

3-Day Dietary Recall

Keep track of **EVERYTHING** that you eat and drink over 3 days.

Bring this handout with you to your doctor or dietician visit.

- **EVERYTHING** includes water and ketchup and salad dressings, too.
- Try to write this down **AS SOON AS YOU EAT**, so you get it right.
- For each day, check if it was a usual or unusual day. We want to know if the list is what you usually eat on most days.

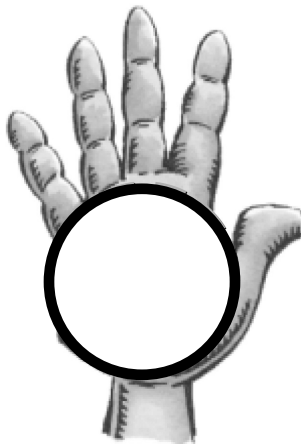
- 1) Column 1 lists what meal or snack. Add the time you ate.
- 2) In column 2 list the name of the foods and drinks. Please add the type or food and how it was prepared (e.g. fried chicken with skin, Starbucks double chocolate latte, Stouffers baked beef and ricotta lasagna).
- 3) In column 3 list the amount. These pictures help you name the amount based on the size of your hand.
- 4) In column 4 list where you ate or drank this meal or snack.



1 fist/cupped hand = 1 cup

1 cup = 2 oz cooked rice /pasta
8 oz of milk or yogurt

Tips: Kitchen glasses are 8 or 12 oz, juice glasses are 4 oz, coffee mugs are 12 oz or more. Read on the bottom of cups or the label on bottles for the size.



palm = 3 oz meat

The size of a woman's palm or a deck of cards



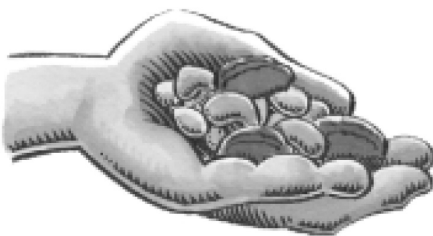
Thumb = 1 oz of cheese

1 ½ oz cheese = 8 oz of milk



1 tennis ball =

½ cup fruit/veggie



Handful = 1-2 oz of snack food

1 handful = 1 oz nuts

2 handfuls = 1 oz chips



Thumb tip = 1 tsp

3 tsp = 1 tbsp

Limit fats / oils to this size.

Day 1	Usual Day ____ or Unusual Day ____ (check one)		
1. Time	2. Food or Drink	3. Amount	4. Place
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

Day 2	Usual Day ____ or Unusual Day ____ (check one)		
1. Time	2. Food or Drink	3. Amount	4. Place
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

Day 3	Usual Day ____ or Unusual Day ____ (check one)		
1. Time	2. Food or Drink	3. Amount	4. Place
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			