essence
nutrition counselling
feelgood@essencenutrition.ca 905-650-7353

# FOOD RECORD

**Essence Nutrition Counselling…Feel Good!!**

**NAME:** _____

For Mary Bamford, Registered Dietitian
416.367.5200

Please record everything you eat and drink for three days (2 weekdays and a Saturday or Sunday).
Include amounts/ portion sizes and anything added to foods. E.g. two slices of toast with butter and jam & 8 oz coffee with cream.
Also record your exercise time, intensity and type. Include all activity that lasts 10 minutes or longer.
Include a **hunger rating (HR)** from 1 to 9, with **1 being very hungry**, **5 being neutral**, and **9 being being very full**.

**DAY 1** Date: _____

| Time | HR | Food/Exercise | Amount |
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**DAY 2** Date: _____

| Time | HR | Food/Exercise | Amount |
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**DAY 3** Date: _____

| Time | HR | Food/Exercise | Amount |
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**Record label or bring in any vitamins, minerals, medications, herbals, or other nutritional supplements.**