

**Women's and Children's Hospital  
Department of Nutrition and the Metabolic Unit**

**Name:**.....

**DOB:**.....

**3 Day Food Record**

- **please fill this record in, to be ready to give to the dietitian at your appointment on**

As these diet diaries will all be computer analysed we require some more information than usual.

For the most accurate record, please;

- keep the diary for 3 consecutive days
- record **all** food and drinks consumed, including supplement.
- record amounts as accurately as possible eg weights, cup, tablespoon or teaspoon measures and the gram of protein value.
- give details of cooking methods or a recipe for home cooked meals.
- give the brand name of all purchased foods.

If you have any questions, please contact the dietitians on 8161 7233.

Day 1 Date:

	<i>Food and Drinks</i>	<i>Amount</i>	<i>Grams protein</i>	<i>Comments</i>
<b><i>Breakfast</i></b>				
<b><i>mid morning</i></b>				
<b><i>Lunch</i></b>				
<b><i>mid afternoon</i></b>				
<b><i>Tea</i></b>				
<b><i>before bed</i></b>				

Day 2 Date:

	<i>Food and Drinks</i>	<i>Amount</i>	<i>Grams protein</i>	<i>Comments</i>
<b><i>Breakfast</i></b>				
<b><i>mid morning</i></b>				
<b><i>Lunch</i></b>				
<b><i>mid afternoon</i></b>				
<b><i>Tea</i></b>				
<b><i>before bed</i></b>				

Day 3 Date:

	<i>Food and Drinks</i>	<i>Amount</i>	<i>Grams protein</i>	<i>Comments</i>
<b>Breakfast</b>				
<b>mid morning</b>				
<b>Lunch</b>				
<b>mid afternoon</b>				
<b>Tea</b>				
<b>before bed</b>				

