

Name:	
Date:	

## 3-Day Food and Hydration Record

Notes for how to complete the below

- <u>Time:</u> When did you eat?
- Place: Where did you eat?
- Food / Beverage: Record everything you eat and drink. Include as much detail as you can. If there are added condiments (i.e. ketchup, may, mustard, oils) note those as well.
- <u>Portion Size</u>: There's no need to weigh or measure your food. We'll use your hand to note portion sizes for everything you eat. Below you'll find a guide for measuring portions.
  - o Fist (or light bulb): use with grains, salads, fruits, nuts, etc.
  - o Palm (or deck of cards): use with fish and any animal proteins
  - o Thumb (or golf ball): use with oils, PB, AB, seeds, etc.

If you're unsure, pick a unit that seems to best match

- Hunger Level: On a scale of 1-10, rate your level of hunger/fullness BEFORE eating
  - o 1 = Painfully hungry
  - o 10 = Painfully full





Name: Date:

DAY 1:How many glasses (8fl oz) of water did you drink today? \_\_\_\_\_ (Regular Poland Springs bottle = 2 glasses)

Time	Place	Food/Beverage	Portion Size	Hunger Level



Name:
Date:

DAY 2: How many glasses (8fl oz) of water did you drink today? \_\_\_\_\_ (Regular Poland Springs bottle = 2 glasses)

Time	Place	Food/Beverage	Portion Size	Hunger Level





Name: Date:

DAY 3: How many glasses (8fl oz) of water did you drink today? \_\_\_\_\_ (Regular Poland Springs bottle = 2 glasses)

Time	Place	Food/Beverage	Portion Size	Hunger Level