

EUCLID, HILLCREST, HURON, AND SOUTH POINTE HOSPITALS
NUTRITIONAL SERVICES

THREE-DAY FOOD DIARY

Name _____

Proper nutrition is very important to your health. We would like to look at how your dietary intake affects your blood sugar levels and if you are meeting your nutritional needs. To help us do this, please complete this 3-Day Food Diary. Write down the time you eat each meal and list everything you eat and drink. You need to include the amount you ate or drank of each food or beverage. **(See sample below. This is not your recommended diet).** Please also record your blood glucose number, if you have been taught to use your meter with the Diabetes Nurse Educator.

Please bring this 3-Day Food Diary with you to your next group session or individual appointment. The dietitian will evaluate it and determine if any dietary changes would be beneficial.

DATE: _____							
Breakfast		Lunch		Dinner		Snack	
BG: <u>110</u> Time: <u>8:00 a.m.</u>		BG: <u>135</u> Time: <u>12:30 p.m.</u>		BG: <u>140</u> Time: <u>5:00 p.m.</u>		Time: <u>10:00 a.m.</u>	
Amt.	Food/Beverage	Amt.	Food/Beverage	Amt.	Food/Beverage	Amt.	Food/Beverage
$\frac{1}{2}$ C	Oatmeal	1 C	Homemade Soup	3 oz.	Chicken Breast	Time: <u>2:30 p.m.</u>	
8 oz	Fat-Free Milk	1 2 oz	Sandwich: Turkey	1	Small Baked Potato	Amt.	Food/Beverage
1	Small Banana	2	Slices Whole Grain Bread with lettuce and tomato	1 tsp	Margarine	1	Small Apple
1	Slice Whole Grain Toast	1	Small Orange	1 C 2 T	Salad Salad Dressing	BG: <u>200</u> Time: <u>9:00 p.m.</u>	
8 oz	Coffee/Tea	12 oz	Diet Beverage	1	Whole Wheat Dinner Roll	Amt.	Food/Beverage
		8 oz	water	$1\frac{1}{4}$ C	Sliced Strawberries	3 C	Popcorn
				8 oz	Fat-Free Milk	1	Diet Beverage

DATE:							
Breakfast		Lunch		Dinner		Snack	
BG: _____ Time:		BG: _____ Time:		BG: _____ Time:		Time:	
Amt.	Food/Beverage	Amt.	Food/Beverage	Amt.	Food/Beverage	Amt.	Food/Beverage
						Time:	
						Amt.	Food/Beverage
						BG: _____ Time:	
						Amt.	Food/Beverage

DATE:							
Breakfast		Lunch		Dinner		Snack	
BG: _____ Time:		BG: _____ Time:		BG: _____ Time:		Time:	
Amt.	Food/Beverage	Amt.	Food/Beverage	Amt.	Food/Beverage	Amt.	Food/Beverage
						Time:	
						Amt.	Food/Beverage
						BG: _____ Time:	
						Amt.	Food/Beverage

DATE:							
Breakfast		Lunch		Dinner		Snack	
BG: _____ Time:		BG: _____ Time:		BG: _____ Time:		Time:	
Amt.	Food/Beverage	Amt.	Food/Beverage	Amt.	Food/Beverage	Amt.	Food/Beverage
						Time:	
						Amt.	Food/Beverage
						BG: _____ Time:	
						Amt.	Food/Beverage