

Instructions for Documenting Food, Fluid and Supplement Intake

1. Ideally, try to record your foods & fluids for three days.
2. Provide as many details about your food & fluid choices as possible. For example, if you had a sandwich please indicate what was in the sandwich, i.e. 1 teaspoon butter, 1 teaspoon mustard, 1 lettuce leaf, ½ tomato, 60 grams oven roasted turkey, 2 slices whole wheat bread, 8 ounces coffee with 30 ml 2% milk, and 1 teaspoon sugar, etc.; OR, if you ate a bowl of cereal, was it dry cereal or did you add milk, and if so, what kind of milk, 1%, skim, etc.? What was the size of your bowl?

YOUR ACCURACY OF RECORDING WILL PROVIDE YOU WITH A MORE ACCURATE ASSESSMENT!

3. Indicate the precise volume of a beverage, rather than stating “one glass”, since glasses can vary from 2 ounces to 20 or more ounces.
4. Record how a food was prepared, e.g. pan fried, barbecued, broiled, boiled, steamed, oils added, etc.
5. Did you add any condiments (i.e. catsup, salad dressing, butter, etc.) to your foods?
6. Don't forget to record all fluids consumed from sport drinks and coffee to water and 1% milk.
7. On the second sheet for each day, indicate any dietary supplements taken.
Supplement Type: Describe what the supplement is (e.g. protein powder, bars, gels, sport drinks, multivitamin, herbal, fish oils, amino acids etc.)
Quantity: Indicate quantity consumed (e.g. number of tablets, scoops, weight or volume, etc.) Please be precise as possible. Please also indicate type and volume of fluid used if supplement required mixing or dilution.

*Developed By: Kelly Anne Erdman, MSc, RD, & Kim Wagner Jones, MSc, RD
University of Calgary Sport Medicine Centre, for Appointments: 403-220-8232, extension 4*

Portion Size Examples (Actual Size)

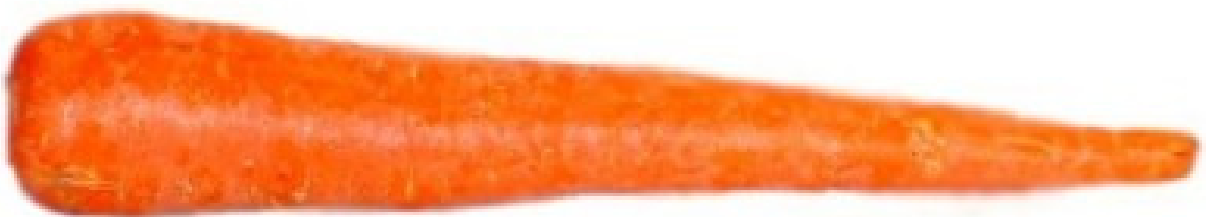
1. 1 cup or 250 ml (eg tennis ball or regular glass of liquid)



2. 3 oz or 90 grams (eg deck of cards)



3. Medium carrot



DIETARY FOOD/FLUID RECORDING FORM—DAY ONE

Name: _____

Date: _____

Physical activity for this day:

Type of Activity: _____

Activity intensity: Low Medium High

Activity duration (hours): _____

When did you train or compete today: _____

Time	Food / Fluid / Food Brand Names	Amount Size
<i>E.g.</i> 7:00 am	<i>Poached Egg</i> <i>Dry Whole Grain Rye Toast</i> <i>Orange Juice</i>	<i>2</i> <i>2 slices</i> <i>1 cup</i>
----- Breakfast	-----	-----
 Snack		
 Lunch		
 Snack		
 Dinner		
 Snack		

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SUPPLEMENT RECORDING FORM—DAY ONE

Name: _____

Date: _____

PLEASE LIST ALL SUPPLEMENTS TAKE ON THIS DAY

Supplement Type: Describe what the supplement is (e.g. protein powder, bars, gels, sport drinks, multivitamin, herbal, fish oils, amino acids etc.)

Quantity: Indicate quantity consumed (e.g. number of tablets, scoops, weight or volume, etc.) Please be precise as possible. Please also indicate type and volume of fluid used if supplement required mixing or dilution.

Time	Supplement Type	Name Brand	Quantity
<i>E.g. 9:00 am E.g. 11:00 am</i>	<i>Multivitamin Protein Powder with Sport Drink</i>	<i>Centrum Protegra Interactive & Gatorade</i>	<i>2 tablets 1 scoop & 500 ml</i>

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DIETARY FOOD/FLUID RECORDING FORM - DAY TWO

Name: _____

Date: _____

Physical activity for this day:

Type of Activity: _____

Activity intensity: Low Medium High

Activity duration (hours): _____

When did you train or compete today: _____

Time	Food / Fluid / Food Brand Names	Amount Size
<i>E.g.</i> 7:00 am	<i>Poached Egg</i> <i>Dry Whole Grain Rye Toast</i> <i>Orange Juice</i>	<i>2</i> <i>2 slices</i> <i>1 cup</i>
----- Breakfast	-----	-----
 Snack		
 Lunch		
 Snack		
 Dinner		
 Snack		

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SUPPLEMENT RECORDING FORM—DAY TWO

Name: _____

Date: _____

PLEASE LIST ALL SUPPLEMENTS TAKE ON THIS DAY

Supplement Type: Describe what the supplement is (eg. protein powder, bars, gels, sport drinks, multivitamin, herbal, fish oils, amino acids etc.)

Quantity: Indicate quantity consumed (eg. number of tablets, scoops, weight or volume, etc.) Please be precise as possible. Please also indicate type and volume of fluid used if supplement required mixing or dilution.

Time	Supplement Type	Name Brand	Quantity

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DIETARY FOOD/FLUID RECORDING FORM - DAY THREE

Name: _____

Date: _____

Physical activity for this day:

Type of Activity: _____

Activity intensity: Low Medium High

Activity duration (hours): _____

When did you train or compete today: _____

Time	Food / Fluid / Food Brand Names	Amount Size
<i>E.g.</i> 7:00 am	<i>Poached Egg</i> <i>Dry Whole Grain Rye Toast</i> <i>Orange Juice</i>	<i>2</i> <i>2 slices</i> <i>1 cup</i>
----- Breakfast	-----	-----
 <i>Snack</i>		
 <i>Lunch</i>		
 <i>Snack</i>		
 <i>Dinner</i>		
 <i>Snack</i>		

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SUPPLEMENT RECORDING FORM—DAY THREE

Name: _____

Date: _____

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