

## Diet Record

Name: \_\_\_\_\_

This is a way to discuss your food choices in more detail with your midwives.

Please record everything you eat and drink for 3 days (in a row or in any order).  
Please include water, alcohol, smoking, medications, supplements, herbs, and medications.

Date: Day 1	Date: Day 2	Date: Day 3
Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch
Dinner	Dinner	Dinner
Snacks	Snacks	Snacks

Do you feel comfortable with your eating habits? Have you changed your diet over the course of your pregnancy or over the last year?