. (Examples: Taco Bell, Salad Works, Chili's, Outback Steak House, Iron Hill)

Tip: Note the size and specific name of foods eaten and quantities!

- 9. If you need help measuring your food, use measuring spoons, measuring cups, food scale or food labels.
- 10. Write down all physical activities completed for each day. Be specific as possible. If no "planned" physical activities write what you did that day. (Examples: 30 minutes on elliptical Level 5, Incline 3%, intensity moderate, work 8 hours- sat at desk, 1 hour driving, 1 hour TV, 2 hours housework, 1 hour daily living activities (shower, dressing, bathroom) or 2 hours at the mall, 4 hours waiting tables, 2 hours computer, 1 hour driving, 1 hour daily living activities)

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FOOD, SUPPLEMENTS & ACTIVITIES

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CLIENT NAME: ______ RECORD DATE: _____

Print more pages if needed.

Time of Day	List Description of Food, Drinks, & Supplements	Amount	Measurement
(e.g. 7:30 am)	(list how prepared grilled, baked, fried, restaurant etc.; list supplements, brand & amounts)		Method
PHYSICAL ACTIV	/ITY (describe)	Duration	Intensity
The second of th			(mild, moderate, vigorous)
WATER INTAKE	Mark 1 cup for each 8 oz. drank.	TOTAL OZ:	

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