

FOOD RECORD for NUTRIENT ANALYSIS Name: _____ Phone: _____
 Height: ___ Weight: ___ Age: ___

Please take the time to recall and record ALL that you ate and drank for THREE days (ideally two weekdays and one weekend day). **Quantities** are important for ease of data entry and accurate analysis. BE AS SPECIFIC as you can. If you are currently testing your blood sugar at home, please include your blood sugar reading before the meal and 2 hours after the meal for as many meals as possible. This tool is designed to assess your current food intake and blood sugars and will help us recommend possible changes in your food choices. It is **confidential**. Your name, weight, etc. at the top will assist in nutrient analysis, and in reaching you if clarification of your food record is needed.

Day 1

Meal or snack	Day, Date & Time	Food or beverage consumed Specify type, flavour; commercial or homemade, special feature (e.g. low fat)	Specific quantity
Example: Breakfast	Fri. Feb.23/07 8 a.m.	Raisin bread, toasted Margarine Orange juice Large coffee, with ½ and ½ cream (2 Tbsp)	2 thick slices 2 tsp. 1 cup (8 oz.)
Blood sugar before your meal:			
Breakfast			
Blood sugar 2 hrs after your meal:			
Morning Snack			
Blood sugar before your meal:			
Lunch			
Blood sugar 2 hrs after your meal:			
Afternoon Snack			
Blood sugar before your meal:			
Dinner			



Blood sugar 2 hrs after your meal:			
Evening Snack			

DAY 2

Meal or snack	Day, Date & Time	Food or beverage consumed Specify type, flavour; commercial or homemade, special feature (e.g. low fat)	Specific quantity
Blood sugar before your meal:			
Breakfast			
Blood sugar 2 hrs after your meal:			
Morning Snack			
Blood sugar before your meal:			
Lunch			
Blood sugar 2 hrs after your meal:			
Afternoon Snack			
Blood sugar before your meal:			
Dinner			
Blood sugar 2 hrs after your meal:			
Evening Snack			

DAY 3

Meal or snack	Day, Date & Time	Food or beverage consumed Specify type, flavour; commercial or homemade, special feature (e.g. low fat)	Specific quantity
Blood sugar before your meal:			
Breakfast			
Blood sugar 2 hrs after your meal:			
Morning Snack			
Blood sugar before your meal:			
Lunch			
Blood sugar 2 hrs after your meal:			
Afternoon Snack			
Blood sugar before your meal:			
Dinner			
Blood sugar 2 hrs after your meal:			
Evening Snack			