



## THREE DAY FOOD RECORD

**NAME:** (LAST, FIRST)

**APPOINTMENT DATE:**

Please record all of your food and liquid consumption for three days. Be as accurate as possible when estimating quantities of food and liquid. This will enable us to assess your current intake and make recommendations to improve your overall nutrition and health.

**DAY 1:**

BREAKFAST	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
MORNING SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
LUNCH	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
AFTERNOON SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
DINNER	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
EVENING SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup

**NOTES:**



**DAY 2:**

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BREAKFAST	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
MORNING SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
LUNCH	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
AFTERNOON SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
DINNER	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
EVENING SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup

**NOTES:**



**DAY 3:**

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BREAKFAST	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
MORNING SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
LUNCH	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
AFTERNOON SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
DINNER	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
EVENING SNACK	Time	Qty.	Serving	Ounce	Tsp.	Tbsp.	Fl. Oz.	Cup
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**NOTES:**