3 Day Food Log

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

	Day 1
Time of day	List amount of food or beverage (Ex: 1 cup of orange juice)
Home/Out	Breakfast:
Home/Out	In-Between:
11 /0 :	
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:
11 /0 :	
Home/Out	In-Between:
Home/Out	Lunch:
Home/Out	In-Between:
11 /0 :	D:
Home/Out	Dinner:
Home/Out	Evening Snack:
	3

Name
Medical Record #

Day 3		
Time of day	List amount of food or beverage (Ex: 1 cup of orange juice)	
Home/Out	Breakfast:	
Home/Out	In-Between:	
/5		
Home/Out	Lunch:	
Home/Out	In-Between:	
110111e/Out	III-Detween.	
Home/Out	Dinner:	
2, 2 3, 4		
Home/Out	Evening Snack:	