

Food and Exercise Diary

An important aspect of a nutritional assessment is an analysis of your food and beverage intake and your exercise patterns.

Step 1: Make **3 copies** of the following blank page.

Step 2: Filling in as much detail as possible for 3 days (see example below)

- Two working or school days and one day off. (if possible)
- Record all of the food or drink taken over a period of 3 days.
- All beverages and extra food items such as water, toppings, condiments, margarine, butter or mayonnaise.
- Supplements, vitamins/minerals, herbs etc.
- In the fifth column, record the amount of physical activity you had each day and the heart rate if applicable or record feelings of hunger, blood test results or stomach problems.

Step 3: Think about your nutrition, health or athletic performance goals.

Step 4: If you need help with this contact us for a <u>password</u> to enter the information on computer analysis software which can be sent to a Registered Dietitian at <u>nutritionassessment.com</u> who will contact you to go over your intake analysis and provide advice.

Example Intake Record

Time	Describe the Food or Drink Taken	Amount	Portion/ Measure	Activity/Heart	Other
0.00	D 10			Rate	1
8:00	Breakfast			Housework	hungry
	eggs, boiled	2	large	15 minutes	
	orange juice, unsweetened	1/2	cup		
	whole wheat toast	2	slices		
10:00	Mid-Morning				
	coffee(decaf)	1	cup		
	donut (honey dip)	1	large		
12:00	Lunch/Dinner				
	sandwich				
	-tuna, water packed	1/2	cup		
	-whole wheat bread	2	slices		
	-mayonnaise, regular or lite	1	tsp		
	-margarine, brand name	1	tsp		
	-lettuce, romaine	1	leaf		
	2% milk	1	cup		
3:00	Mid-Afternoon			Cycle 30 minutes	hungry
	hot chocolate, heresy's	1	cup	120 bpm	
6:00	Supper/Dinner			_	Stomach
	barbecued chicken breast (no skin)	3	ounces		ache
	barbecued potato	1	medium sized		
	carrots (cooked)	1/2	cup		
	2% milk	1	cup		
	apple	1	medium		
9:00	Evening			Walk 45 minutes	tired
	sweet white wine	4	ounces	110 bpm	
	crackers (soda)	8	crackers	*	
	cheese (cheddar)	2	ounces		

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Name:	Date:	Day of the Week:
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Time	Describe the Food or Drink Taken	Amount	Portion/Measure	Activity/ Heart Rate	Other
	Breakfast				
	Mid-Morning				
	.				
	Lunch/Dinner				
	Mid-Afternoon				
	Supper/Dinner				
	Evening				