



Prenatal 3 Day Food Record

Name: _____ Date: _____

- Instructions:
1. List everything you eat and drink each day.
 2. Estimate the amount of food eaten; e.g. 250ml (1 cup) of milk, 2 slices toast.
 3. Describe the foods you eat; e.g. 2% milk, whole wheat toast, bran muffin, cream of mushroom soup.

MEALS	DAY 1	DAY 2	DAY 3
Morning Meal & Snacks			
Noon Meal & Snacks			
Evening Meal & Snacks			
Describe any diet related discomfort, such as nausea, heartburn, or constipation.			
List physical activities including participation time.			

Copied from Nutrition Services, Department of Public Health Services, The Regional Municipality of Hamilton Wentworth.