

3 Day Food Log

Please complete this form and bring to your next appointment with a registered dietitian.

Name _____

Medical Record # _____

Day 1	
Time of day	List amount of food or beverage (Ex: 1 cup of orange juice)
Home/Out	Breakfast:
Home/Out	In-Between:
Home/Out	Lunch:
Home/Out	In-Between:
Home/Out	Dinner:
Home/Out	Evening Snack:

Day 2	
Time of day	List amount of food or beverage (Ex: 1 cup of orange juice)
Home/Out	Breakfast:
Home/Out	In-Between:
Home/Out	Lunch:
Home/Out	In-Between:
Home/Out	Dinner:
Home/Out	Evening Snack:

Day 3	
Time of day	List amount of food or beverage (Ex: 1 cup of orange juice)
Home/Out	Breakfast:
Home/Out	In-Between:
Home/Out	Lunch:
Home/Out	In-Between:
Home/Out	Dinner:
Home/Out	Evening Snack: