

Regional Metabolic Clinic

Three Day Diet Record

Directions for completing the 3-day diet record

Use the three-day diet record to write down all food and beverages consumed **THREE** days in a row. If possible, include **TWO** week days and **ONE** weekend day.

- Label your diet record.

Include ALL of the following information:

- Name, medical record number, and date of birth
- Your most recent weight and height
- The date and time of any blood or urine tests done once you complete the diet record
- List all vitamins and minerals you take. Specify the kind (including BRAND NAME) and the amount of each

- Include any formula you take.

List which formula is being used and the amount taken every day. Describe exactly how the formula is mixed. Include the amount of each ingredient used in the mix and the total volume when prepared.

- Use standard measuring cups and spoons for all servings. Make sure all measurements are level.
- Record the date and the EXACT amount of all food and liquid you eat for three entire days. When possible, list BRAND NAMES of all food and liquids.
- All "FREE FOODS" should be listed in exact amounts.
- For mixed dishes, list the amount of each ingredient, including any added condiments, salad dressing, margarine, or butter.
- Describe the method of meal preparation and where the meal was eaten.
 - Meal preparation: fried, baked, barbequed, stir-fried, roasted, microwaved, boiled, etc.
 - Location: home, school, McDonald's, restaurant, picnic, etc.

Please be as accurate as possible and record everything you consume during the 3 days.

Thank you for your cooperation. If you have questions, please contact a metabolic dietitian.

Regional Metabolic Clinic: (510) 752-7703 Main line or (510) 752-6367 FAX

Mailing address: Kaiser Permanente Medical Center
Genetics Department – ATTN: Regional Metabolic Clinic
3505 Broadway
Oakland, CA 94611-5693

UTENSILS NEEDED

- 1 set standard measuring spoons
- 1 set standard measuring cups
- 1 quart measuring cup
- 1 standard glass measuring cup

EQUIVALENT MEASURES

- 3 teaspoons (tsp) = 1 Tablespoon (T)
- 2 Tablespoons = 1 fluid ounce
- 16 Tablespoons = 1 cup (c)

Name:	Date of birth:	
Medical Record #:	Height:	Weight:
Date and time of blood and/or urine test:		
Vitamins and minerals taken (kind and BRAND NAME)	Amount	
Name of Formula (ex: Phenyl-Free; Maxamaid; MSUD; Enfamil):	Amount per day:	

PLEASE WRITE THE NAME AND AMOUNT OF EACH INGREDIENT USED TO MAKE YOUR FORMULA

INGREDIENT:	AMOUNT:
INGREDIENT:	AMOUNT:
INGREDIENT:	AMOUNT:

PLEASE WRITE THE NAME AND AMOUNT OF EACH ITEM EATEN

Year: 20____ Month/Date	FOOD OR BEVERAGE CONSUMED and METHOD OF PREPARATION	AMOUNT

THREE-DAY DIET RECORD

Name:		Date of birth:	
Medical Record #:		Height:	Weight:
Date and time of blood and/or urine test:			
Vitamins and minerals taken (kind and BRAND NAME)		Amount	
Name of Formula (ex: Phenyl-Free; Maxamaid; MSUD; Enfamil):		Amount per day:	
PLEASE WRITE THE NAME AND AMOUNT OF EACH INGREDIENT USED TO MAKE YOUR FORMULA			
INGREDIENT:		AMOUNT:	
INGREDIENT:		AMOUNT:	
INGREDIENT:		AMOUNT:	

PLEASE WRITE THE NAME AND AMOUNT OF EACH ITEM EATEN		
Year: 20____ Month/Date	FOOD OR BEVERAGE CONSUMED and METHOD OF PREPARATION	AMOUNT

THREE-DAY DIET RECORD

Name:		Date of birth:	
Medical Record #:		Height:	Weight:
Date and time of blood and/or urine test:			
Vitamins and minerals taken (kind and BRAND NAME)		Amount	
Name of Formula (ex: Phenyl-Free; Maxamaid; MSUD; Enfamil):		Amount per day:	
PLEASE WRITE THE NAME AND AMOUNT OF EACH INGREDIENT USED TO MAKE YOUR FORMULA			
INGREDIENT:		AMOUNT:	
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PLEASE WRITE THE NAME AND AMOUNT OF EACH ITEM EATEN		
Year: 20____ Month/Date	FOOD OR BEVERAGE CONSUMED and METHOD OF PREPARATION	AMOUNT