



Multiple Day Food Record

Participant ID #

FOR THE PERIOD OF...

Day

(such as "Saturday")

Date

(such as "August 4, 2006")

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

NEXT APPOINTMENT...

Date: _____

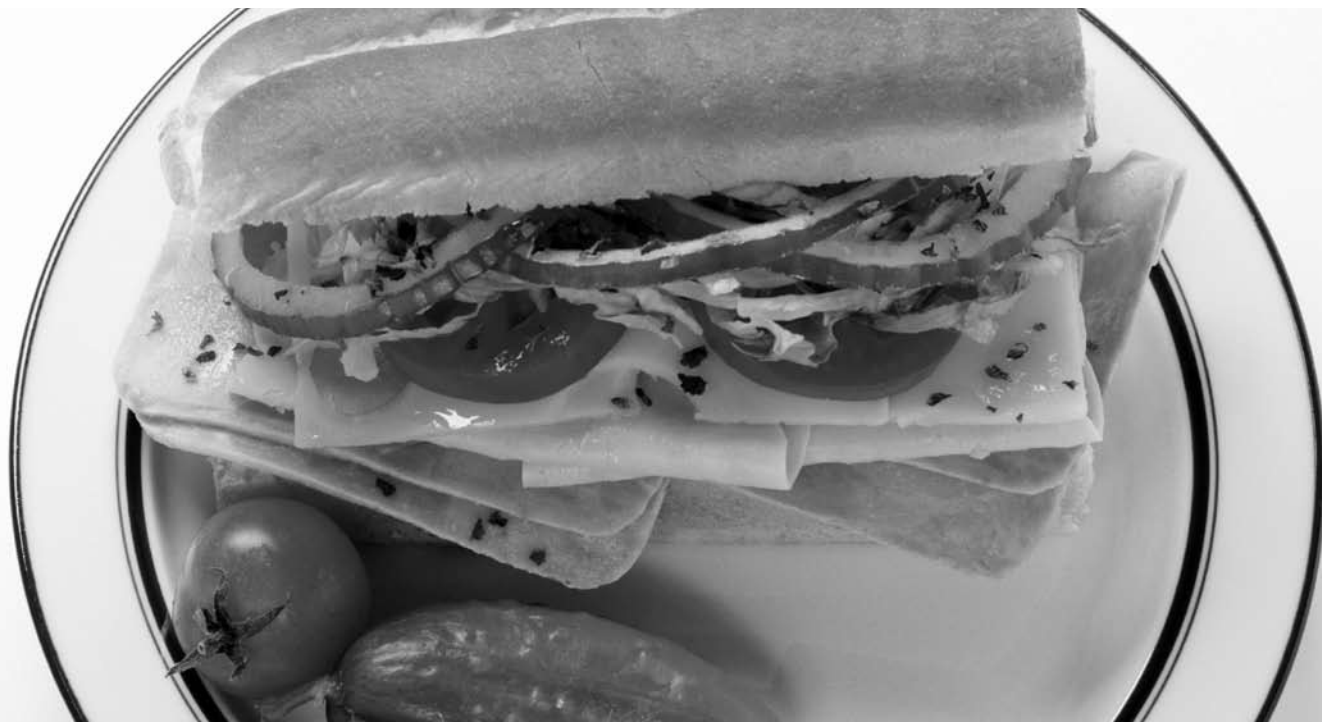
Time: _____

Place: _____

If you have questions, call: _____ at _____

General Instructions for Keeping Record

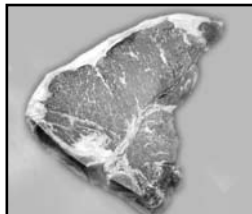
- Remember do **not** change your eating habits.
- Please use ink and write clearly.
- Record **everything** you eat and drink, preferably **right after** it is eaten. This includes any and **all snacks**.
- Fill in the **Meal** and **Place Prepared** columns for each meal or snack.
- Write each food or ingredient on a **separate line**.
- **Skip** a line after each meal or snack.
- Start each **new day** on a **new page**.
- If more space is needed for the same day, use the next page.
- Use the **recipe pages** starting on page 30 to describe homemade recipes. List all ingredients and their amounts. Under "Prep" **briefly** tell us how the recipe was prepared. You may attach copies of your recipes, noting any variations.



Five Ways to Size Up Your Servings

1 3 ounces of meat is about the size and thickness of a deck of playing cards.

3 oz.



2 1 ounce of cheese is about the size of 4 stacked dice.

1 oz.



3 ½ cup of ice cream is about the size of a racquetball or tennis ball.

½ c.



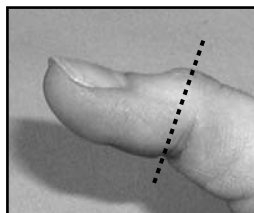
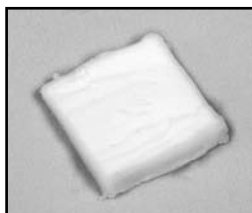
4 1 cup of mashed potatoes or broccoli is about the size of your fist.

1 c.



5 1 teaspoon of butter or peanut butter is about the size of the tip of your thumb.

1 tsp.



General Questions

What brands and types of foods did you use while keeping this record?

Please check (✓) below.

1. Milk (include all types – cow milk, acidophilus, and soy milk):

- Whole 2% 1% Skim Didn't use
 Other _____

2. Margarine:

- Regular Diet/low-fat Fat-free Spray Didn't use
Brand name _____

3. Real Butter:

- Regular Whipped Light Didn't use

4. Salad Dressing:

- Regular Diet/low-fat Fat-free Didn't use
Brand name _____

5. Oil:

- Canola oil Corn oil Olive oil Safflower oil
 Soybean oil Other oil Didn't use

6. Mayonnaise:

- Regular Diet/low-fat Fat-free Didn't use
Brand name _____

Day: Saturday (example)Date: 11 / 5 / 06

MEAL		PLACE	FOOD AND BEVERAGES	AMOUNT			
B = Brkfast	L = Lunch	D = Dinner			S = Snacks	PREPARED	H = Home
1	B	R	Denny's® buttermilk pancakes, about 6" across ea.	2			
2			Butter, whipped	2 tsp			
3			Maple syrup	¼ cup			
4			Bacon, 6" long	2 strips			
5			Coffee, decaffeinated	2 cups			
6			Half & half	2 Tbsp			
7	S	R	Starbucks® tall latte, made with 2% milk	12 oz.			
8	L	H	Ham sandwich				
9			Rye bread, regular size	2 slices			
10			Ham (from the Albertson's deli.)	3 slices			
11			Kraft® American cheese slice	1 slice			
12			Best Foods® lowfat mayonnaise	2 tsp			

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in each column for foods prepared
with fat or have fat added at the table.

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1			Doritos [®] regular tortilla chips	12 chips			
2			Señor Felix [®] Salsa	¼ cup			
3			Minute Maid [®] lemonade	10 oz.			
4			Chips Ahoy [®] chocolate chip cookies, 3" diameter	2 cookies			
5	D	H	Beef Stew (see recipe on page 30)	1 serving			
6			Salad:				
7			Romaine lettuce	1 cup			
8			Tomato	¼ med			
9			Kraft [®] Italian fat free salad dressing	1 Tbsp			
10			French bread (1 slice = 3"L x 2"W x ¾" thick)	2 slices			
11			Butter, regular stick	2 tsp			
12	S	H	Dreyer's [®] Grand Chocolate ice cream	1 cup			

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RECIPE: *Beef Stew*# of servings **made:** 6 # of servings you **ate:** 1

INGREDIENTS	AMOUNT
Stew beef, boneless chuck roast, trimmed	2 lbs (pkg weight)
browned in corn oil	1/4 c
White flour	1 1/2 T
Onion	1 large
Beef broth, canned	2 c
Tomato sauce, canned	1 c
Dry red wine	1/2 c
Potatoes, medium sized, white, peeled	6
Carrots, fresh (each about 6" long)	6
Celery	1 stalk
Fresh parsley	1/4 c

PREP*Beef, browned in oil, not drained.**All ingredients added raw to same pan.**Simmered 2-3 hours.*

DO NOT WRITE ON THIS PAGE!

FOR STUDY USE ONLY!

1. Date received: _____ (m/d/y)
2. 4DFR documented by: _____
3. Date documented: _____ (m/d/y)
4. 4DFR satisfactorily completed: No Yes
5. First date of food record: _____ (m/d/y)
6. Coded by: _____
7. Date reviewed: _____ (m/d/y)
8. Reviewed by: _____

Intake was	Day 1	Day 2	Day 3	Day 4
Usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				

Quality control	Day 1	Day 2	Day 3	Day 4
Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to recall one or more meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unreliable for other reasons (please comment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				
