

NAME

DAY/DATE

Please e-mail to UD Consulting Dietitian (or printout and bring) before the appointment **SAVE ONLY AS A DOC FILE: NOT DOCX**

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3 DAY FOOD and EXERCISE LOG

FOOD Day 1

MEAL	TIME	FOODS AND DRINK INTAKE	PORTIONS (Cup, Tablespoon, etc.)
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

Please be as accurate as possible. It is easier to record your intake at the end of the meal rather than the end of the day. Do not forget to record water, diet soda, gum, etc.