

DAVID BRALEY SPORT MEDICINE AND REHABILITATION CENTRE



FOOD RECORD

INSTRUCTIONS

Please complete your diet record for **at least 3 days** (preferably 2 weekdays and 1 weekend day). You are certainly welcome to record more if you think it will be helpful. Ideally, these days would be fairly

typical with respect to your eating, but feel free to make a note of anything unusual about your choices on a given day, if necessary.

It is important that your diet record be completed as accurately as possible. There are three key components to a well-completed diet record:

- **Honesty.** Remember that our aim is to help, not to pass judgment. As a result, we ask that you include all food that you eat during your sample days, including any nibbles, sips, toppings, drinks, etc.
- Accuracy. Research indicates that people typically underestimate portion sizes, so if you are able, it is always best to measure portions and make note of them in your record. For example, if you have peanut butter, take a moment to measure it into a tablespoon before you eat it; then you can make a note of the exact amount you consumed. It may take more time, but it provides very valuable information. If you are not able to measure your portions, you can certainly estimate. See the notes below for tips on estimating.
- **Detail.** Nutritionally, there is a significant difference between skim and whole milk, different brands of cereal, etc. The more you can tell us about a food, method of preparation, ingredients, or quantities, the better.

TIPS

- Include all drinks and beverages, including water, coffee and tea (include milk, cream, sugar, etc.), juice, milk or soy milk, regular or diet pop, sports drinks, etc. Make a note of the size of bottle or container, if applicable.
- Include all dressings and toppings. Common examples include butter, margarine, salad dressing (note the type), cheese, mayonnaise, sugar, honey, etc., but there are certainly many more.
- Note restaurants or brand names, if available.
- Measure if possible and estimate if not. Some portion size estimates include:
 - Palm of your hand = 3 oz/90 g meat (woman's palm), or 4-5 oz/120-150 g (man's palm)
 - Tip of your thumb from the last knuckle = 1 tsp/5 ml (sugar, butter, etc.)
 - A closed adult fist = 1 cup/250 ml (rice, pasta, salad, ice cream, etc.); a large man's fist = 1.5 cups

Please submit your food record 48 hours in advance of your appointment by e-mail to sportmed@mcmaster.ca

SAMPLE FOOD RECORD

| TIME | AMOUNT | DETAILS | NOTES |
|----------|----------|---|-------------------------------|
| 7:30 am | 1 cup | Shreddies cereal | |
| | ¾ cup | Skim milk | |
| | 1 | Medium banana | Satisfied |
| 8:25 am | 1 medium | Tim Horton's medium hot chocolate | |
| 10:15 am | 1 large | Apple | During spare |
| | 1 large | Store-bought bran muffin | |
| 11:45 am | 2 slices | Dempster's whole- wheat bread | Brought from home |
| | 1 oz. | Cheddar cheese | |
| | 2 tsp. | Becel margarine | |
| | 4 slices | Deli roasted chicken (thin slices) | |
| | 100 g | Activia 2% M.F. raspberry yogurt | |
| | 500 ml | Water | Satisfied |
| | | | |
| 4:30 pm | 60 min | Dryland training session | Getting hungry |
| | 500 ml | Water | |
| | | | |
| 5:30 pm | 5 | Saltine crackers | Tired, really hungry! |
| | 2 Tbsp. | Skippy peanut butter (crunchy) | (while waiting for dinner) |
| 6:30 pm | 4 oz. | Chicken breast (skin off) | Ate more rice than usual |
| | 2 cups | White rice | |
| | 5 spears | Asparagus, salted | |
| | 1 tsp. | Butter | |
| 9:30 pm | 2 | P.C. Decadent chocolate chip cookies | Craving sugar |

FOOD RECORD – DAY 1

*Please refer to food record instructions and tips (on page 1) before completing your food record DATE: _____

| ΤΙΜΕ | AMOUNT | DETAILS | NOTES |
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Was this a typical day? Yes No If NO, why not?

FOOD RECORD – DAY 2

*Please refer to food record instructions and tips (on page 1) before completing your food record DATE: _____

| ТІМЕ | AMOUNT | DETAILS | NOTES |
|------|--------|---------|-------|
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Was this a typical day? Yes No If NO, why not?

FOOD RECORD – DAY 3

*Please refer to food record instructions and tips (on page 1) before completing your food record DATE: _____

| ТІМЕ | AMOUNT | DETAILS | NOTES |
|------|--------|---------|-------|
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Was this a typical day? Yes No If NO, why not?