Nutrition Practitioners

3 Day Food Record

Day 1 Food/Beverage Intake

Date:		**Day of Week:**		
Time	**Meal/Snack**	**Food**	**Amount/Servings**	**Location/Activity**

Day 2 Food/Beverage Intake

Date:		**Day of Week:**		
Time	**Meal/Snack**	**Food**	**Amount/Servings**	**Location/Activity**

Day 3 Food/Beverage Intake

Date:		**Day of Week:**		
Time	**Meal/Snack**	**Food**	**Amount/Servings**	**Location/Activity**