Name: _____

Two Day Food Record

A food record is designed to get an accurate description of your typical diet. Since this food record will be used to help you make appropriate dietary changes it is important that you try *not* to change your usual eating patterns for these two days. Please try to be as accurate as possible by recording all of the foods and beverages you eat and drink. Include the exact amount of food eaten and important variations (ex. skim, 2%, reduced fat, sugar-free, etc). If the food is prepared at home or in a restaurant, please include a description of the preparation techniques (ex. grilled vs. fried). Rate your hunger/fullness cues on a scale of 1-10 by how your stomach feels before *and* after you eat (1 = famished, starving; 3 = stomach grumble; 5 = neither hungry nor full; 7 = comfortably full; 10 = painfully full). For example, if you feel your stomach grumble before you eat, record a 3 for hunger; if you eat until you feel comfortably full, record a 7 for satiety. Under "location/feelings," for each situation when you eat, indicate where you ate (i.e. home, restaurant) and how you were feeling in those moments (i.e. stressed, bored).

In order to get a more accurate representation of your diet, record your food intake for one weekday and one weekend day (i.e. Thursday & Saturday). Save it as "Food Record - First and Last Name" and email it as a pdf to nutrition@osu.edu within 1-2 days before your appointment.

Sample 24-Hour Food Record				
Time	*Food & Beverage Description*	*Amount eaten*	*Hunger/ Fullness*	*Location/Feelings*
7:15 am	Blueberry bagel	1 each	4/8	Driving – hurried; anxious
	Margarine	2 tablespoons		
	100% orange juice	6 ounces		
12:30 pm	Grilled chicken	3 ounces	3/7	At desk - focused on work; anxious
	Romaine lettuce	1 cup		
	Spinach leaves	1 cup		
	Baby carrots	½ cup		
	Bacon bits	2 tablespoons		
	Kraft Italian dressing	2 tablespoons		
	Ritz crackers	4 each		
	Water	16 ounces		
6:00 pm	Pizza Hut hand-tossed pepperoni pizza	3 slices	2/8	Restaurant – really hungry; relaxed
	Diet Coke	16 ounces		
9:15 pm	Chocolate chip cookies – 4" diameter	4 each	5/7	Home – watching TV; bored
	Skim milk	8 ounces		

Name: _____

Day 1			Date:	
Time	*Food & Beverage Description*	*Amount eaten*	*Hunger/ Fullness*	*Location/Feelings*

Name: _____

Day 2			Date:	
Time	*Food & Beverage Description*	*Amount eaten*	*Hunger/ Fullness*	*Location/Feelings*