

## 3 Day food record

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Client name: \_\_\_\_\_

Dietitian: \_\_\_\_\_

Date: \_\_\_\_\_

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### For more information

The Diabetes Centre, The Queen Elizabeth Hospital, 8 Woodville Rd, Woodville South SA 5011  
Telephone: (08) 8222 6771

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Acknowledgements: RAH, Modbury Hospital, LMHS, Ambulatory & Primary Health Care Services

Disclaimer: This resource is not suitable for, nor is it intended to replace the service of a qualified health practitioner



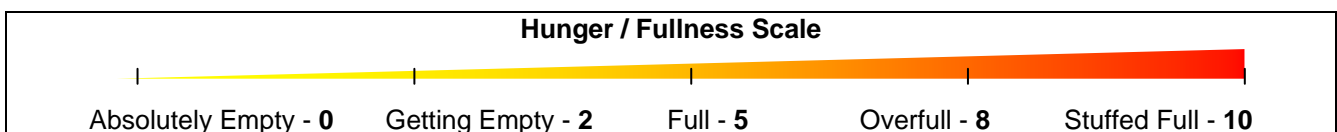
November 2010

# 3 Day food record

Day:..... Date:.....

Time	Hunger / Fullness Before Eating (See Scale 0 - 10)	Food Eaten (type and amount)	Hunger / Fullness After Eating (see Scale 0 - 10)	Speed of Eating e.g. slow, moderate, fast, very fast
		BREAKFAST		
		During morning		
		LUNCH		
		During afternoon		
		DINNER		
		During evening		

**Activity:**

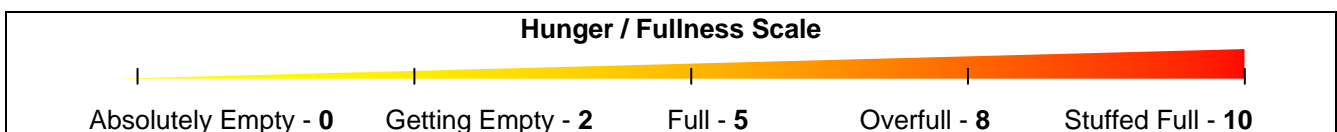


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**Activity:**

