

3-DAY RECALL FORM

Your appointment is on: ____/____/____ with _____ at _____ a.m. / p.m.

Return form to the Student Health Services by: ____/____/____

After completing this form, you may either send it through Campus Mail to Student Health Services; Or, you may hand-deliver it to the Student Health Services Information Desk. **The completed 3-Day Recall should be turned in to Student Health Services at least three (3) days prior to your Student Health Services Nutrition appointment.** If you have any questions about completing the 3-Day Recall, please call Student Health Services at 618/453-3311.

Please read the instructions on the following pages very carefully.

Name (Last, First)

Dawg Tag #

* Sex at birth

Age

Height (ft., in.)

Weight

* Used to calculate calorie needs

Medications/Vitamins & Mineral Supplements, Protein Supplements, Weight Loss Supplements/Pills:

Medical Reason for visit:

The purpose of completing the 3-Day Recall is to determine the balance of caloric input and output. Caloric output is the number of calories your body "burns" daily for energy, and caloric input refers to the number of calories consumed. Providing your activity level below will aid in calculating the number of calories you burn from physical activity. Please record the date and time of your activity. This should be done for three (3) days. Since food intake and physical activity often change over the course of the weekend, it would be best to have one (1) of the three (3) days recorded include one weekend day.

Activity Level

Are you currently physically active?

Yes

No

If yes, describe activity (how long, how many days per week, type of activity, etc.). If no, please explain.

Eating Behaviors

I skip meals

I go for long periods of time without eating

I eat large portions

I eat when I'm not hungry

I avoid eating around others

I eat fast

I snack/graze between meals

I eat when I'm upset or bored

I think about food all the time

I diet a lot

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Directions for 3-Day

If you live in the Residence Halls, please see the bottom section of the last page.

To determine the amount of calories you consume, please record everything you have eat or drink over a three-day period.

1. Begin the food journal with documenting the time that you ate.
2. In the column labeled "Type of Food", record what you ate. This includes any snack items or unconscious eating such as accepting a piece of candy from a friend. Please be specific in describing the food. For example, rather than writing down milk, please indicate whether it was whole, skim, 1%, 2%, or chocolate; or if you consumed bread, whether it was whole wheat, white, rye, etc. If necessary, break food items down into titts component parts. For instance, if you ate a turkey sandwich, write down wheat bread, turkey breast, American cheese, mustard, and lettuce. Also, include foods such as mayonnaise, salad dressing, butter, sugar, or salt. Remember to record beverages such as water, alcohol, coffee, tea, soda, energy drinks, and fruit juices.
3. In the column labeled "Amount", write the quantity of each food consumed. If you do not have access to measuring utensils (measuring cups/spoons, food scale), there are examples of how to measure food on the back of the last sheet in this packet. Your results will only be as accurate as your measurements.
4. In the column labeled "Method of Preparation", document how the food was cooked (e.g., frying, braising, grilling, microwaving, steamed, etc.) Please indicate in this column the name of the restaurant if you ate out.
5. In the last two columns write down how hungry you were prior to eating (0 = not hungry to 5 = extremely hungry) and how full you were at the end of eating (0 = not full to 5 = extremely full). See sample day provided below.

Example

Date: 5/31/06						
TIME	TYPE OF FOOD	AMOUNT	WHERE	METHOD OF PREP.	HUNGER 0-5	FULLNESS 0-5
7:30 am	Corn Flakes Milk- 2% Banana	3/4 cup 1/2 cup 1/2	Kitchen " "		4	4
Noon	Turkey Bread, whole wheat Mayonnaise Tomato Green apple Pepsi, can	2 oz 2 slices 1 tsp. 2 slices 1 large 12 oz.	Student Center Cafeteria " " "	Baked	3	4
3 pm	Medium Blizzard	Medium	Dairy Queen		2	5
6 pm	Chicken breast Green Beans Rice, white Pie, Apple Coffee	3 oz. 1/2 cup 1 cup 1/5 pie 2 cups	Home " " " "	Grilled, no skin Steamed, fresh Boiled	3	5
7 pm	Energy Drink	1 can/8 oz.	Home		0	4






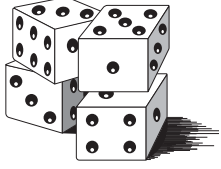








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Seven Ways to Size Up Your Servings

Measure food portions so you know exactly how much food you're eating.

When a food scale or measuring cups aren't handy you can still estimate your portion.

Remember:

1	3 ounces of meat is about the size and thickness of a deck of playing cards.		=	
2	A medium apple or peach is about the size of a tennis ball.		=	
3	1 ounce of cheese is about the size of 4 stacked dice.		=	
4	½ cup of ice cream is about the size of a racquetball or tennis ball.		=	
5	1 cup of mashed potatoes or broccoli is about the size of your fist.		=	
6	1 teaspoon of butter or peanut butter is about the size of the tip of your thumb.		=	
7	1 ounce of nuts or small candies equals one handful.		=	

Standard Residence Hall Serving Sizes

Chili, soups, stews Rice, noodles, cooked cereal Egg, tuna salad Vegetables Macaroni and cheese Pancake	1 cup ½ cup 1/3 cup ½ cup ¾ cup 2	Pasta dishes Meat Potatoes (mashed, au gratin) French fries Scrambled eggs	1 cup 3-4 ounces ¾ cup 15 fries 2 eggs
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