

3 Day Food Journal for:

Name: _____ Date of Birth _____

Day 1 Day 2 Day 3 (circle one)

Date: _____

- Instructions: 1. Record your daily food and drink intake for 3 days.
2. Record the time the food or drink was consumed
3. Estimate the quantity and record in cups, ounces etc.

Meal	Time	Quantity	Food or Drink
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

Complimentary forms: www.consultantdietitian.com

Completed by: _____ (relationship) _____

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