

NAME: \_\_\_\_\_

Diabetes Education Centre

THREE DAY FOOD RECORD

- Eat as you normally do. Write down all food and drinks and how much you consumed of each (for example: 1 cup cheerios with ½ cup milk). Please record as you eat.
- **If you do not eat a meal or snack, leave the box blank.**
- Write down physical activity during the day as it happens.
- Check your blood glucose (BG) before meals and at bedtime. On one day, check 2 hours after your biggest meal.

Day 1 Date:	Day 2 Date:	Day 3 Date:
<b>Meal #1</b> Time ____ BG ____	<b>Meal #1</b> Time ____ BG ____	<b>Meal #1</b> Time ____ BG ____
<b>Snack</b> Time ____	<b>Snack</b> Time ____	<b>Snack</b> Time ____
<b>Meal #2</b> Time ____ BG ____	<b>Meal #2</b> Time ____ BG ____	<b>Meal #2</b> Time ____ BG ____
<b>Snack</b> Time ____	<b>Snack</b> Time ____	<b>Snack</b> Time ____
<b>Meal #3</b> Time ____ BG ____	<b>Meal #3</b> Time ____ BG ____	<b>Meal #3</b> Time ____ BG ____
<b>Snack</b> Time ____ BG ____	<b>Snack</b>	<b>Snack</b> Time ____ BG ____

Please complete the back of the page →

NAME: \_\_\_\_\_

### **Tell Us More!**

What recent changes have you made in how you eat?

What is going well with your current eating habits?

What would you like more support with?

Has your weight changed in the past 6 months? How?

Have you followed a diet before? What was it for?

List any food allergies and intolerances you have.

List any vitamin or herbal supplements you are taking.

How many times per week do you purchase take-out foods or eat out? List the restaurants where you usually eat.